



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

Board of Governors

PACKET

Friday, January 12th, 2024



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EXECUTIVE SUMMARY APPENDIX

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SUPPORTING MATERIALS APPENDIX

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corresponding material for each item.

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CEO Update

Matthew Woodruff

To: Alameda Alliance for Health Board of Governors

From: Matthew Woodruff, Chief Executive Officer

Date: January 12th, 2024

Subject: CEO Report

- **Financials:**

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

	<u>November</u>	<u>YTD</u>
Medi-Cal	\$3.3M	\$23.7M
Group Care	\$113K	\$1.08K
Total	\$3.4M	\$24.8M

- **Revenue was \$137.8 million in November 2023 and \$688.0 million Year-to-Date (YTD).**
 - Medical expenses were \$128.3 million in November and \$637.2 million for the fiscal year-to-date; the medical loss ratio is 93.1% for the month and 92.6% for the fiscal year-to-date.
 - Administrative expenses were \$7.9 million in November and \$37.7 million year-to-date; the administrative loss ratio is 5.7% of net revenue for the month and 5.5% of net revenue year-to-date.
- **Tangible Net Equity (TNE):** Financial reserves are 699% of the required DMHC minimum, representing \$298.9 million in excess TNE.
- **Total enrollment in November 2023 was 352,526**, a decrease of 1,541 Medi-Cal members compared to October.
- **Key Performance Indicators:**
 - **Regulatory Metrics:**
 - One regulatory metric was not met for December. The authorization turnaround time was at 80% versus our goal of 95%. The team is actively working on a plan to come back into compliance, including staffing levels with the increase in membership.
 - **Non-Regulatory Metrics:**
 - All non-regulatory metrics were met for the month of December.
- **Program Implementations:**
 - **Single Plan Model**

- Good news. In a first look, the Alliance enrollment as of January 5th, 2024, is 400,199. Final numbers will not be received until around January 25th, 2024.
 - Alliance passed our network adequacy report with DHCS at 94%.
 - **Pay Equity Salary Survey**
 - We will continue to include updates as the Alliance works through the entire process.
 - **Board Retreat**
 - Agenda is set - attached
 - **Recruiting Incentives for our Network**
 - In the packet for your review
 - **Proposed Board of Governors Community Investment Program**
 - In the packet for your review
- **Incentive Program Update**
 - **Program #1 – Behavioral Health Integration Incentive Program**
This incentive program ended on December 31st, 2022.
 - **Program #2 – COVID-19 Vaccine Incentive Program.**
This incentive program ended on February 28th, 2022.
 - **Program #3 – CalAIM Incentive Payment Program**
 - Description & Purpose:
CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) programs began launching on January 1st, 2022. The purpose of this incentive program is to expand ECM and Community Support by building capacity, investing in delivery system infrastructure, addressing disparities and equity, adding community support, and improving quality.

Any provider or community-based organization is invited to apply for incentive funding. In order to qualify for funding, the participating organizations are required to join the Alliance's ECM and Community Supports program and meet specified outcomes and performance measures.
 - Program Years: **1/1/2022 – 6/30/2024**
 - Maximum allocation to Alameda Alliance: **\$14.8 million (year 1); \$15.1 million (year 2)**

- Earned incentive dollars: **\$14.8 million**
- Payments Issues to IPP Providers and Organizations: **\$8.3M million**
- State Guidance: [DHCS APL 21-016](#)
- Current Status:

For Program Year 1 (1/1/2022-12/31/2022), AAH has earned \$14.8M, which is 100% of eligible funds. Funds have been distributed to ten (10) providers and organizations to support the ECM and CS programs.

For Program Year 2 (1/1/2023-12/31/2023), funds have been distributed to twelve (12) providers and organizations to support the ECM and CS programs. The Submission 3 report, reflecting the lookback period of 1/1/2023-6/30/2023, was submitted to DHCS on September 1st, 2023. AAH received notification from DHCS on November 20th, 2023, that we had earned 60% of the eligible points allocated to Submission 3. Funding for Submission 3 was estimated to be released by December 29th, 2023. AAH continued to work with Anthem in preparation for the January 2024 transition to a single plan model.

○ **Program #4 – Student Behavioral Health Incentive Program**

- Description & Purpose:

Statewide, \$389 million is designated over a three-year period (January 1st, 2022-December 31st, 2024) for incentive payments to Medi-Cal managed care plans that meet predefined goals and metrics. The goals and metrics are associated with targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools. Public charter schools are also included.

The purpose of this incentive program is to invest in three priority areas of school-based behavioral health services: planning and coordination, infrastructure, prevention, and early intervention.

- Program Years: **1/1/2022 - 12/31/2024**
- Maximum allocation to Alameda Alliance: **\$9.7 million**
- Earned incentive dollars: **\$6.3 million.**
- Payments issued to SBHIP Partners: **\$5.4 million**
- Current Status:

The Bi-Quarterly Report (BQR) for the second measurement period (July 1st, 2023-December 31st, 2023) was submitted to DHCS on December 21st, 2023. If approved by DHCS, the associated payment of \$1.1M is expected in March or April 2024. The Alameda County SBHIP Steering Group, which includes the Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), Alameda Alliance, and Anthem, continues to

meet to provide strategic program direction and to advise in the development of a Learning Exchange to support LEAs in targeted interventions and development of sustainability plans.

A Memorandum of Understanding (MOU) was executed on August 30th, 2023, with ACOE to support LEAs in developing the infrastructure to sustain program activities post-SBHIP. As of December 2023, ACOE has completed deliverables to develop an initial sequence and description of all Learning Exchange session topics, as well as hosting regularly scheduled Learning Exchanges and Office Hour sessions. The MOU with CHSC was fully executed in November 2023 and outlines activities that will provide additional support to LEAs for SBHIP program activities. CHSC has completed deliverables related to resource development (i.e., crisis support) and hosting Learning Communities to support SBHIP activities. In conjunction with Steering Group partners, the Alliance distributed a calendar of events for the remainder of the program period inclusive of Alliance, ACOE, and planned CHSC activities to promote foundational understanding, build capacity, and develop sustainability plans to support SBHIP activities.

- **Program #5 – Housing and Homelessness Incentive Program**

- Description & Purpose:

- This incentive program is built upon the DHCS' quality strategy and the Home- and Community Based Spending Plan. The spending plan focuses on addressing homelessness and unhoused people and encompasses the community-based residential continuum pilots for older, frail adults, and disabled populations. The plan includes the assisted living waiver waitlist, community care expansion program, and other services.

- Address homelessness and housing insecurity as social determinants of health. Developing a local homelessness plan will be jointly created with Alameda County Health Care Services Agency (HCSA) and Alameda Alliance and submitted to the DHCS. The existing partnership that originated during the Whole Person Care and Health Home Pilots (2017 – 2021) would be extended to build more capacity to support more referrals for housing services, and to better coordinate housing needs.

- This incentive program enables further investing in the expansion of street medicine, data management systems, and staffing to attain three measurement areas: 1) local partnerships to address disparities and equity, 2) infrastructure to support housing navigation, and 3) service delivery and member engagement.

- Program Years: **1/1/2022 - 3/31/2024**
 - Maximum allocation to Alameda Alliance: **\$44.3 million**
 - Earned incentive dollars: **\$20.4 million**

- Payments issued: **\$16.9 million**
- State Guidance: [DHCS APL 22-007](#)
- Current Status:

The Alliance has issued \$12.1M in HHIP payments to HCSA for the completion of 21 deliverables. A payment of \$588k for three (3) deliverables submitted by HCSA in December is expected to be paid on January 4th, 2024. Deliverables completed are related to a Housing Financial Supports Progress Report, Street Medicine data, analytics, the 2023 Q1 and Q2 Housing Community Supports Capacity Building progress report, a Housing Community Supports (HCS) Legal Services pilot that went live July 2023, and funding to support the 2024 Point-in-Time (PIT) count.

The Alliance is eligible to earn up to \$44.3M over the course of HHIP. \$6.6 million was allocated and earned for the calendar year 2022, and \$15.5 million was allocated for the calendar year 2023, of which \$13.7 has been earned; to date, AAH has earned 92% of the allocated funds. \$22.1 million is allocated for the calendar year 2024. Payments were issued in October 2022, December 2022, and June 2023. The final payment is tied to the Submission 2 (S2) Report, which reflects the measurement period of 1/1/2023-10/31/2023. The S2 Report was submitted to DHCS on December 27th, 2023, and payment for dollars earned for S2 should be received in March or April 2024.

- **Section 4. Equity and Practice Transformation (EPT) Payments Program**

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

The EPT program is for primary care practices, including Family Medicine, Internal Medicine, Pediatrics, Primary Care OB/GYN, and/or Behavioral Health in an integrated primary care setting. The funding will be allocated in three separate pathways throughout the phases of the program year(s):

- Medi-Cal Managed Care Plan (MCP) Initial Provider Planning Incentive Payments

\$25 million over one (1) year to incentivize MCPs to identify and work with small-to-medium-sized independent practices using standardized assessment tools to support these practices as they develop practice transformation plans and applications to the larger EPT Provider Directed Payment Program. AAH supported practices in preparing to submit their applications to DHCS on October 23rd, 2023. Subsequently, AAH evaluated all submitted applications for the larger EPT program and submitted our program participation recommendations to DHCS on November 21st, 2023. On December

26th, DHCS extended the deadline for related program milestones from December 2023 to January 19th, 2024. DHCS identified six small/medium-sized practices that would count towards the outlined MCP milestones. MCP-related incentive dollars are still under development by DHCS.

- EPT Provider Directed Payment Program

\$650 million (\$325 million General Fund) over five (5) years to support delivery system transformation, specifically targeting primary care practices that provide primary care pediatrics, family medicine, internal medicine, primary care OB/GYN services, or behavioral health services that are integrated in a primary care setting to Medi-Cal members. \$200 million of the \$650 million will be dedicated to preparing practices for value-based care. This includes implementing practice infrastructure, such as electronic health record systems, data collection, recording capabilities, improved data exchange, and implementation of care management systems.

AAH will not receive incentive dollars for this program; however, the Plan will be expected to transmit payments from DHCS to participating providers that earn dollars. Consideration of an MCP administrative fund to manage this work is under review by DHCS and would be considered separate and apart from this program. Specific details regarding milestones and funding timelines are currently under review by DHCS. Applications were due to DHCS on October 23rd, 2023, and practices of all sizes were eligible to participate within the outlined eligibility criteria. AAH was notified by DHCS that a total of 14 practices were applied (6 falls in the small/medium-sized practice range). AAH evaluated all applications according to DHCS criteria and submitted scored applications to DHCS on November 21st, 2023. DHCS was expected to make the final decision by December 11th, 2023, on which practices would be selected for program participation beginning January 1st, 2024. DHCS practice selection was delayed and is pending as of December 31st, 2023. Practice funding details, official practice milestones, and MCP expectations are pending further direction from DHCS.

- The Statewide Learning Collaborative

\$25 million over five (5) years to support participants in the Provider Directed Payment Program in the implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of stated quality and equity goals. The structure of the program is still being determined, and there are currently no contractors in place for this component of EPT.

- **Section 5. Providing Access and Transforming Health (PATH)**
 - **Providing Access and Transforming Health (PATH):** Comprising 5 initiatives, PATH funding supports Enhanced Care Management (ECM) and Community Support (CS) providers. \$1.85 billion will be available statewide. Initiatives include:
 - **WPC Services & Transition to Managed Care Mitigation Initiative:** Direct funding for WPC Pilot Lead Entities to sustain existing WPC Pilot services that “map to” ECM/Community Supports until an MCP covers the service. Services that will not continue under CalAIM—either because they are not included in CalAIM or will not be picked up by any MCP in the future—are not eligible for this funding.
 - **Technical Assistance Initiative:** Providers will have access to a statewide marketplace for ECM/Community Supports related technical assistance.
 - **Collaborative Planning & Implementation Initiative:** Support for regional collaborative planning and implementation efforts across entities essential to the success of CalAIM. BluePath Health was selected by DHCS as the facilitator for Alameda County, and the initial kick-off meeting was held on January 27th, 2023. BluePath Health is conducting monthly meetings with all Collaborative participants. BluePath Health also conducted two informational meetings with AAH in January and February. Health Care Services continues to represent Alameda Alliance in the monthly collaborative meetings.
 - **Capacity & Infrastructure Transition, Expansion, and Development Initiative (CITED):** Funding for providers, community-based organizations, counties, Lead Entities, tribes, and others for capacity and infrastructure development activities that support the implementation of ECM and Community Supports. Round 1A CITED recipients were announced by DHCS on January 31st, 2023, and Round 1B CITED recipients were announced on March 24th, 2023; a total of \$207M was awarded to 139 recipients during Round 1. The CITED Round 2 application period closed on May 31st, 2023, and DHCS announced the recipients on October 30th, awarding \$144M to 145 providers across California. The CITED Round 3 application period is expected to open in January 2024.
 - **Justice-Involved Capacity Building:** Funding to maintain and build pre-release and post-release services to support the implementation of the CalAIM justice-involved population, including capacity and infrastructure to support services, including EHR systems. Round 1 grants in the amount of \$4.55M were awarded statewide in November 2022. The application period for Round 2 closed on March 31st, 2023; awards have not yet been announced. The application period for Round 3 opened on May 1st, 2023, and closed on July 31st, 2023.

- Alameda County Health Care Services Agency has applied for the PATH Mitigation funds to continue the following WPC services under CalAIM:
 - **Sobering Center services**
 - **Street Health Outreach**

Board of Governors
Strategic Retreat
Garre Winery
7986 Tesla Road, Livermore, CA 94550
Friday, January 26th, 2024
9:30 AM – 3:30 PM
Agenda

- | | |
|-----------------------|---|
| 8:50 AM | Space available for Board members that need to be on calls |
| 9:30 AM | Meet and Greet – Light Breakfast |
| 10:00-10:10 AM | Welcome and Introductions |
| 10:10-11:25 AM | Medicare <ul style="list-style-type: none">i. Overview of current DSNP in California<ul style="list-style-type: none">1) How different from the past2) What to expect over next 18 monthsii. Questions and Answersiii. Alliance/Alameda County<ul style="list-style-type: none">3) What should the Board know<ul style="list-style-type: none">• Quality• Stars• Risk Adjustment• Benefitsiv. What should the Board ask/Judge Successv. Alliance Readiness |
| 11:25-11:55 PM | Finance Training |
| 12:00-12:30 PM | Lunch |
| 12:40-2:10 PM | Health Equity and Quality <ul style="list-style-type: none">b. Quality and Sanctions APL Implicationsc. Single Plan Model Effect<ul style="list-style-type: none">i. Anthem membersii. CalAIMiii. Ratesiv. Qualityd. Health Equity Plan/Roadmape. Health Equity and Quality |

- i. CalAIM Effect
- ii. Underserved Populations
- iii. BH and ABA
- iv. Pediatric Services
- v. Older Adult Services

2:15-2:50 PM

Breakout sessions to discuss focus topics. Board to decide on the meeting, over the next five months, in a small group of experts to discuss obstacles surrounding:

- f. BH/ABA
- g. Pediatric Services
- h. Older Adult Services

2:50-3:25 PM

Compliance Discussion

- i. Compliance Process and Goals
 - 1) Cal Optima
 - 2) Kaiser BH
 - 3) Alliance Audit
 - 4) Next Steps and Planning

3:25-3:30 PM

Adjourn

3:45 PM

Wine Tasting Optional

Provider Recruitment Initiative Overview

Purpose:

- The intent of the Provider Recruitment Initiative (PRI) is to provide grants to support the Alameda County Safety Net and community-based organizations to recruit, hire, and retain healthcare professionals who serve the Alameda County Medi-Cal population. The PRI aims to grow the Alliance provider network and support our community partners' ability to supply culturally and linguistically competent care to increase accessibility, and to reflect the diversity of Alliance members.

Goal:

- To expand the Alameda Alliance Provider network by approximately 10 to 15 providers a year.
- To improve member access to Primary Care Providers, Specialists, and Behavioral Health professionals.
- To promote diverse and culturally inclusive care reflective of Alliance members.

Program Start-Up and Process

- Create a Grant Program Manager position to be added during the FY 2024-25 budget process.
- Develop Grant Review Committee and Grant Governance process.
- The Grant Program Manager will:
 - Intake and review applications.
 - Make recommendations to Review Committee.
 - Manage the program on an annual/rolling basis.
- Defined criteria will be created and then reviewed yearly, or as needed.
- After reviewing the basic eligibility criteria and expectations of the grantmaking processes, we strongly recommend interested applicants contact the Alliance to schedule an informational conference call. Grant awards will be dependent on final approval by Alliance leadership and Board designees.

Program Timeline:

- April 1, 2024 – June 30, 2026
- Applicants may request funds on an annual/rolling basis during the Alliance’s fiscal year, which starts July 1 and ends June 30 of the following year.
 - There are two ways to apply for PRI grants: (1) Scheduled Cycle Grants and (2) Rolling Deadline Grants.
- Applicants will be awarded funds on a first come, first served basis and according to application strength.
- If the application is complete and meets the criteria, the application is submitted to the CEO, COO, CFO, CMO, and Alameda Alliance Board of Governors representative for review and sign-off. If approved, the CEO will provide an update during the next full Board meeting.

Funding and Payment Timelines:

- \$5M total over a 2 year period (based on yearly Board approval).
- All grant funds will come directly from Alliance reserves.
 - After review, it has been determined that we cannot capture these costs in our rate determination process with the Department of Health Care Services (DHCS).

Provider type	Eligible Payments	Additional Payments
MD, DO	<ul style="list-style-type: none">• \$100,000 per qualified MD, DO• Paid in two (2) installments in year one and year two	<ul style="list-style-type: none">• \$75,000 after two (2) years of completed work in Alameda County
OB/GYN	<ul style="list-style-type: none">• \$100,000 per qualified OB/GYN• Paid in two (2) installments in year one and year two	<ul style="list-style-type: none">• \$5,000 after year 1• \$5,000 after year 2
Pain Management Providers	<ul style="list-style-type: none">• \$100,000 per qualified Pain Management Provider• Paid in two (2) installments in year one and year two	<ul style="list-style-type: none">• \$5,000 after year 1• \$5,000 after year 2

Provider type	Eligible Payments	Additional Payments
Bilingual Providers: (Spanish, Tagalog, Chinese [Mandarin, Cantonese], Vietnamese, Arabic, and Farsi)	<ul style="list-style-type: none"> • \$100,000 per qualified MD, DO • Paid in two (2) installments in year one and year two 	<ul style="list-style-type: none"> • \$5,000 after year 1 • \$5,000 after year 2
Mid- Level Providers (NP, PA)	<ul style="list-style-type: none"> • \$25,000 upon joining the Alliance network in the Safety Net • \$25,000 after year 2 • 	N/A
Licensed Behavioral Health Providers	<ul style="list-style-type: none"> • \$25,000 upon joining the Alliance network in the Safety Net • \$25,000 after year 2 • 	N/A
Housing Grants – for people moving to the County	<ul style="list-style-type: none"> • \$5,000 maximum payment per month • 6 months maximum time limit • Limited to MDs only 	N/A
Scholarships for Community Health Workers	<ul style="list-style-type: none"> • Pay Community Health Worker program certificate costs 	N/A
Training for In Home Supportive Services (IHSS)	<ul style="list-style-type: none"> • Pay IHSS training program costs 	
Medical School Debt Repayment	<ul style="list-style-type: none"> • Payment made to loan program, based on above criteria, if applicable under the law 	

Criteria

- All providers must commit to practice for at least 24 months of service with the hired contracted entity. If provider leaves before 24 months, the contracted entity is required to hire a replacement to complete the 24-month services obligation and will

not be eligible to apply for funding in future cycles until the entity has replaced the provider.

- Provide at least 16 hours of direct patient care per week.
- Eligibility for medical school debt repayment dependent on 2 years of service, allowing for applicable laws.
- Beyond meeting the eligibility criteria, the most competitive applications will be those that demonstrate that the Medi-Cal and/or uninsured population is a primary beneficiary of services, there's a compelling argument to expand provider volume, and the proposed clinic placement site is located in a designated Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA).

- **PCP**

- Candidates must fill a primary care role.
- Providers in training or residency programs with Alliance Community Hospitals are eligible.
- Participating organizations must be contracted with Alliance for recruiting individual providers.
- The recruited providers must accept an offer of employment consistent with the terms outlined in Alliance's grant agreement.

- **Specialists**

- The program is available for successfully recruited candidates employed with an FQHC or solo providers.
- Greater weight is given to new candidates that are currently practicing outside of Alameda County.
- Requests for support must be made before formal offers to candidates.
- Bilingual candidates must be bilingual in Alameda County's threshold languages (English, Spanish, Chinese, Vietnamese, Tagalog, Arabic, and Farsi).
- Skills and qualifications will be verified through several sources, including credentialing, certification to verify bilingual capacity, or written attestations substantiating experience.

- **Behavioral Health (BH) Professionals**

- Certified counselors practicing as registered counselors who become certified, or candidates hired as certified counselors qualify for support; registered drug counselors are not eligible.
- Requests for support must be made before formal offers to candidates.
- Bilingual candidates must be bilingual in Alameda County's threshold languages (English, Spanish, Chinese, Vietnamese, Tagalog, Arabic and Farsi).

- Skills and qualifications will be verified through several sources including credentialing, certification to verify bilingual capacity, or written attestations substantiating experience.
- To qualify, BH services may be provided via telehealth if the candidate resides in and is licensed/certified in California.
- The program supports Certified SUD Counselors.
- Psychiatric Providers must provide both in-person and telehealth care services.
- **Requirement for Year 2**
 - To receive the Year 2 payment, the provider must be actively seeing Alliance members. This will be assessed based on claims data. Benchmarks will be defined by provider type/group for the threshold number of members the provider must see to receive payment in Year 2.
- **Focused Network Development Projects**
 - A portion of the \$5M will be set aside to support focused network development projects that meet the goals of this initiative – expanding the Alameda Alliance provider network and improving member access to key provider types and/or services. For example, if there is a need for more providers who perform Comprehensive Diagnostic Evaluations (CDEs) or for specific access to ABA providers after normal business hours. Under this initiative, funding could be provided to a group to develop their capacity to provide members enhanced access.

ALAMEDA ALLIANCE FOR HEALTH

COMMUNITY REINVESTMENT PROGRAM

PURPOSE

The Alameda Alliance for Health (Alliance) community reinvestment program was developed to strengthen existing and new partnerships with community-based organizations and help build capacity to best serve Alliance Medi-Cal members. The Alliance has allocated up to \$5,000,000 over the next 2 years, to support new and innovative approaches focused on vulnerable populations and addressing health disparities. Priority initiatives include:

- HEDIS
- Access to care
- Social determinants of health
- Complex case management, including populations of focus
- Behavioral health

ELIGIBILITY

Funding will be awarded on an annual/rolling basis. To qualify for the community reinvestment program, the following requirements must be met:

- Attend an informational session
- Located in Alameda County and serve Alliance members
- Submit complete application
- Have not already received funding from the Alliance for similar work

PROCESS

The community reinvestments program is a Board directed community investment program with a bi-directional identification process:

- Community investments providers may apply through an application process
- Community investments may be identified via the Board of Governors

GOVERNANCE

All community investments will be reviewed via a Community Reinvestments Committee and scored via standard evaluation criteria. After review and scoring is complete, a summary of applicants will be presented to the Senior Leadership Team and to the designated Board and Community Advisory Board members designee for sign-off. Excess funds would initiate a limited community investment cycle and/or rollover into the following community investment year.

COMMUNITY INVESTMENTEE REQUIREMENTS

All awarded community investmenteers must commit to the following:

- Co-developed project specific deliverables summarizing project milestones
- Monthly progress meetings with Alliance community investments team
- Formal quarterly reporting
- Final report of all progress activities
- Encourage Community investmenteer to share learnings via social media platforms, conferences, webinars, as well as permit Alliance to share findings (must be adhere to logo/reference guidelines)

Provider Recruitment Initiative Overview

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Program Timeline:

- April 1, 2024 – June 30, 2026
- Applicants may request funds on an annual/rolling basis during the Alliance’s fiscal year, which starts July 1 and ends June 30 of the following year.
 - There are two ways to apply for PRI grants: (1) Scheduled Cycle Grants and (2) Rolling Deadline Grants.
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Funding and Payment Timelines:

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OB/GYN	<ul style="list-style-type: none">• \$100,000 per qualified OB/GYN• Paid in two (2) installments in year one and year two	<ul style="list-style-type: none">• \$5,000 after year 1• \$5,000 after year 2
Pain Management Providers	<ul style="list-style-type: none">• \$100,000 per qualified Pain Management Provider• Paid in two (2) installments in year one and year two	<ul style="list-style-type: none">• \$5,000 after year 1• \$5,000 after year 2

Provider type	Eligible Payments	Additional Payments
Bilingual Providers: (Spanish, Tagalog, Chinese [Mandarin, Cantonese], Vietnamese, Arabic, and Farsi)	<ul style="list-style-type: none"> • \$100,000 per qualified MD, DO • Paid in two (2) installments in year one and year two 	<ul style="list-style-type: none"> • \$5,000 after year 1 • \$5,000 after year 2
Mid- Level Providers (NP, PA)	<ul style="list-style-type: none"> • \$25,000 upon joining the Alliance network in the Safety Net • \$25,000 after year 2 • 	N/A
Licensed Behavioral Health Providers	<ul style="list-style-type: none"> • \$25,000 upon joining the Alliance network in the Safety Net • \$25,000 after year 2 • 	N/A
Housing Grants – for people moving to the County	<ul style="list-style-type: none"> • \$5,000 maximum payment per month • 6 months maximum time limit • Limited to MDs only 	N/A
Scholarships for Community Health Workers	<ul style="list-style-type: none"> • Pay Community Health Worker program certificate costs 	N/A
Training for In Home Supportive Services (IHSS)	<ul style="list-style-type: none"> • Pay IHSS training program costs 	
Medical School Debt Repayment	<ul style="list-style-type: none"> • Payment made to loan program, based on above criteria, if applicable under the law 	

Criteria

- All providers must commit to practice for at least 24 months of service with the hired contracted entity. If provider leaves before 24 months, the contracted entity is required to hire a replacement to complete the 24-month services obligation and will

not be eligible to apply for funding in future cycles until the entity has replaced the provider.

- Provide at least 16 hours of direct patient care per week.
- Eligibility for medical school debt repayment dependent on 2 years of service, allowing for applicable laws.
- Beyond meeting the eligibility criteria, the most competitive applications will be those that demonstrate that the Medi-Cal and/or uninsured population is a primary beneficiary of services, there's a compelling argument to expand provider volume, and the proposed clinic placement site is located in a designated Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA).

- **PCP**

- Candidates must fill a primary care role.
- Providers in training or residency programs with Alliance Community Hospitals are eligible.
- Participating organizations must be contracted with Alliance for recruiting individual providers.
- The recruited providers must accept an offer of employment consistent with the terms outlined in Alliance's grant agreement.

- **Specialists**

- The program is available for successfully recruited candidates employed with an FQHC or solo providers.
- Greater weight is given to new candidates that are currently practicing outside of Alameda County.
- Requests for support must be made before formal offers to candidates.
- Bilingual candidates must be bilingual in Alameda County's threshold languages (English, Spanish, Chinese, Vietnamese, Tagalog, Arabic, and Farsi).
- Skills and qualifications will be verified through several sources, including credentialing, certification to verify bilingual capacity, or written attestations substantiating experience.

- **Behavioral Health (BH) Professionals**

- Certified counselors practicing as registered counselors who become certified, or candidates hired as certified counselors qualify for support; registered drug counselors are not eligible.
- Requests for support must be made before formal offers to candidates.
- Bilingual candidates must be bilingual in Alameda County's threshold languages (English, Spanish, Chinese, Vietnamese, Tagalog, Arabic and Farsi).

- Skills and qualifications will be verified through several sources including credentialing, certification to verify bilingual capacity, or written attestations substantiating experience.
- To qualify, BH services may be provided via telehealth if the candidate resides in and is licensed/certified in California.
- The program supports Certified SUD Counselors.
- Psychiatric Providers must provide both in-person and telehealth care services.
- **Requirement for Year 2**
 - To receive the Year 2 payment, the provider must be actively seeing Alliance members. This will be assessed based on claims data. Benchmarks will be defined by provider type/group for the threshold number of members the provider must see to receive payment in Year 2.
- **Focused Network Development Projects**
 - A portion of the \$5M will be set aside to support focused network development projects that meet the goals of this initiative – expanding the Alameda Alliance provider network and improving member access to key provider types and/or services. For example, if there is a need for more providers who perform Comprehensive Diagnostic Evaluations (CDEs) or for specific access to ABA providers after normal business hours. Under this initiative, funding could be provided to a group to develop their capacity to provide members enhanced access.



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

Executive Dashboard

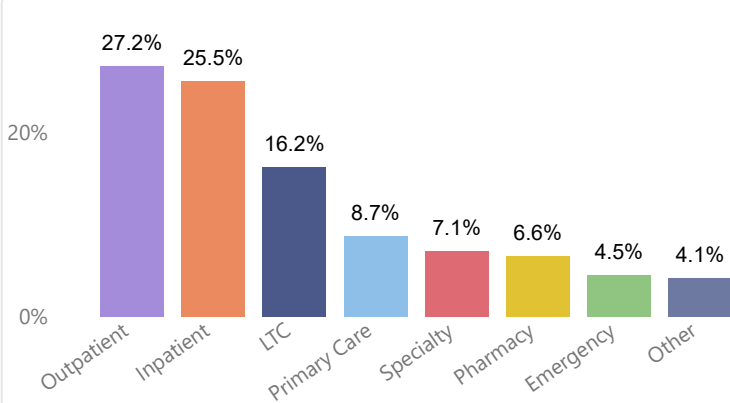
Financials

Income & Expenses

	NOVEMBER 2023	FISCAL YTD
REVENUE	\$ 137.8 M	\$ 688.0 M
MEDICAL EXPENSE	\$ (128.3) M	\$ (637.2) M
ADMIN EXPENSE	\$ (7.9) M	\$ (37.7) M
OTHER	\$ 1.8 M	\$ 11.8 M
NET INCOME	\$ 3.4 M	\$ 24.8 M

Gross Margin %
7.4%

Medical Expenses



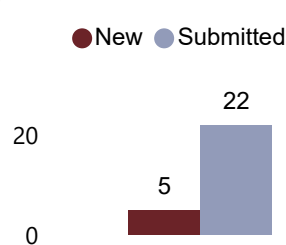
Liquid Reserves

MLR Net %
92.6%

TNE %
699.0%

TNE \$
\$348.8M

Reinsurance Cases

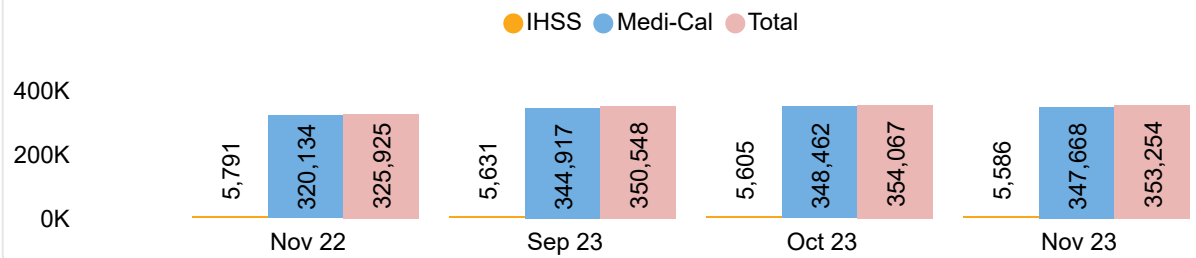


Balance Sheet

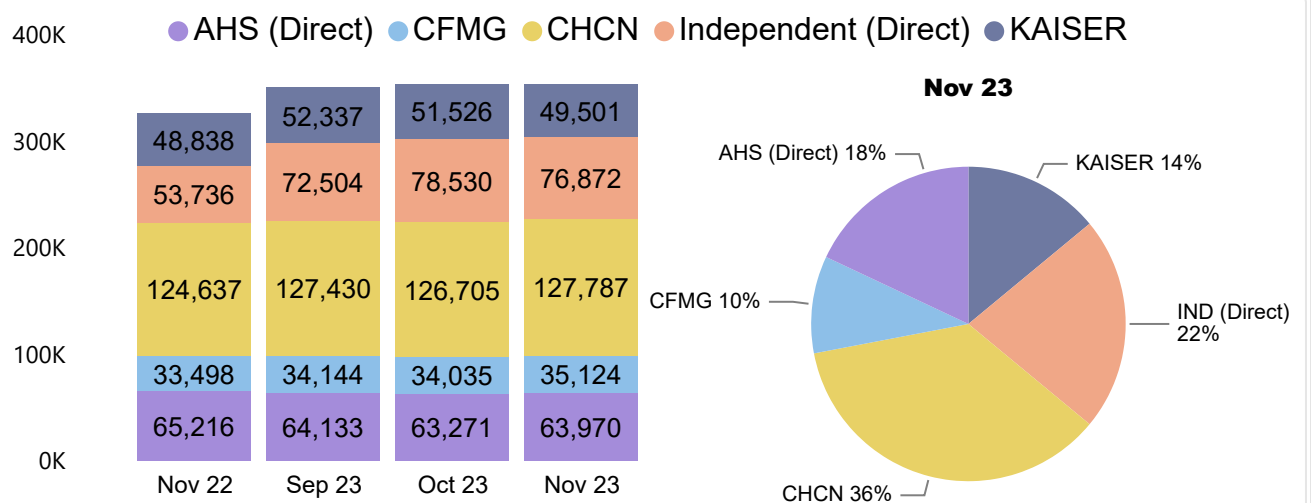
Cash Equivalents	\$480.5M	Current Ratio 1.80
Pass-Through Liabilities	\$169.8M	
Uncommitted Cash	\$310.7M	
Working Capital	\$331.7M	

Membership

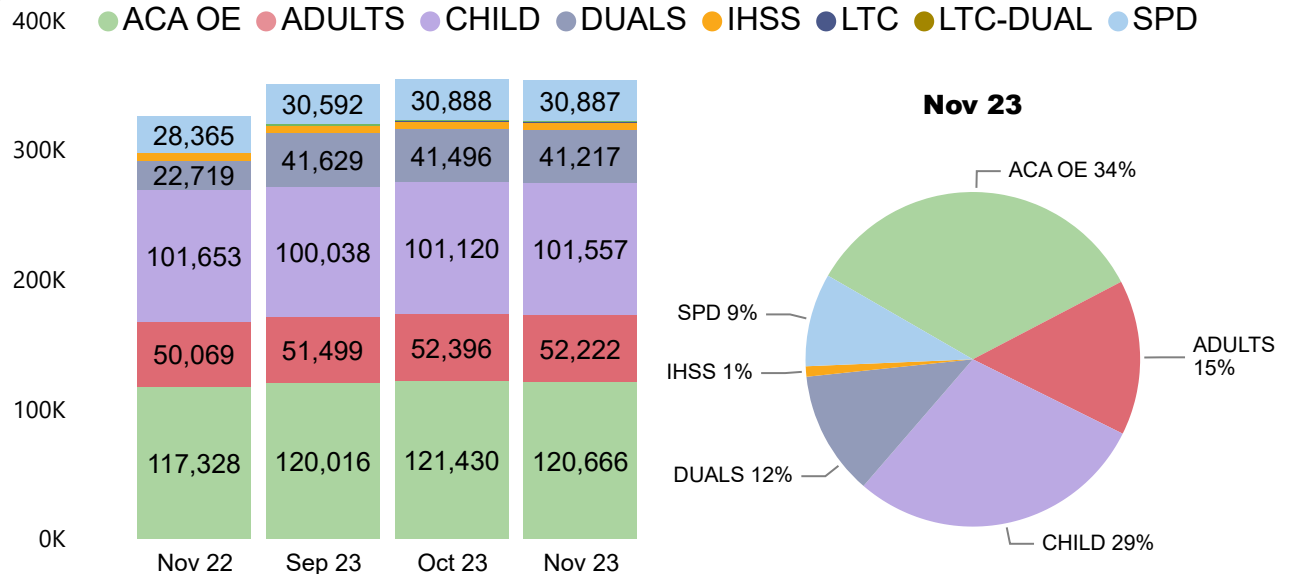
By Plan



By Network

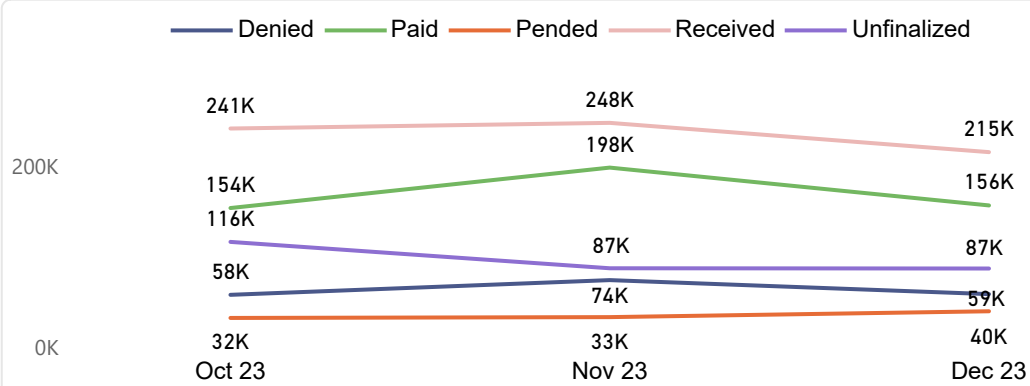


By Category

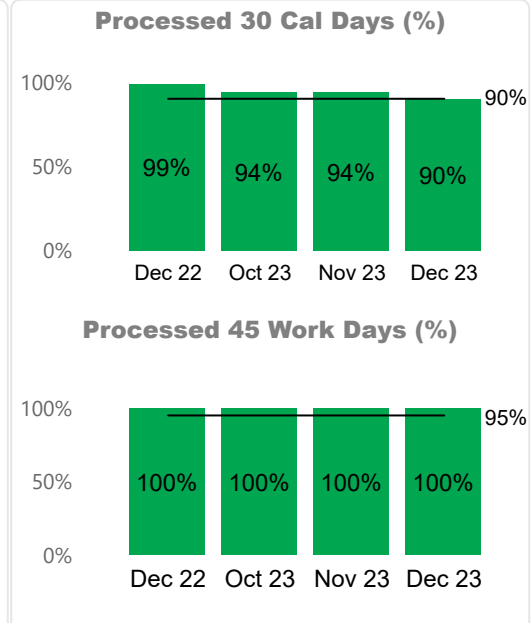


Claims

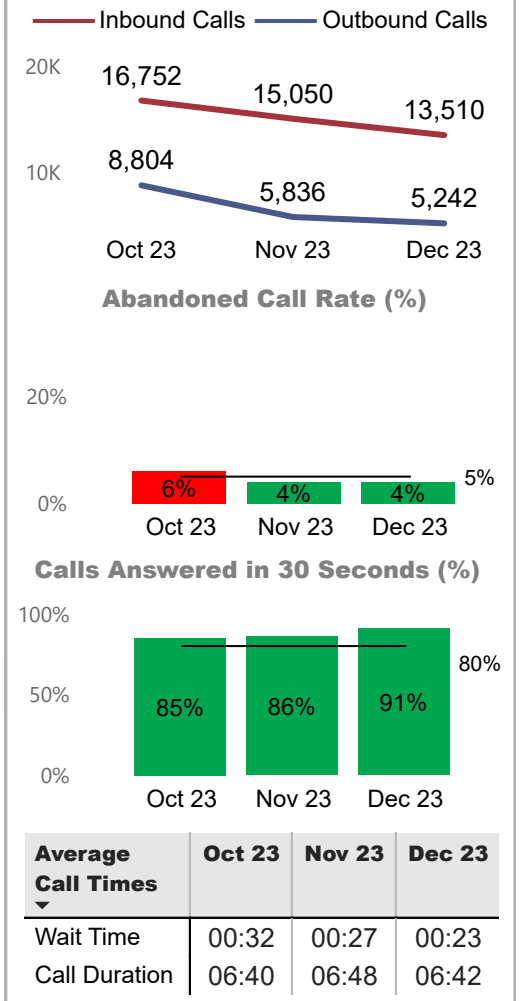
Claims Processing



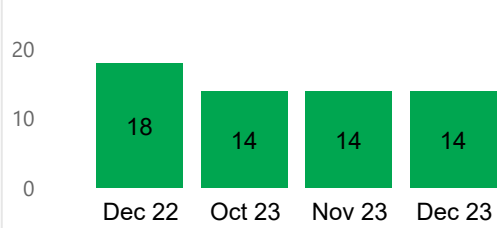
Claims Compliance



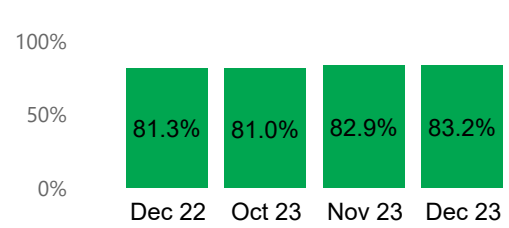
Member Services



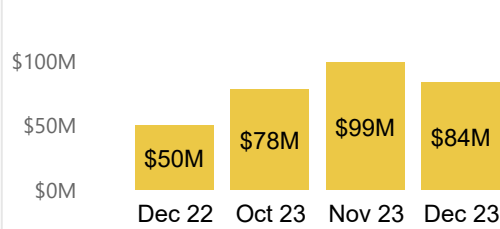
Average Payment TAT (Days)



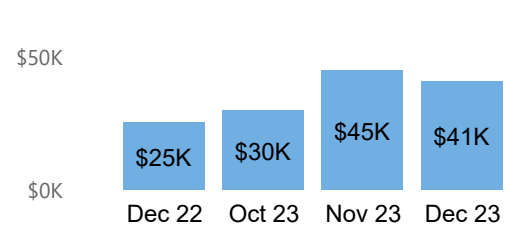
Auto Adjudication Rate (%)



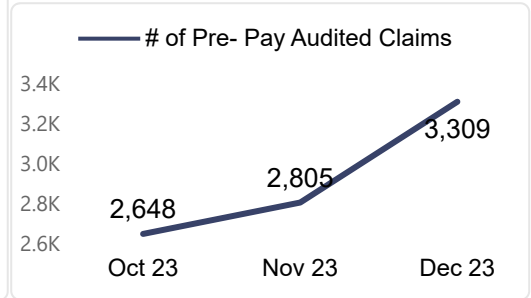
Claims Paid (\$)



Interest Paid (\$)

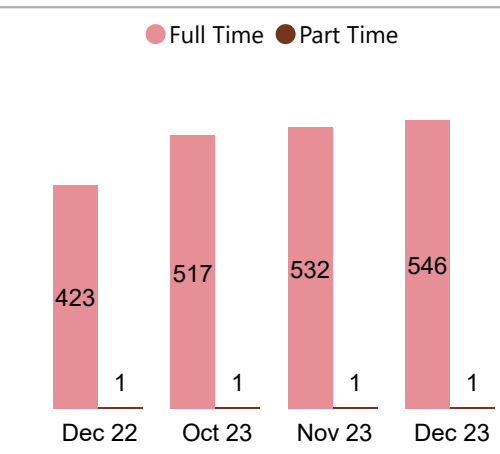


Claims Auditing

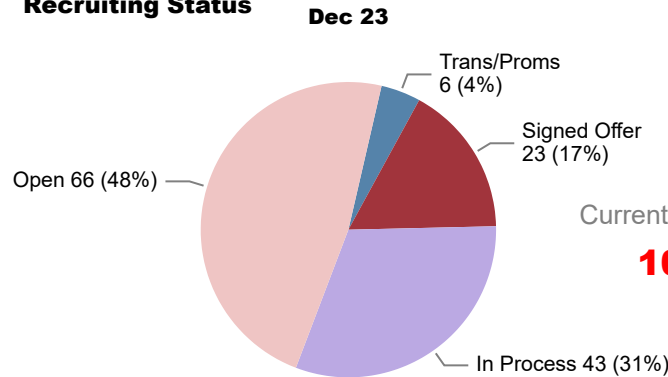


Average Call Times	Oct 23	Nov 23	Dec 23
Wait Time	00:32	00:27	00:23
Call Duration	06:40	06:48	06:42

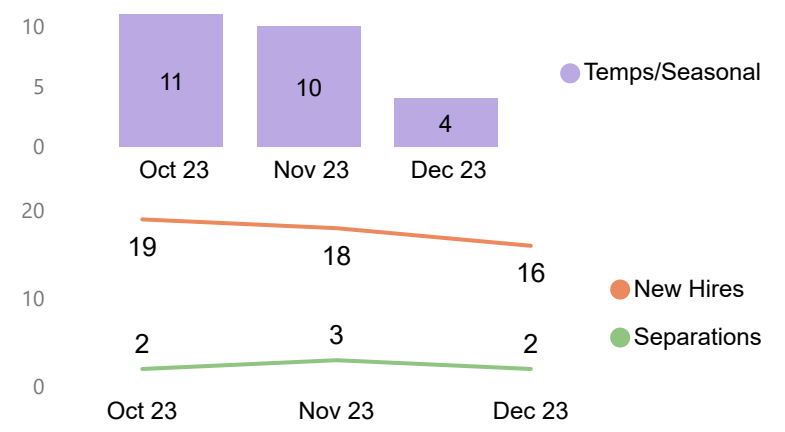
Human Resources



Recruiting Status



Current Vacancy
10%



Provider Services

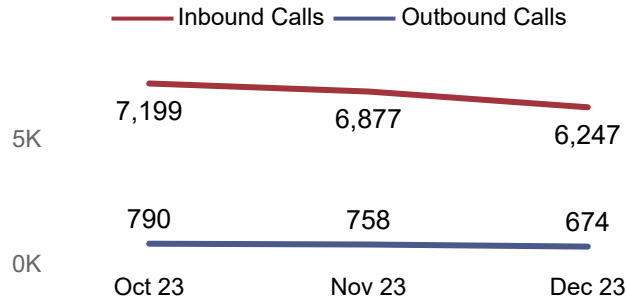
Provider Network

Hospital	17
Specialist	9,714
Primary Care Physician	785
Skilled Nursing Facility	119
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	68
TOTAL	10,710

Provider Credentialing

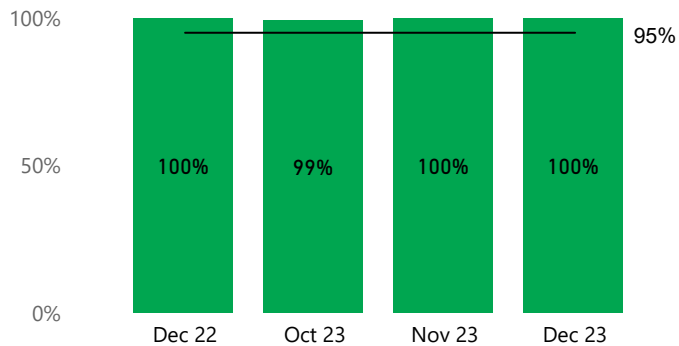
3,020

Provider Call Center



Provider Disputes & Resolutions

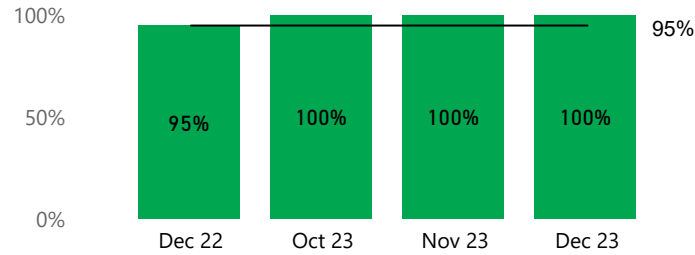
Turnaround Compliance (45 business days)



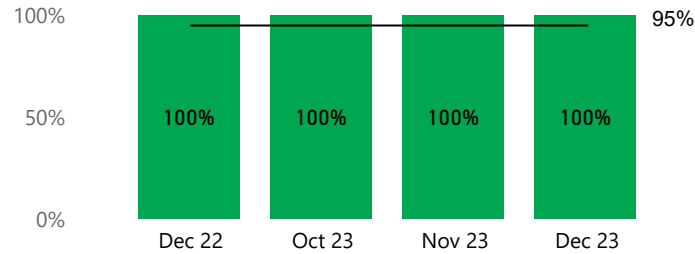
Compliance

Member Grievances

Standard (30 calendar days)

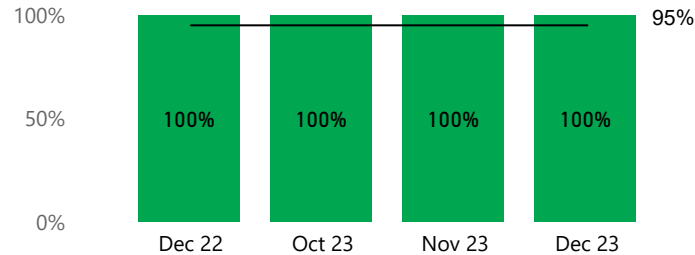


Expedited (3 calendar days)

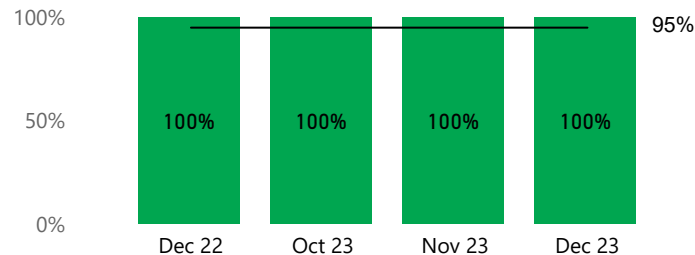


Member Appeals

Standard (30 calendar days)

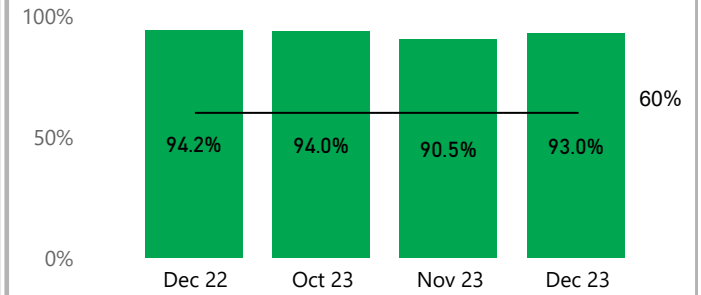


Expedited (3 calendar days)

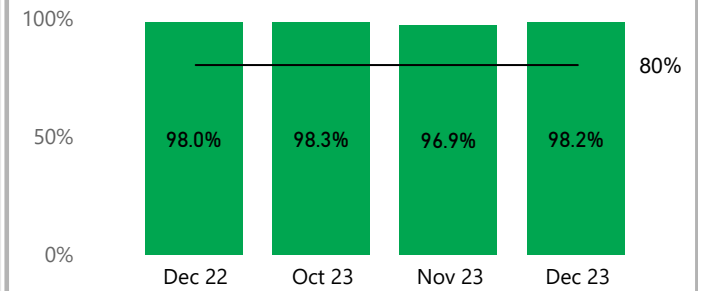


Encounter Data

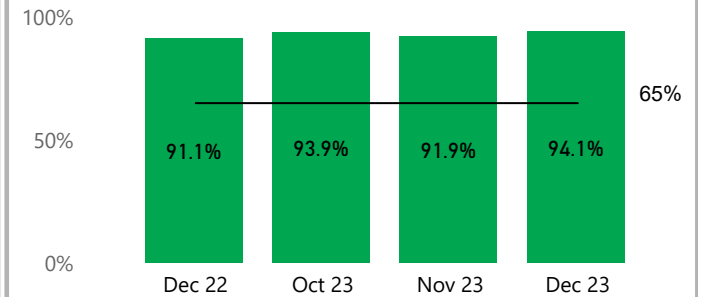
Institutional 0-90 days



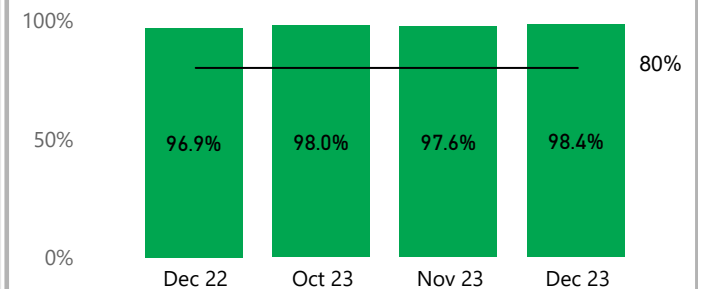
Institutional 0-180 days



Professional 0-90 days

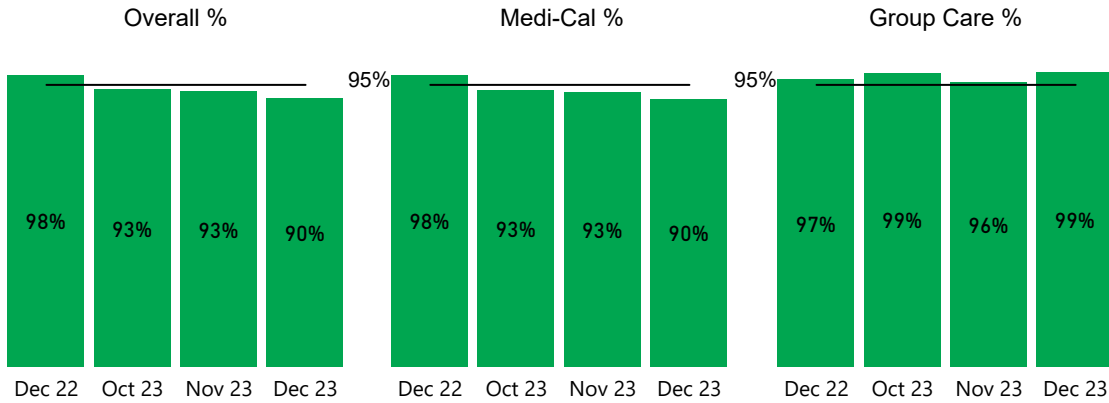


Professional 0-180 days

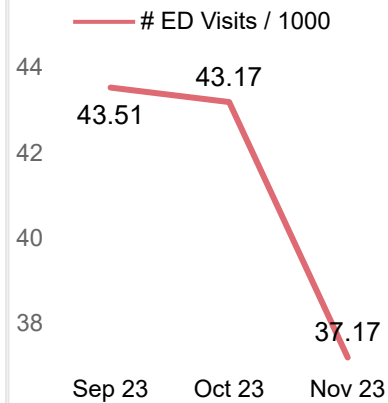


Health Care Services

Authorization Turnaround

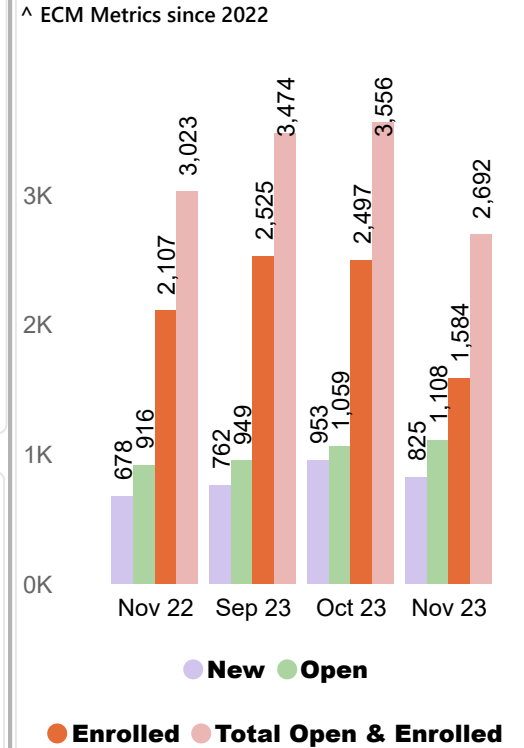


ED Utilization

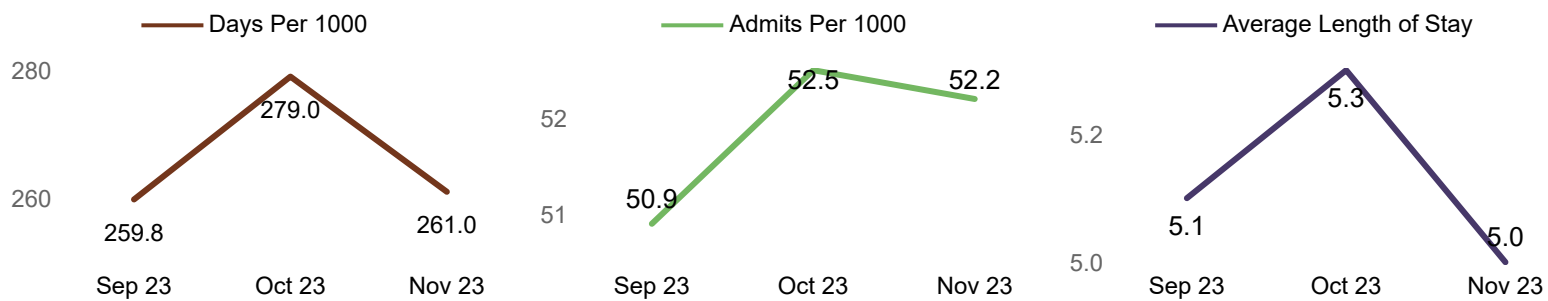


Case Management

Total Cases^



Inpatient Utilization

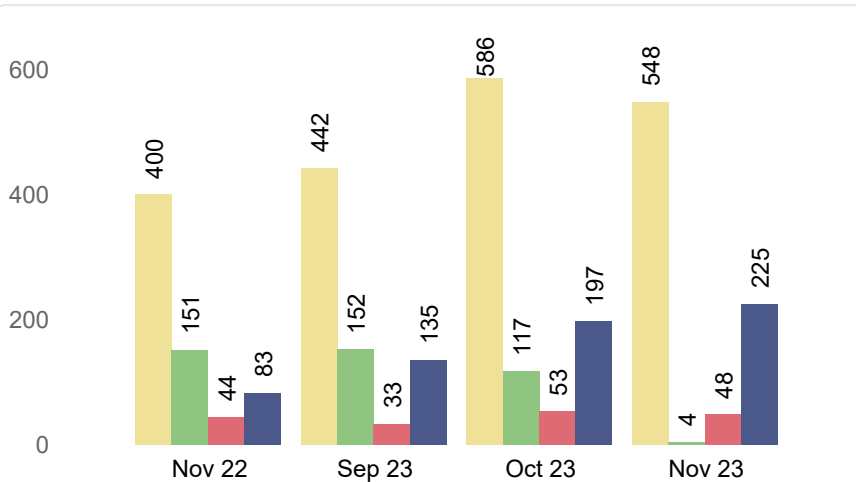


Case Management^

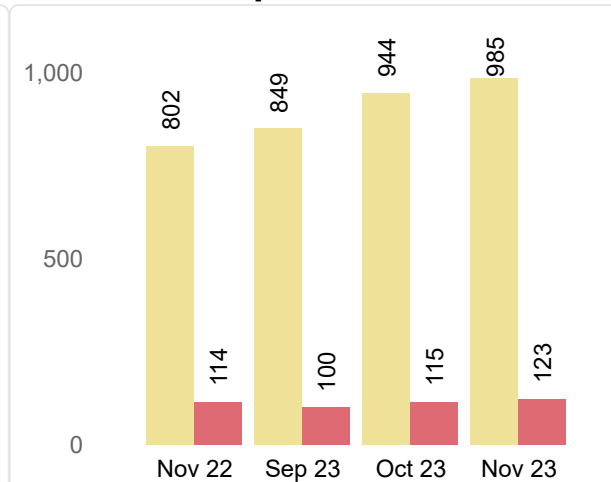
● Care Coordination ● Community Supports ● Complex Cases ● Enhanced Case Management

^ ECM Metrics since 2022

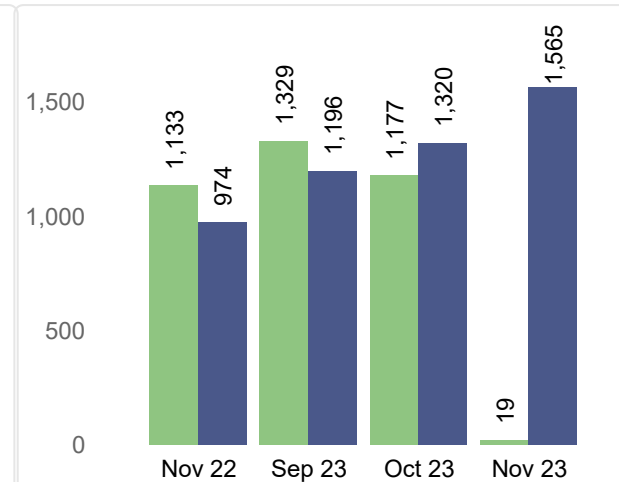
New Cases



Open Cases



Enrolled Cases



Technology (Business Availability)

Applications	Dec 22	Oct 23	Nov 23	Dec 23
HEALTHsuite System	100.0%	100.0%	100.0%	100.0%
Other Applications	100.0%	100.0%	100.0%	100.0%
TruCare System	100.0%	100.0%	100.0%	100.0%

Outpatient Authorization Denial Rates *

OP Authorization Denial Rates	Dec 22	Oct 23	Nov 23	Dec 23
Denial Rate Excluding Partial Denials (%)	3.5%	4.1%	3.8%	3.7%
Overall Denial Rate (%)	3.9%	4.3%	4.0%	3.9%
Partial Denial Rate (%)	0.4%	0.2%	0.3%	0.3%

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

Pharmacy Authorizations

Authorizations	Dec 22	Oct 23	Nov 23	Dec 23
Approved Prior Authorizations	25	37	37	22
Closed Prior Authorizations	77	98	67	58
Denied Prior Authorizations	30	29	39	27
Total Prior Authorizations	132	164	143	107



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Finance

Gil Riojas

To: Alameda Alliance for Health Board of Governors

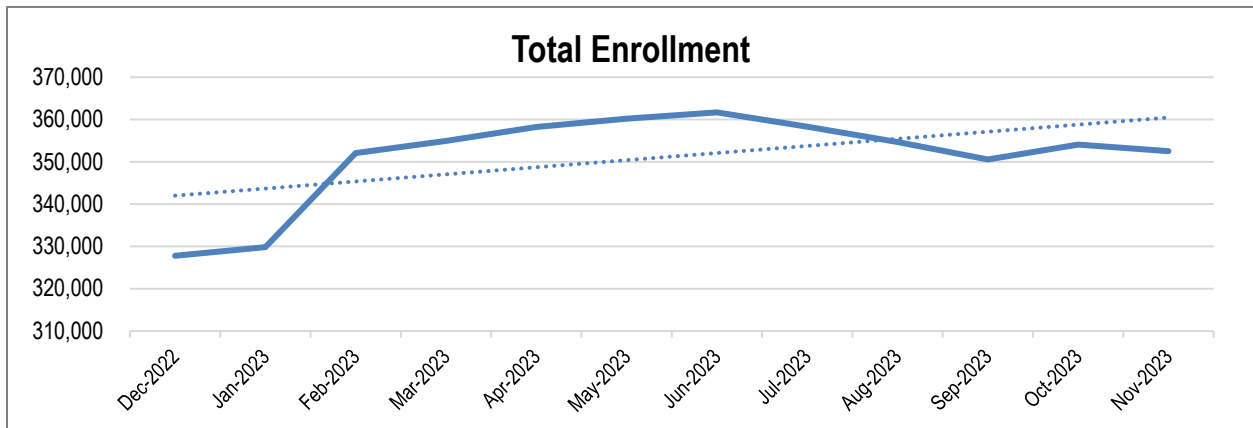
From: Gil Riojas, Chief Financial Officer

Date: January Recess

Subject: Finance Report – November 2023 Financials

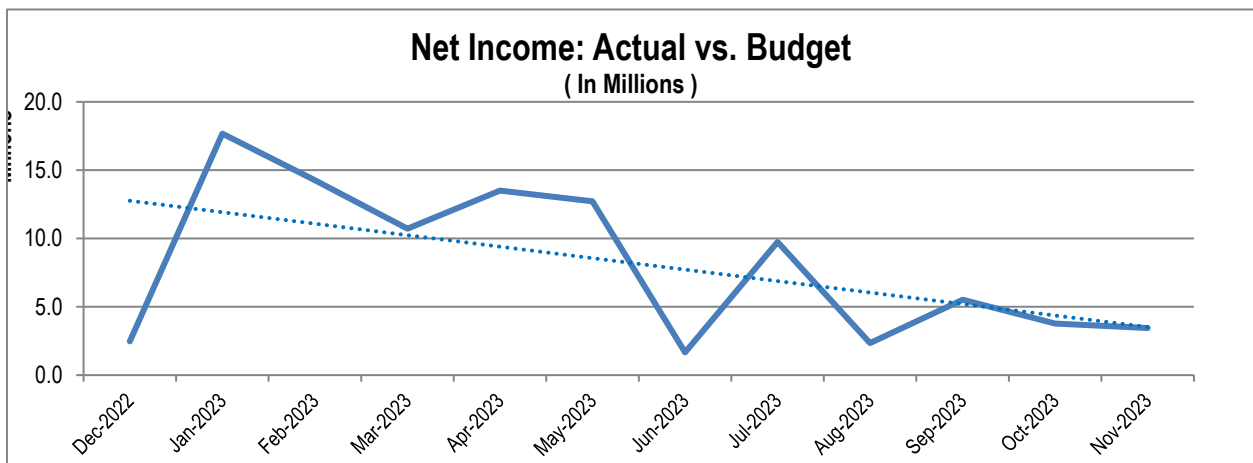
Executive Summary

For the month ended November 30th, 2023, the Alliance experienced a decrease in enrollment due to ongoing redetermination efforts. Enrollment decreased by 1,541 members to 352,526 members. Net Income of \$3.4 million was reported in November. The Plan’s medical expenses represented 93.1% of revenue. Alliance reserves increased slightly to 699% of required and remain well above minimum requirements.

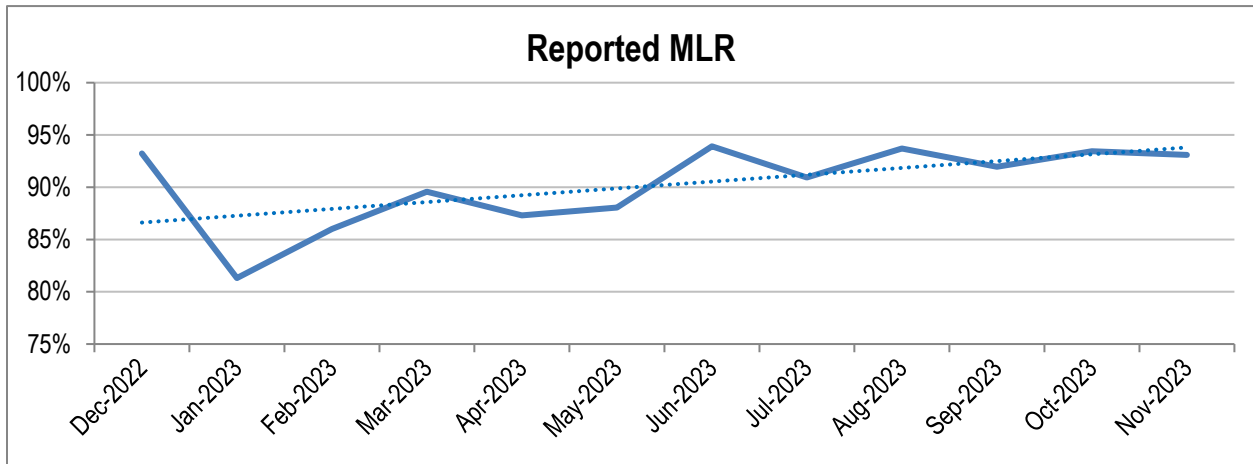


Enrollment – In November, enrollment decreased slightly by 1,541 members. DHCS is no longer assigning new members to Anthem, so all new members are Alliance members, which helped to offset continued redetermination disenrollments.

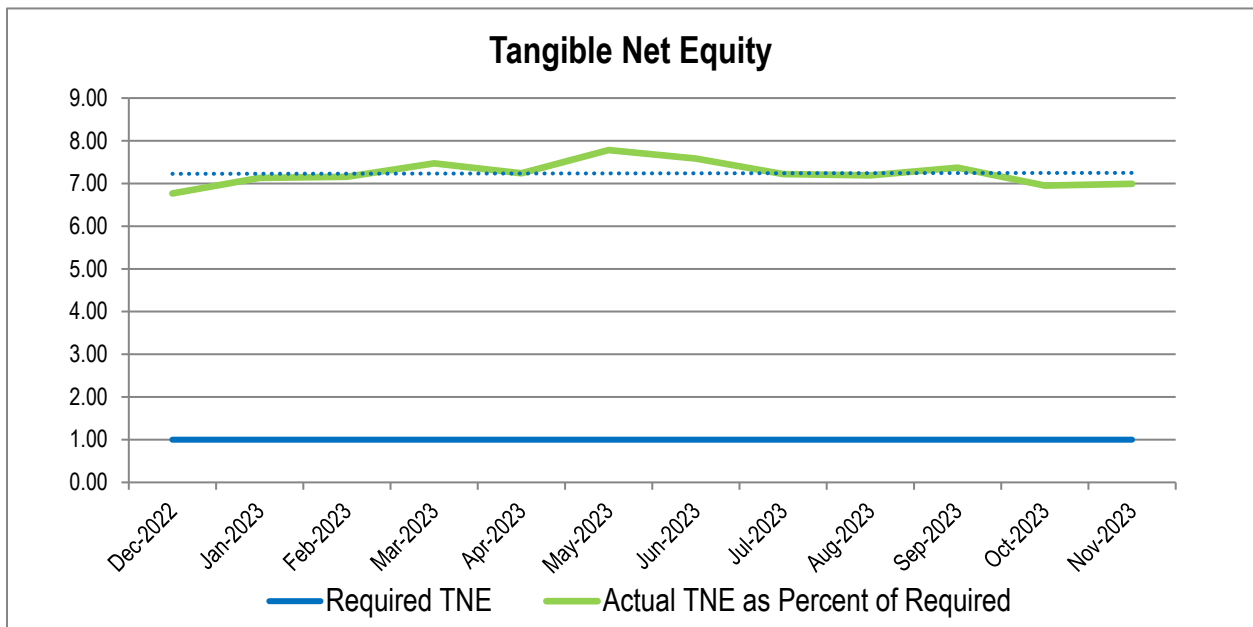
Net Income – For the month ended November 30th, 2023, actual Net Income was \$3.4 million vs. budgeted Net Loss of \$1.0 million. Fiscal year-to-date actual Net Income was \$24.8 million vs. Budgeted Net Income of \$20.4 million. The favorable variance of \$4.4 million in the current month is due to higher than anticipated Investment Income and lower than anticipated Medical and Administrative Expenses.



Medical Loss Ratio (MLR) – The Medical Loss Ratio was 93.1% for the month and 92.6% for the fiscal year-to-date. MLR percentages above 95% may result in net losses for the plan.



Tangible Net Equity (TNE) - The Department of Managed Health Care (DMHC) required \$49.9M in reserves, we reported \$348.8M. Our overall TNE remains healthy at 699%.



The Alliance continues to benefit from increased non-operating income. For November we reported returns of \$941K, and year-to-date \$12.0M, in the investment portfolio.

To: Alameda Alliance for Health Board of Governors

From: Gil Riojas, Chief Financial Officer

Date: January 9th, 2023

Subject: Finance Report – November 2023

Executive Summary

- For the month ended November 30th, 2023, the Alliance had enrollment of 352,526 members, a Net Income of \$3.4 million and 699% of required Tangible Net Equity (TNE).

Overall Results: (in Thousands)		
	Month	YTD
Revenue	\$137,819	\$687,972
Medical Expense	128,295	637,238
Admin. Expense	7,914	37,702
Other Inc. / (Exp.)	1,832	11,790
Net Income	\$3,441	\$24,822

Net Income by Program: (in Thousands)		
	Month	YTD
Medi-Cal*	\$3,328	\$23,738
Group Care	113	1,084
	\$3,441	\$24,822

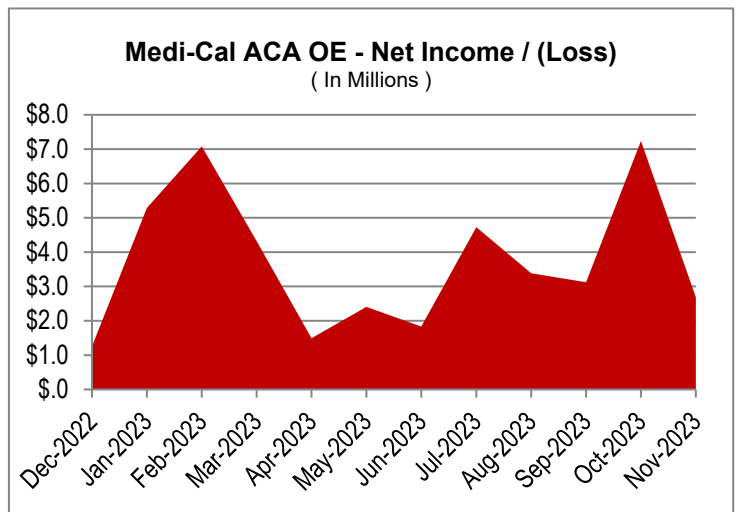
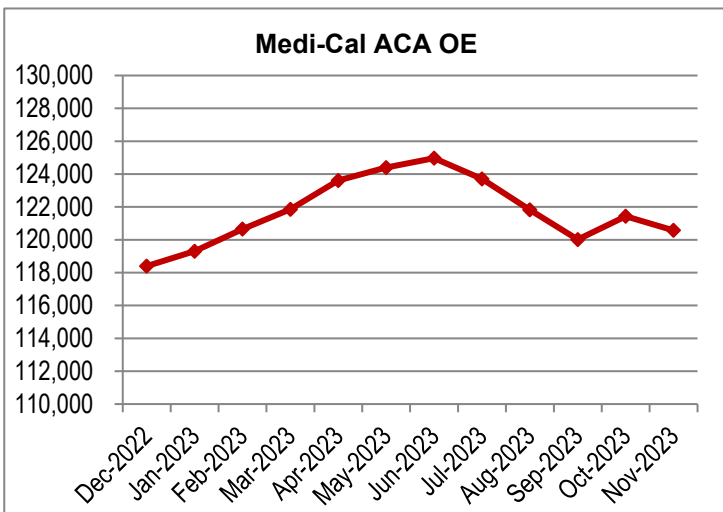
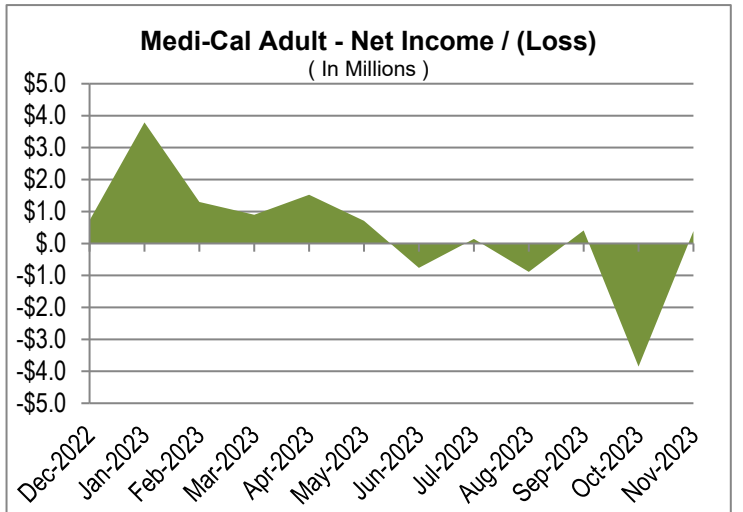
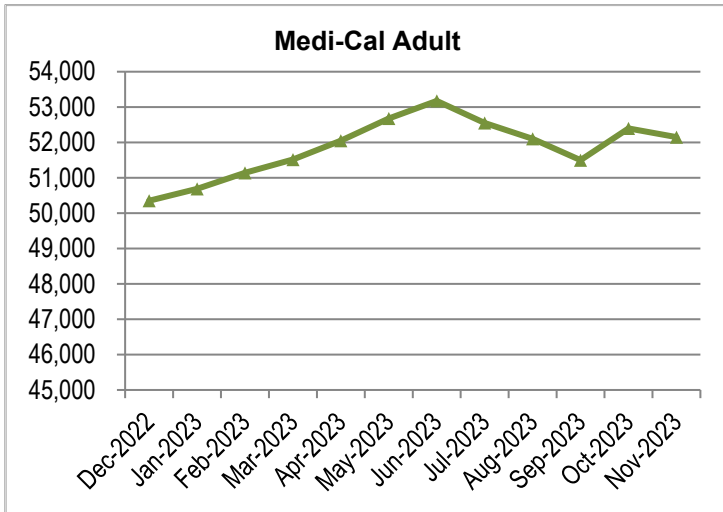
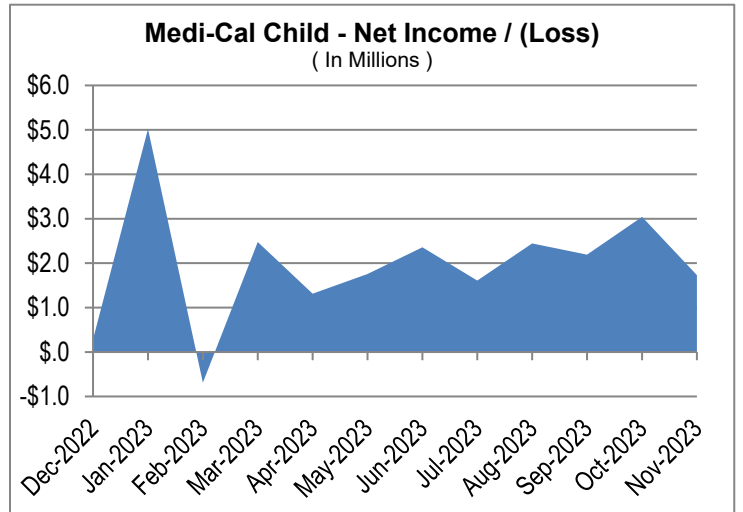
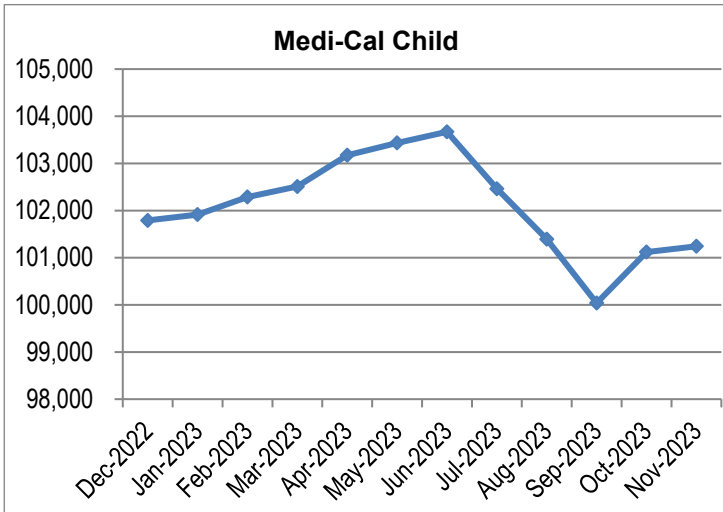
*Includes consulting cost for Medicare implementation.

Enrollment

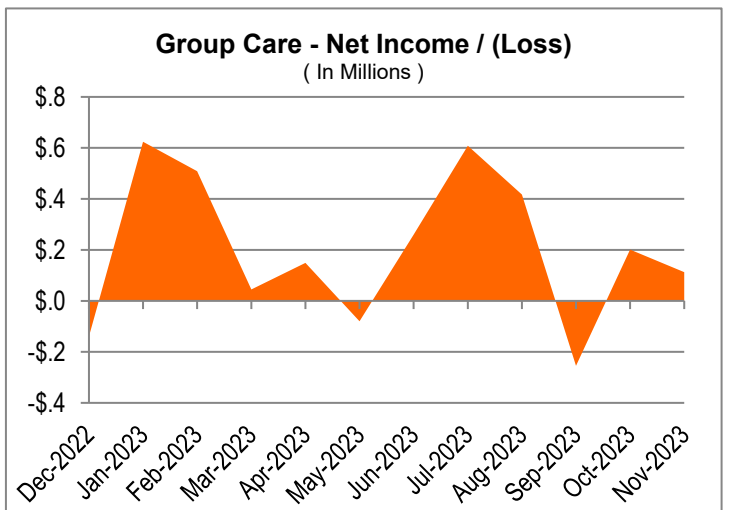
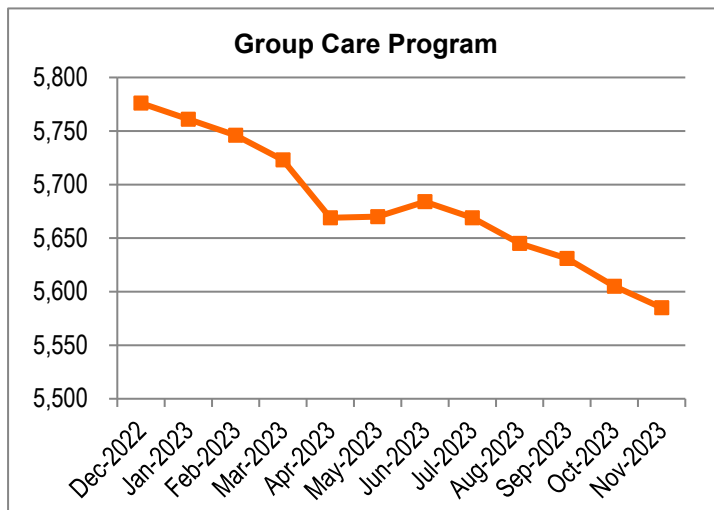
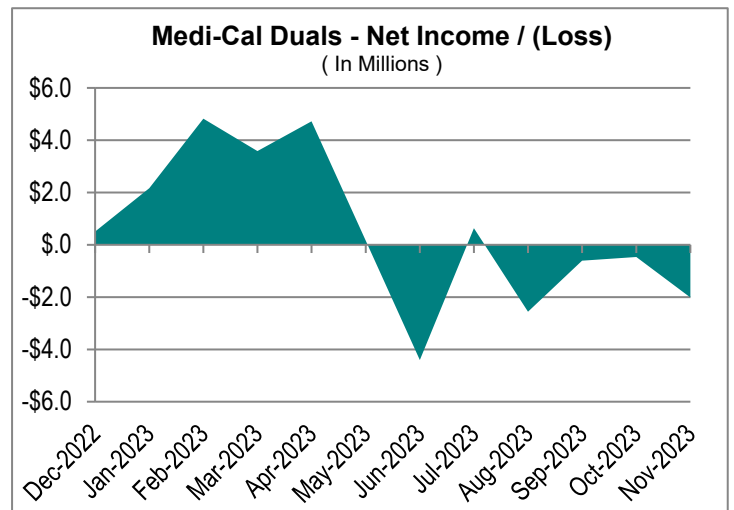
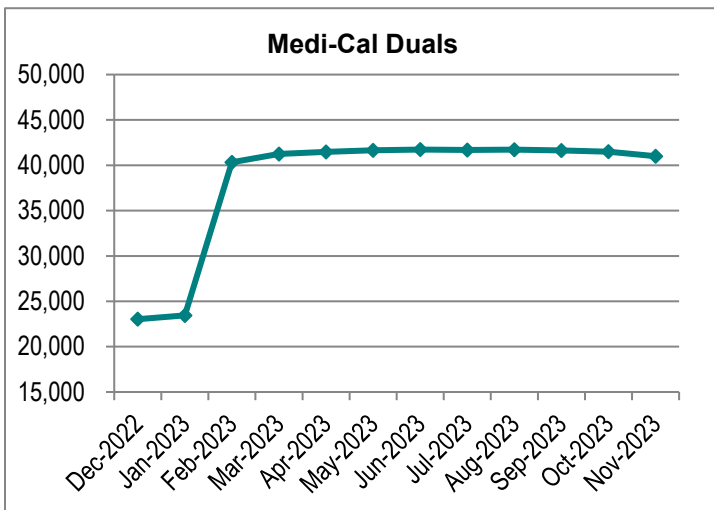
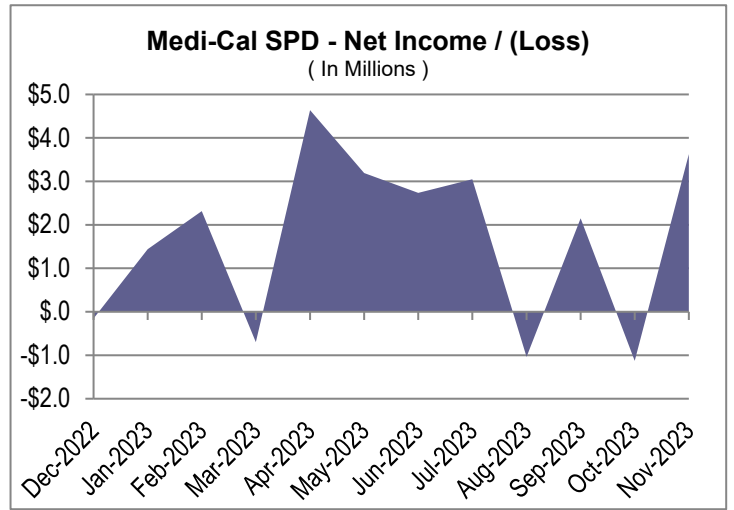
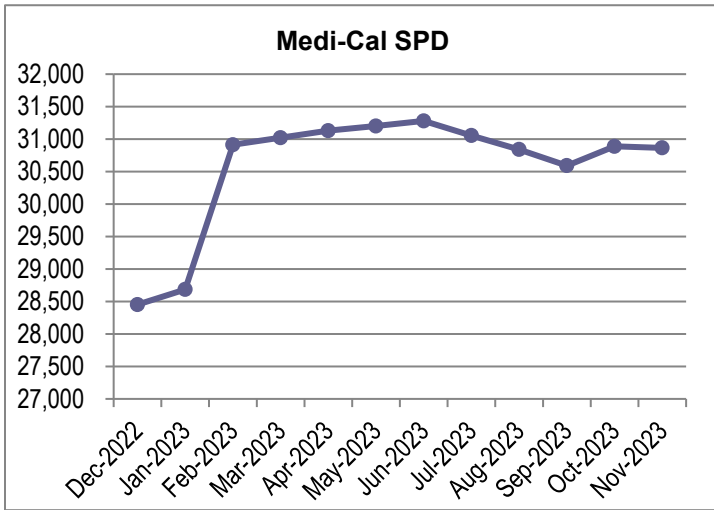
- Total enrollment decreased by 1,541 members since October 2023.
- Total enrollment decreased by 9,159 members since June 2023.

Monthly Membership and YTD Member Months									
Actual vs. Budget									
For the Month and Fiscal Year-to-Date									
Enrollment					Member Months				
November 2023					Year-to-Date				
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %	
					Medi-Cal:				
52,151	51,872	279	0.5%	Adult	260,698	260,419	279	0.1%	
101,243	100,109	1,134	1.1%	Child	506,257	505,123	1,134	0.2%	
30,865	30,734	131	0.4%	SPD	154,240	154,109	131	0.1%	
40,997	41,410	(413)	-1.0%	Duals	207,525	207,938	(413)	-0.2%	
120,573	121,180	(607)	-0.5%	ACA OE	607,545	608,152	(607)	-0.1%	
137	136	1	0.7%	LTC	690	689	1	0.1%	
975	985	(10)	-1.0%	LTC Duals	5,028	5,038	(10)	-0.2%	
346,941	346,426	515	0.1%	Medi-Cal Total	1,741,983	1,741,468	515	0.0%	
5,585	5,591	(6)	-0.1%	Group Care	28,135	28,141	(6)	0.0%	
352,526	352,017	509	0.1%	Total	1,770,118	1,769,609	509	0.0%	

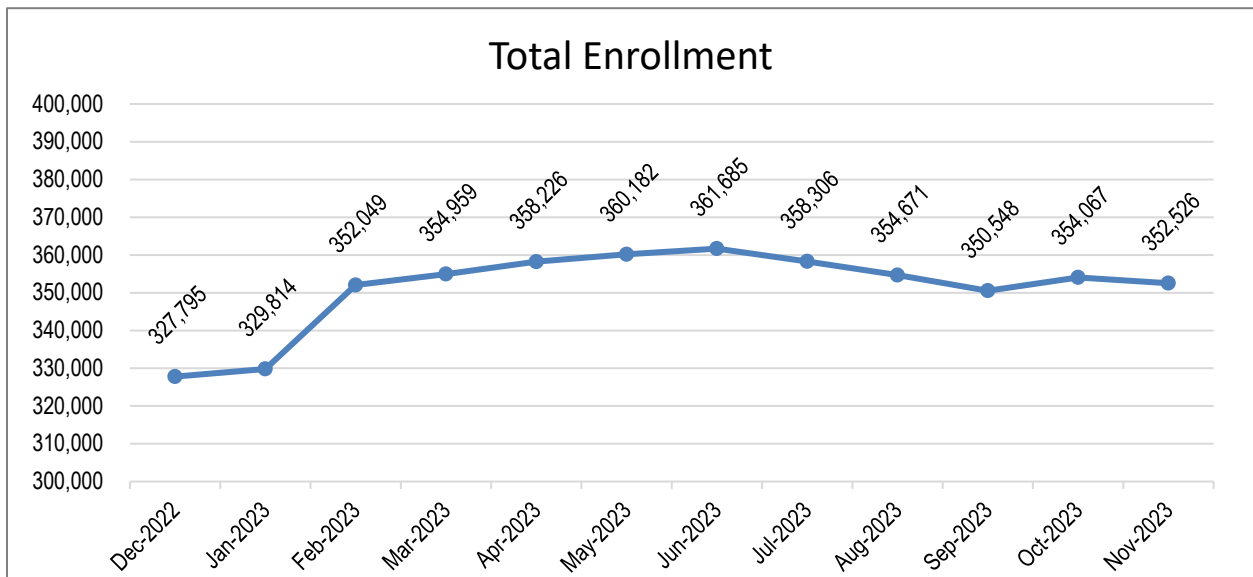
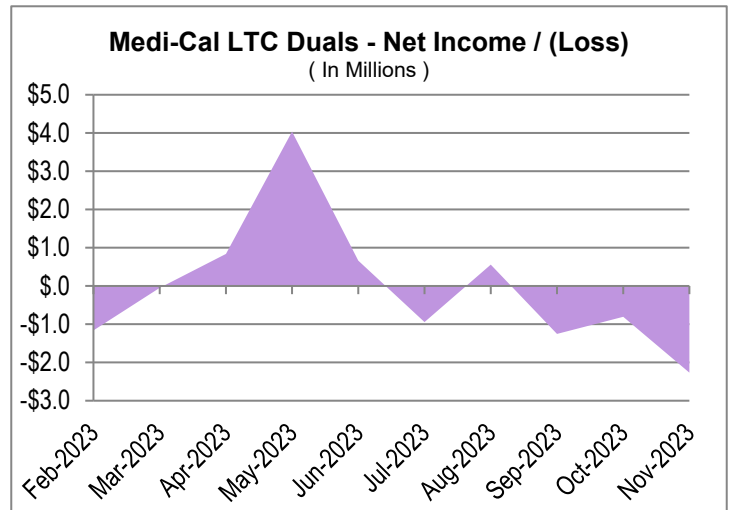
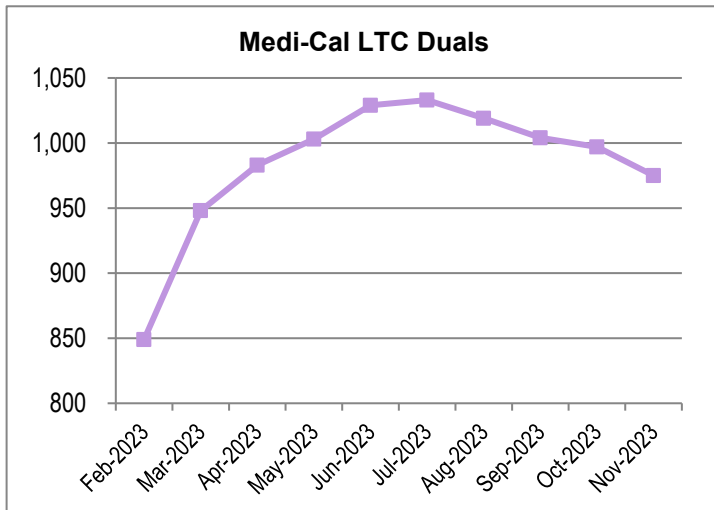
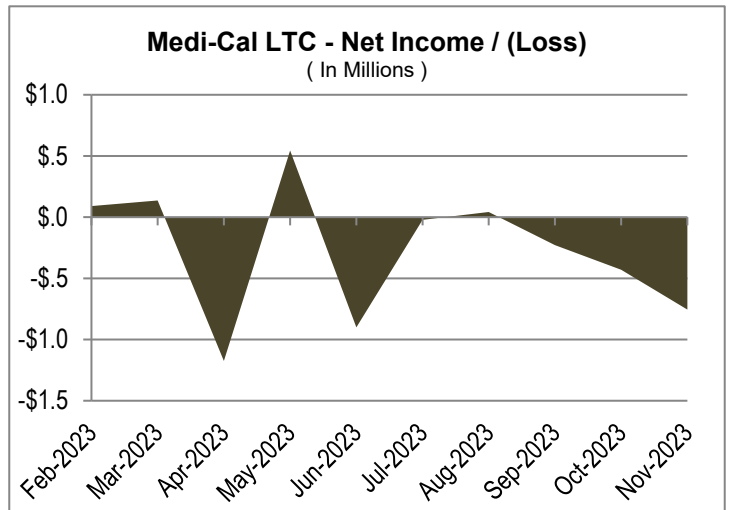
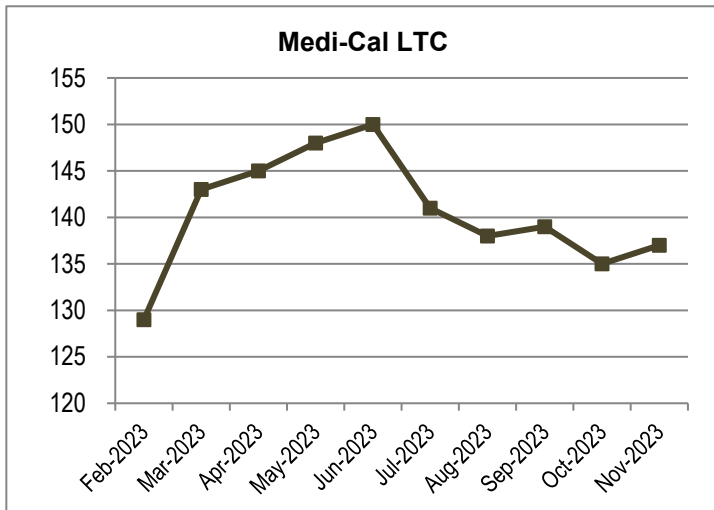
Enrollment and Profitability by Program and Category of Aid

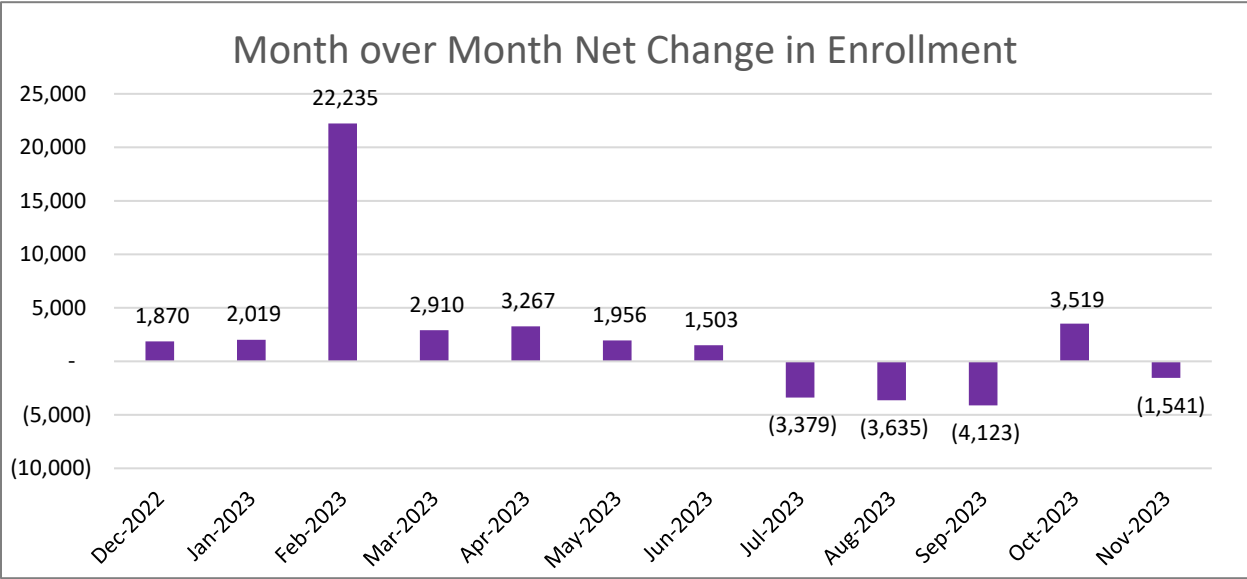


Enrollment and Profitability by Program and Category of Aid



Enrollment and Profitability by Program and Category of Aid

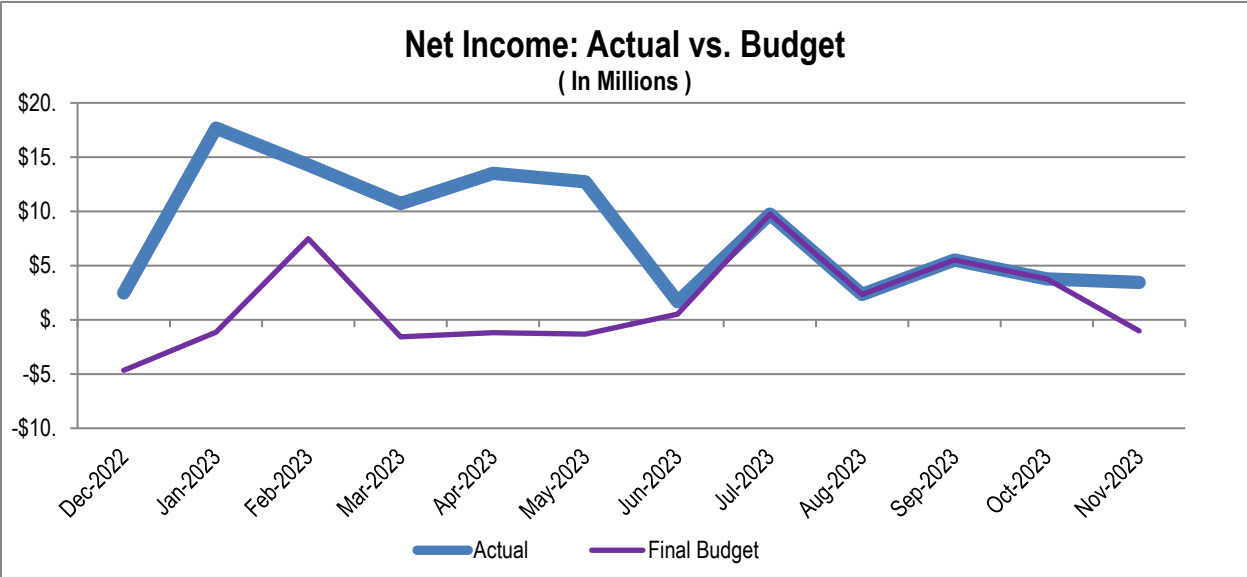




- The Public Health Emergency (PHE) ended May 2023. Disenrollments related to redetermination started in July 2023. In preparation for the Single Plan Model, DHCS is no longer assigning members to Anthem. New members are now all assigned to the Alliance.

Net Income

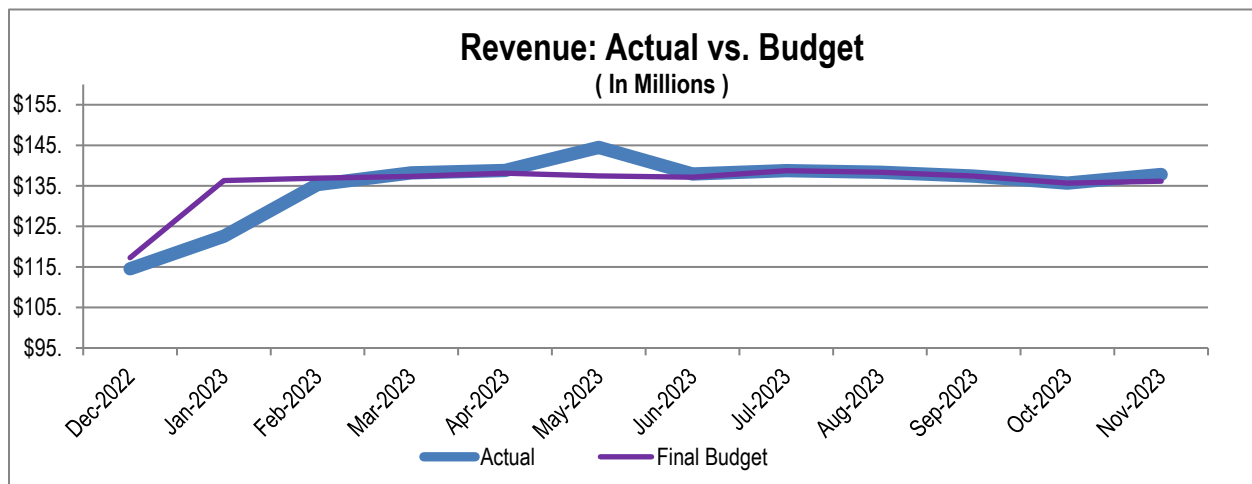
- For the month ended November 30th, 2023
 - Actual Net Income \$3.4 million.
 - Budgeted Net Loss \$1.0 million.
- For the fiscal YTD ended November 30th, 2023
 - Actual Net Income \$24.8 million.
 - Budgeted Net Income \$20.4 million.



- The favorable variance of \$4.5 million in the current month is primarily due to:
 - Favorable \$2.3 million lower than anticipated Administrative Expense.
 - Favorable \$1.7 million higher than anticipated Revenue.
 - Favorable \$1.1 million lower than anticipated Medical Expense.
 - Unfavorable \$628,000 lower than anticipated Other Income/Expense.

Revenue

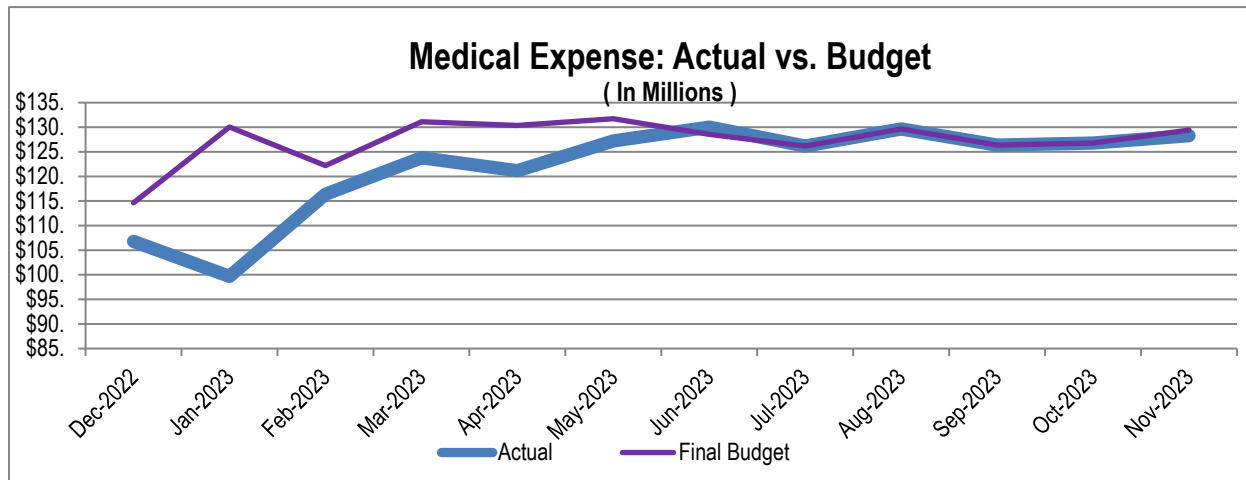
- For the month ended November 30th, 2023
 - Actual Revenue: \$137.8 million.
 - Budgeted Revenue: \$136.2 million.
- For the fiscal YTD ended November 30th, 2023
 - Actual Revenue: \$688.0 million.
 - Budgeted Revenue: \$686.3 million.



- For the month ended November 30th, 2023, the favorable revenue variance of \$1.7 million is primarily due to timing of revenue recognition:
 - Favorable \$1.1 million Supplemental Maternity revenue due to timing.
 - Favorable \$472,000 estimate to actual for October 2023.

Medical Expense

- For the month ended November 30, 2023
 - Actual Medical Expense: \$128.3 million.
 - Budgeted Medical Expense: \$129.4 million.
- For the fiscal YTD ended November 30, 2023
 - Actual Medical Expense: \$637.2 million.
 - Budgeted Medical Expense: \$638.4 million.



- Reported financial results include medical expense, which contains estimates for Incurred-But-Not-Paid (IBNP) claims. Calculation of monthly IBNP is based on historical trends and claims payment. The Alliance’s IBNP reserves are reviewed by our Actuarial Consultants.
- For November, updates to Fee-For-Service (FFS) increased the estimate for prior period unpaid Medical Expenses by \$5.2 million. Year to date, the estimate for prior years increased by \$4.5 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	\$128,557,839	\$0	\$128,557,839	\$129,223,302	\$665,464	0.5%
Primary Care FFS	\$27,987,825	\$3,114	\$27,990,940	\$27,963,685	(\$24,141)	-0.1%
Specialty Care FFS	\$24,979,139	\$3,092	\$24,982,231	\$25,520,851	\$541,713	2.1%
Outpatient FFS	\$39,469,426	\$79,420	\$39,548,846	\$40,031,207	\$561,781	1.4%
Ancillary FFS	\$53,050,204	\$314,826	\$53,365,030	\$54,008,223	\$958,019	1.8%
Pharmacy FFS	\$42,070,071	(\$41,600)	\$42,028,471	\$42,596,192	\$526,121	1.2%
ER Services FFS	\$28,418,653	\$11,164	\$28,429,817	\$28,465,840	\$47,187	0.2%
Inpatient Hospital & SNF FFS	\$161,991,941	\$812,269	\$162,804,210	\$164,754,811	\$2,762,870	1.7%
Long Term Care FFS	\$99,754,299	\$3,346,763	\$103,101,062	\$98,013,603	(\$1,740,696)	-1.8%
Other Benefits & Services	\$22,694,639	\$0	\$22,694,639	\$24,163,977	\$1,469,339	6.1%
Net Reinsurance	\$734,754	\$0	\$734,754	\$613,953	(\$120,800)	-19.7%
Provider Incentive	\$3,000,000	\$0	\$3,000,000	\$3,000,000	\$0	0.0%
	\$632,708,789	\$4,529,049	\$637,237,838	\$638,355,643	\$5,646,854	0.9%

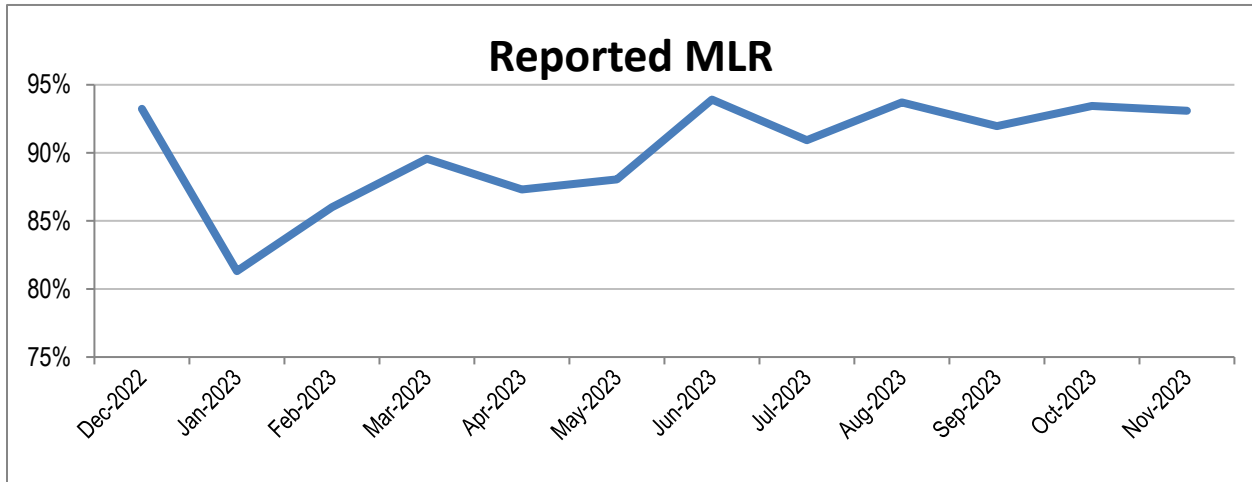
Medical Expense - Actual vs. Budget (Per Member Per Month)						
Adjusted to Eliminate the Impact of Prior Year IBNP Estimates						
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		\$	%
Capitated Medical Expense	\$72.63	\$0.00	\$72.63	\$73.02	\$0.40	0.5%
Primary Care FFS	\$15.81	\$0.00	\$15.81	\$15.80	(\$0.01)	-0.1%
Specialty Care FFS	\$14.11	\$0.00	\$14.11	\$14.42	\$0.31	2.2%
Outpatient FFS	\$22.30	\$0.04	\$22.34	\$22.62	\$0.32	1.4%
Ancillary FFS	\$29.97	\$0.18	\$30.15	\$30.52	\$0.55	1.8%
Pharmacy FFS	\$23.77	(\$0.02)	\$23.74	\$24.07	\$0.30	1.3%
ER Services FFS	\$16.05	\$0.01	\$16.06	\$16.09	\$0.03	0.2%
Inpatient Hospital & SNF FFS	\$91.51	\$0.46	\$91.97	\$93.10	\$1.59	1.7%
Long Term Care FFS	\$56.35	\$1.89	\$58.25	\$55.39	(\$0.97)	-1.7%
Other Benefits & Services	\$12.82	\$0.00	\$12.82	\$13.65	\$0.83	6.1%
Net Reinsurance	\$0.42	\$0.00	\$0.42	\$0.35	(\$0.07)	-19.6%
Provider Incentive	\$1.69	\$0.00	\$1.69	\$1.70	\$0.00	0.0%
	\$357.44	\$2.56	\$360.00	\$360.73	\$3.29	0.9%

- Excluding the impact of prior year estimates for IBNP, year-to-date medical expense variance is \$5.6 million favorable to budget. On a PMPM basis, medical expense is 0.9% favorable to budget. For per-member-per-month expense:
 - Capitated Expense is slightly under budget, largely driven by favorable Supplemental Maternity, FQHC, and Global Subcontract expenses.
 - Primary Care Expense is slightly unfavorable compared to budget, driven mostly by the higher SPD utilization.
 - Specialty Care expenses are below budget, driven mostly by lower SPD and Dual utilization.
 - Outpatient Expense is under budget generally due to lower lab and radiology utilization offset by slightly higher facility other and dialysis unit cost.
 - Ancillary Expense is under budget mostly due to favorable unit cost and lower utilization across all member groups excluding the Group Care, Dual, and LTC Dual categories of aid.
 - Pharmacy Expense is under budget mostly due to favorable Non-PBM expense driven by lower utilization in the SPD, Child, ACA OE, LTC and Dual COAs.
 - Emergency Room Expense is under budget driven by lower utilization in the SPD, ACA OE, LTC and LTC Dual COAs.
 - Inpatient Expense is under budget mostly driven by lower utilization in the SPD, Adult, Child, and Group Care populations.
 - Long Term Care expense is over budget mostly due to higher utilization in the Dual, SPD, ACA OE and Adult populations and unfavorable LTC Dual unit cost.

- Other Benefits & Services is under budget, due to favorable CalAIM Incentives, community relations, subscriptions, 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 93.1% for the month and 92.6% for the fiscal year-to-date.



Administrative Expense

- For the month ended November 30, 2023
 - Actual Administrative Expense: \$7.9 million.
 - Budgeted Administrative Expense: \$10.2 million.
- For the fiscal YTD ended November 30, 2023
 - Actual Administrative Expense: \$37.7 million.
 - Budgeted Administrative Expense: \$40.0 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 %
\$6,045,939	\$6,748,481	\$702,542	10.4%	Employee Expense	\$24,104,252	\$24,806,793	\$702,542	2.8%
56,828	60,752	3,924	6.5%	Medical Benefits Admin Expense	1,111,723	1,115,647	3,924	0.4%
798,063	1,405,615	607,551	43.2%	Purchased & Professional Services	5,464,438	6,071,990	607,551	10.0%
1,013,132	2,010,167	997,035	49.6%	Other Admin Expense	7,021,940	8,018,975	997,035	12.4%
\$7,913,961	\$10,225,014	\$2,311,053	22.6%	Total Administrative Expense	\$37,702,353	\$40,013,405	\$2,311,053	5.8%

The year-to-date variances include:

- Favorable impact of delayed timing of start dates for Consulting for new projects and Computer Support Services.
- Favorable FTE and Temporary Services variances and delayed Training, Travel, Recruitment, and other employee-related expenses.
- Partially offset by unfavorable Salaries and Wages.

The Administrative Loss Ratio (ALR) is 5.7% of net revenue for the month and 5.5% of net revenue year-to-date.

Other Income / (Expense)

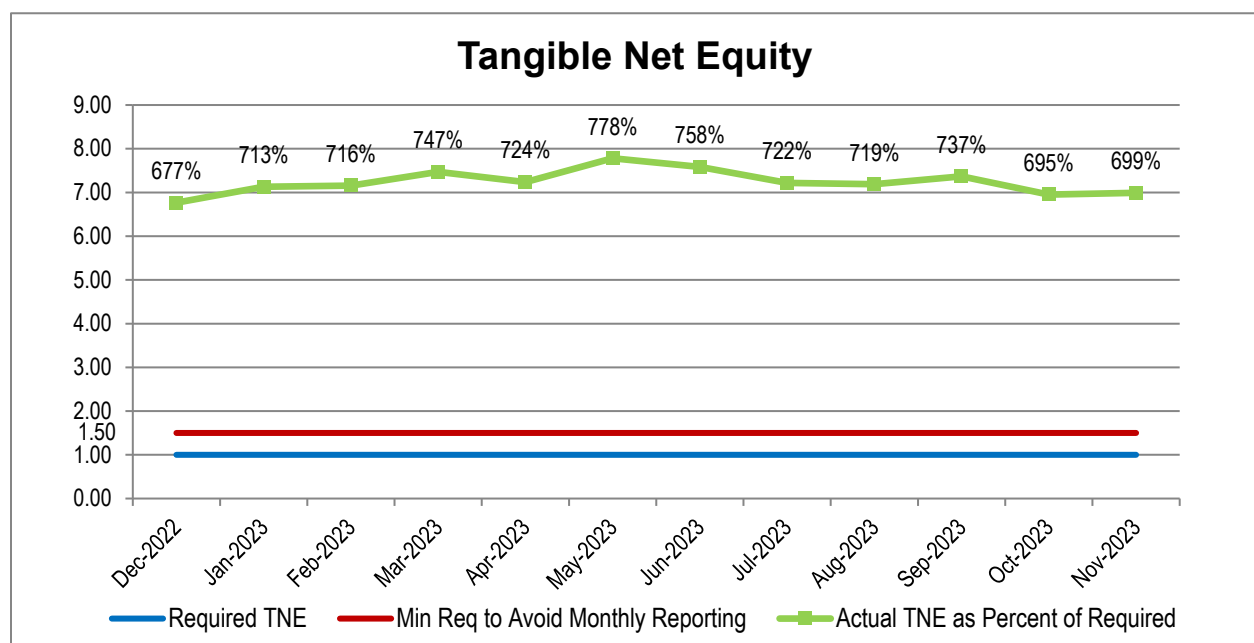
Other Income & Expense is comprised of investment income and claims interest.

- Fiscal year-to-date net investments show a gain of \$12.0 million.
- Fiscal year-to-date claims interest expense, due to delayed payment of certain claims, or recalculated interest on previously paid claims is \$253,000.

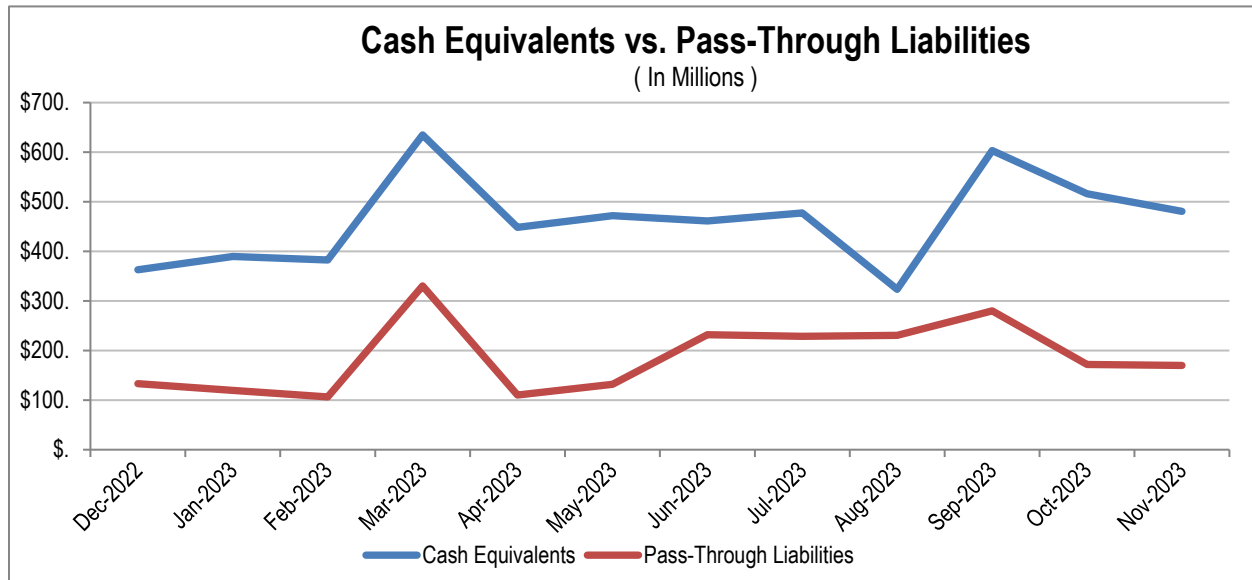
Tangible Net Equity (TNE)

- 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 a percentage of fee-for-service medical expenses. The Alliance exceeds DMHC’s required TNE.

- Required TNE \$49.9 million
- Actual TNE \$348.8 million
- Excess TNE \$298.9 million
- TNE % of Required TNE 699%



- To ensure appropriate liquidity and limit risk, the majority of Alliance financial assets are kept in short-term investments.
- Key Metrics
 - Cash & Cash Equivalents \$480.5 million
 - Pass-Through Liabilities \$169.8 million
 - Uncommitted Cash \$310.7 million
 - Working Capital \$331.7 million
 - Current Ratio 1.80 (regulatory minimum is 1.00)



Capital Investment

- Fiscal year-to-date capital assets acquired: \$1.2 million.
- Annual capital budget: \$1.6 million.
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

- We continue to caveat these financial statements that, due to challenges of projecting medical expense and liabilities based on incomplete claims experience, financial results are subject to revision.
- The full set of financial statements and reports are included in the Board of Governors Report. This is a high-level summary of key components of those statements, which are unaudited.

Finance

Supporting Documents

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

CURRENT MONTH				Account Description	FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)		Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				MEMBERSHIP				
346,941	346,426	515	0.1%	1 - Medi-Cal	1,741,983	1,741,468	515	0.0%
5,585	5,591	(6)	(0.1%)	2 - GroupCare	28,135	28,141	(6)	0.0%
352,526	352,017	509	0.1%	3 - TOTAL MEMBER MONTHS	1,770,118	1,769,609	509	0.0%
				REVENUE				
\$137,818,566	\$136,154,668	\$1,663,898	1.2%	4 - TOTAL REVENUE	\$687,972,062	\$686,308,164	\$1,663,898	0.2%
				MEDICAL EXPENSES				
				<u>Capitated Medical Expenses:</u>				
\$25,573,840	\$26,239,303	\$665,464	2.5%	5 - Capitated Medical Expense	\$128,557,839	\$129,223,302	\$665,464	0.5%
				<u>Fee for Service Medical Expenses:</u>				
\$32,149,305	\$34,099,906	\$1,950,600	5.7%	6 - Inpatient Hospital FFS Expense	\$162,804,210	\$164,754,811	\$1,950,600	1.2%
\$5,462,202	\$5,434,948	(\$27,255)	(0.5%)	7 - Primary Care Physician FFS Expense	\$27,990,940	\$27,963,685	(\$27,255)	(0.1%)
\$5,009,628	\$5,548,249	\$538,621	9.7%	8 - Specialty Care Physician Expense	\$24,982,231	\$25,520,851	\$538,621	2.1%
\$10,425,866	\$11,069,059	\$643,193	5.8%	9 - Ancillary Medical Expense	\$53,365,030	\$54,008,223	\$643,193	1.2%
\$7,662,473	\$8,144,834	\$482,361	5.9%	10 - Outpatient Medical Expense	\$39,548,846	\$40,031,207	\$482,361	1.2%
\$5,762,082	\$5,798,104	\$36,022	0.6%	11 - Emergency Expense	\$28,429,817	\$28,465,840	\$36,022	0.1%
\$8,451,672	\$9,019,393	\$567,720	6.3%	12 - Pharmacy Expense	\$42,028,471	\$42,596,192	\$567,720	1.3%
\$22,437,328	\$17,349,869	(\$5,087,459)	(29.3%)	13 - Long Term Care FFS Expense	\$103,101,062	\$98,013,603	(\$5,087,459)	(5.2%)
\$97,360,557	\$96,464,361	(\$896,197)	(0.9%)	14 - Total Fee for Service Expense	\$482,250,607	\$481,354,410	(\$896,197)	(0.2%)
\$3,982,111	\$5,451,450	\$1,469,339	27.0%	15 - Other Benefits & Services	\$22,694,639	\$24,163,977	\$1,469,339	6.1%
\$378,865	\$258,065	(\$120,800)	(46.8%)	16 - Reinsurance Expense	\$734,754	\$613,953	(\$120,800)	(19.7%)
\$1,000,000	\$1,000,000	\$0	(0.0%)	17 - Risk Pool Distribution	\$3,000,000	\$3,000,000	\$0	(0.0%)
\$128,295,373	\$129,413,178	\$1,117,805	0.9%	18 - TOTAL MEDICAL EXPENSES	\$637,237,838	\$638,355,643	\$1,117,806	0.2%
\$9,523,193	\$6,741,490	\$2,781,703	41.3%	19 - GROSS MARGIN	\$50,734,224	\$47,952,521	\$2,781,703	5.8%
				ADMINISTRATIVE EXPENSES				
\$6,045,939	\$6,748,481	\$702,542	10.4%	20 - Personnel Expense	\$24,104,252	\$24,806,794	\$702,542	2.8%
\$56,828	\$60,752	\$3,924	6.5%	21 - Benefits Administration Expense	\$1,111,723	\$1,115,647	\$3,924	0.4%
\$798,063	\$1,405,615	\$607,552	43.2%	22 - Purchased & Professional Services	\$5,464,438	\$6,071,990	\$607,551	10.0%
\$1,013,132	\$2,010,167	\$997,035	49.6%	23 - Other Administrative Expense	\$7,021,940	\$8,018,975	\$997,035	12.4%
\$7,913,961	\$10,225,014	\$2,311,053	22.6%	24 - TOTAL ADMINISTRATIVE EXPENSES	\$37,702,353	\$40,013,406	\$2,311,053	5.8%
\$1,609,232	(\$3,483,524)	\$5,092,756	(146.2%)	25 - NET OPERATING INCOME / (LOSS)	\$13,031,871	\$7,939,115	\$5,092,757	64.1%
				OTHER INCOME / EXPENSES				
\$1,831,679	\$2,460,000	(\$628,321)	(25.5%)	26 - TOTAL OTHER INCOME / (EXPENSES)	\$11,790,266	\$12,418,587	(\$628,321)	(5.1%)
\$3,440,910	(\$1,023,524)	\$4,464,434	436.2%	27 - NET INCOME / (LOSS)	\$24,822,137	\$20,357,702	\$4,464,435	21.9%
5.7%	7.5%	1.8%	24.0%	28 - ADMIN EXP % OF REVENUE	5.5%	5.8%	0.3%	5.2%

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

	11/30/2023	10/31/2023	Difference	% Difference
CURRENT ASSETS:				
Cash & Equivalents				
Cash	\$24,020,681	\$31,227,148	(\$7,206,467)	-23.08%
Short-Term Investments	456,476,983	484,847,892	(28,370,910)	-5.85%
Interest Receivable	941,384	966,511	(25,127)	-2.60%
Premium Receivables	246,298,660	233,721,402	12,577,258	5.38%
Reinsurance Receivables	3,649,520	3,425,381	224,139	6.54%
Other Receivables	289,506	260,024	29,482	11.34%
Prepaid Expenses	4,104,927	4,301,009	(196,082)	-4.56%
CalPERS Net Pension Assets	(5,286,448)	(5,286,448)	0	0.00%
Deferred Outflow	14,099,056	14,099,056	0	0.00%
TOTAL CURRENT ASSETS	\$744,594,269	\$767,561,974	(\$22,967,706)	-2.99%
OTHER ASSETS:				
Long-Term Investments	7,098,007	7,050,306	47,701	0.68%
Restricted Assets	350,000	350,000	0	0.00%
GASB 87-Lease Assets (Net)	1,268,317	1,334,231	(65,913)	-4.94%
GASB 96-SBITA Assets (Net)	4,850,009	5,079,495	(229,486)	-4.52%
TOTAL OTHER ASSETS	\$13,566,333	\$13,814,032	(\$247,699)	-1.79%
PROPERTY AND EQUIPMENT:				
Land, Building & Improvements	10,149,359	10,131,064	18,295	0.18%
Furniture And Equipment	12,969,465	12,499,409	470,056	3.76%
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	\$38,845,273	\$38,356,922	\$488,351	1.27%
Less: Accumulated Depreciation	(\$32,766,263)	(\$32,703,532)	(\$62,731)	0.19%
NET PROPERTY AND EQUIPMENT	\$6,079,009	\$5,653,389	\$425,620	7.53%
TOTAL ASSETS	\$764,239,612	\$787,029,396	(\$22,789,784)	-2.90%
CURRENT LIABILITIES:				
Accounts Payable	2,278,704	1,206,137	1,072,567	88.93%
Other Accrued Liabilities	23,668,841	44,051,558	(20,382,717)	-46.27%
GASB 87 ST Lease Liabilities	778,049	785,528	(7,479)	-0.95%
GASB 96 ST SBITA Liabilities	2,132,894	2,190,238	(57,345)	-2.62%
Claims Payable	30,584,248	31,264,410	(680,163)	-2.18%
IBNP Reserves	163,472,423	169,177,600	(5,705,177)	-3.37%
Pass-Through Liabilities	169,810,295	171,867,405	(2,057,109)	-1.20%
Risk Sharing - Providers	6,629,337	5,629,337	1,000,000	17.76%
Payroll Liabilities	8,555,738	7,803,322	752,416	9.64%
Deferred Inflow	5,004,985	5,004,985	0	0.00%
TOTAL CURRENT LIABILITIES	\$412,915,513	\$438,980,520	(\$26,065,007)	-5.94%
LONG TERM LIABILITIES:				
GASB 87 LT Lease Liabilities	552,032	629,121	(77,090)	-12.25%
GASB 96 LT SBITA Liabilities	1,992,888	2,081,486	(88,598)	-4.26%
TOTAL LONG TERM LIABILITIES	\$2,544,920	\$2,710,607	(\$165,687)	-6.11%
TOTAL LIABILITIES	\$415,460,433	\$441,691,127	(\$26,230,694)	-5.94%
NET WORTH:				
Contributed Capital	840,233	840,233	0	0.00%
Restricted & Unrestricted Funds	323,116,808	323,116,808	0	0.00%
Year-to Date Net Income / (Loss)	24,822,137	21,381,227	3,440,910	16.09%
TOTAL NET WORTH	\$348,779,179	\$345,338,269	\$3,440,910	1.00%
TOTAL LIABILITIES AND NET WORTH	\$764,239,612	\$787,029,396	(\$22,789,784)	-2.90%
Cash Equivalents	\$480,497,664	\$516,075,040	(\$35,577,376)	-6.89%
Pass-Through	\$169,810,295	\$171,867,405	(\$2,057,109)	-1.20%
Uncommitted Cash	\$310,687,369	\$344,207,635	(\$33,520,267)	-9.74%
Working Capital	\$331,678,756	\$328,581,455	\$3,097,301	0.94%
Current Ratio	180.3%	174.9%	5.4%	3.1%

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT**

FOR THE MONTH AND FISCAL YTD ENDED 11/30/2023

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOWS FROM OPERATING ACTIVITIES				
Commercial Premium Cash Flows				
Commercial Premium Revenue	\$2,549,058	\$7,688,780	\$15,461,551	\$12,861,880
Total	<u>2,549,058</u>	<u>7,688,780</u>	<u>15,461,551</u>	<u>12,861,880</u>
Medi-Cal Premium Cash Flows				
Medi-Cal Revenue	135,269,465	403,188,296	811,008,818	675,109,880
Premium Receivable	(12,577,259)	181,751,530	(63,920,833)	50,063,760
Total	<u>122,692,206</u>	<u>584,939,826</u>	<u>747,087,985</u>	<u>725,173,640</u>
Investment & Other Income Cash Flows				
Other Revenue (Grants)	88,514	216,871	455,343	412,066
Investment Income	1,795,021	6,759,494	13,275,585	11,666,427
Interest Receivable	25,127	(395,709)	(294,498)	(226,808)
Total	<u>1,908,662</u>	<u>6,580,656</u>	<u>13,436,430</u>	<u>11,851,685</u>
Medical & Hospital Cash Flows				
Total Medical Expenses	(128,295,374)	(381,423,467)	(767,307,451)	(637,237,841)
Other Receivable	(253,621)	(398,415)	(173,027)	(79,962)
Claims Payable	(680,162)	(3,009,060)	(27,621,592)	(8,115,676)
IBNP Payable	(5,705,177)	12,132,576	11,869,407	(1,031,980)
Risk Share Payable	1,000,000	3,001,000	1,009,418	1,022,154
Health Program	0	11,640	0	0
Other Liabilities	0	0	0	0
Total	<u>(133,934,334)</u>	<u>(369,685,726)</u>	<u>(782,223,245)</u>	<u>(645,443,305)</u>
Administrative Cash Flows				
Total Administrative Expenses	(7,965,771)	(23,698,230)	(46,290,508)	(37,990,280)
Prepaid Expenses	196,082	1,194,571	2,834,688	795,792
CalPERS Pension Asset	0	0	0	0
CalPERS Deferred Outflow	0	0	0	0
Trade Accounts Payable	(19,311,441)	3,076,996	4,485,289	3,005,598
Other Accrued Liabilities	0	0	0	0
Payroll Liabilities	752,418	1,518,091	(381,357)	2,625,851
Net Lease Assets/Liabilities (Short term & Long term)	64,886	(187,427)	(869,452)	(157,528)
Depreciation Expense	62,732	176,942	342,109	289,139
Total	<u>(26,201,094)</u>	<u>(17,919,057)</u>	<u>(39,879,231)</u>	<u>(31,431,428)</u>
Interest Paid				
Debt Interest Expense	0	0	0	0
Total Cash Flows from Operating Activities	<u>(32,985,502)</u>	<u>211,604,479</u>	<u>(46,116,510)</u>	<u>73,012,472</u>

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED **11/30/2023**

	MONTH	3 MONTHS	6 MONTHS	YTD
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Cash Flows				
Long Term Investments	(47,701)	2,221,258	11,526,502	4,462,530
	<u>(47,701)</u>	<u>2,221,258</u>	<u>11,526,502</u>	<u>4,462,530</u>
Restricted Cash & Other Asset Cash Flows				
Provider Pass-Thru-Liabilities	(2,055,818)	(56,014,164)	44,251,313	(57,212,581)
Restricted Cash	0	0	0	0
	<u>(2,055,818)</u>	<u>(56,014,164)</u>	<u>44,251,313</u>	<u>(57,212,581)</u>
Fixed Asset Cash Flows				
Depreciation expense	62,732	176,942	342,109	289,139
Fixed Asset Acquisitions	(488,351)	(716,687)	(1,150,177)	(1,150,177)
Change in A/D	(62,732)	(176,942)	(342,109)	(289,139)
	<u>(488,351)</u>	<u>(716,687)</u>	<u>(1,150,177)</u>	<u>(1,150,177)</u>
Total Cash Flows from Investing Activities	<u>(2,591,870)</u>	<u>(54,509,593)</u>	<u>54,627,638</u>	<u>(53,900,228)</u>
Financing Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Cash Flows	<u>(35,577,372)</u>	<u>157,094,886</u>	<u>8,511,128</u>	<u>19,112,244</u>
Rounding	(4)	(1)	3	5
Cash @ Beginning of Period	516,075,041	323,402,780	471,986,534	461,385,416
Cash @ End of Period	<u>\$480,497,665</u>	<u>\$480,497,665</u>	<u>\$480,497,665</u>	<u>\$480,497,665</u>
Difference (rounding)	0	0	0	0

ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT

FOR THE MONTH AND FISCAL YTD ENDED **11/30/2023**

	MONTH	3 MONTHS	6 MONTHS	YTD
NET INCOME RECONCILIATION				
Net Income / (Loss)	\$3,440,910	\$12,731,743	\$26,603,338	\$24,822,138
Add back: Depreciation	62,732	176,942	342,109	289,139
Receivables				
Premiums Receivable	(12,577,259)	181,751,530	(63,920,833)	50,063,760
Interest Receivable	25,127	(395,709)	(294,498)	(226,808)
Other Receivable	(253,621)	(398,415)	(173,027)	(79,962)
Total	<u>(12,805,753)</u>	<u>180,957,406</u>	<u>(64,388,358)</u>	<u>49,756,990</u>
Prepaid Expenses	196,082	1,194,571	2,834,688	795,792
Trade Payables	(19,311,441)	3,076,996	4,485,289	3,005,598
Claims Payable, IBNR & Risk Share				
IBNP	(5,705,177)	12,132,576	11,869,407	(1,031,980)
Claims Payable	(680,162)	(3,009,060)	(27,621,592)	(8,115,676)
Risk Share Payable	1,000,000	3,001,000	1,009,418	1,022,154
Other Liabilities	0	0	0	0
Total	<u>(5,385,339)</u>	<u>12,124,516</u>	<u>(14,742,767)</u>	<u>(8,125,502)</u>
Unearned Revenue				
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Liabilities				
Accrued Expenses	0	0	0	0
Payroll Liabilities	752,418	1,518,091	(381,357)	2,625,851
Net Lease Assets/Liabilities (Short term & Long term)	64,886	(187,427)	(869,452)	(157,528)
Health Program	0	11,640	0	0
Accrued Sub Debt Interest	0	0	0	0
Total Change in Other Liabilities	<u>817,304</u>	<u>1,342,304</u>	<u>(1,250,809)</u>	<u>2,468,323</u>
Cash Flows from Operating Activities	<u>(\$32,985,505)</u>	<u>\$211,604,478</u>	<u>(\$46,116,510)</u>	<u>\$73,012,478</u>
Difference (rounding)	(3)	(1)	0	6

**ALAMEDA ALLIANCE FOR HEALTH
CASH FLOW STATEMENT
FOR THE MONTH AND FISCAL YTD ENDED**

11/30/2023

	<u>MONTH</u>	<u>3 MONTHS</u>	<u>6 MONTHS</u>	<u>YTD</u>
CASH FLOW STATEMENT:				
Cash Flows from Operating Activities:				
Cash Received From:				
Capitation Received from State of CA	\$122,692,206	\$584,939,826	\$747,087,985	\$725,173,640
Commercial Premium Revenue	2,549,058	7,688,780	15,461,551	12,861,880
Other Income	88,514	216,871	455,343	412,066
Investment Income	1,820,148	6,363,785	12,981,087	11,439,619
Cash Paid To:				
Medical Expenses	(133,934,334)	(369,685,726)	(782,223,245)	(645,443,305)
Vendor & Employee Expenses	(26,201,094)	(17,919,057)	(39,879,231)	(31,431,428)
Interest Paid	0	0	0	0
Net Cash Provided By (Used In) Operating Activities	<u>(32,985,502)</u>	<u>211,604,479</u>	<u>(46,116,510)</u>	<u>73,012,472</u>
Cash Flows from Financing Activities:				
Purchases of Fixed Assets	<u>(488,351)</u>	<u>(716,687)</u>	<u>(1,150,177)</u>	<u>(1,150,177)</u>
Net Cash Provided By (Used In) Financing Activities	<u>(488,351)</u>	<u>(716,687)</u>	<u>(1,150,177)</u>	<u>(1,150,177)</u>
Cash Flows from Investing Activities:				
Changes in Investments	(47,701)	2,221,258	11,526,502	4,462,530
Restricted Cash	<u>(2,055,818)</u>	<u>(56,014,164)</u>	<u>44,251,313</u>	<u>(57,212,581)</u>
Net Cash Provided By (Used In) Investing Activities	<u>(2,103,519)</u>	<u>(53,792,906)</u>	<u>55,777,815</u>	<u>(52,750,051)</u>
Financial Cash Flows				
Subordinated Debt Proceeds	0	0	0	0
Net Change in Cash	(35,577,372)	157,094,886	8,511,128	19,112,244
Cash @ Beginning of Period	516,075,041	323,402,780	471,986,534	461,385,416
Subtotal	<u>\$480,497,669</u>	<u>\$480,497,666</u>	<u>\$480,497,662</u>	<u>\$480,497,660</u>
Rounding	<u>(4)</u>	<u>(1)</u>	<u>3</u>	<u>5</u>
Cash @ End of Period	<u>\$480,497,665</u>	<u>\$480,497,665</u>	<u>\$480,497,665</u>	<u>\$480,497,665</u>

RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES:

Net Income / (Loss)	\$3,440,910	\$12,731,743	\$26,603,338	\$24,822,138
Depreciation	62,732	176,942	342,109	289,139
Net Change in Operating Assets & Liabilities:				
Premium & Other Receivables	(12,805,753)	180,957,406	(64,388,358)	49,756,990
Prepaid Expenses	196,082	1,194,571	2,834,688	795,792
Trade Payables	(19,311,441)	3,076,996	4,485,289	3,005,598
Claims payable & IBNP	(5,385,339)	12,124,516	(14,742,767)	(8,125,502)
Deferred Revenue	0	0	0	0
Accrued Interest	0	0	0	0
Other Liabilities	817,304	1,342,304	(1,250,809)	2,468,323
Subtotal	<u>(32,985,505)</u>	<u>211,604,478</u>	<u>(46,116,510)</u>	<u>73,012,478</u>
Rounding	<u>3</u>	<u>1</u>	<u>0</u>	<u>(6)</u>
Cash Flows from Operating Activities	<u>(\$32,985,502)</u>	<u>\$211,604,479</u>	<u>(\$46,116,510)</u>	<u>\$73,012,472</u>
Rounding Difference	3	1	0	(6)

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE FISCAL YEAR TO DATE NOVEMBER 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	506,257	260,698	154,240	607,545	207,525	690	5,028	1,741,983	28,135	-	1,770,118
Net Revenue	\$67,637,956	\$81,835,365	\$177,998,548	\$239,348,061	\$60,279,388	\$6,814,916	\$41,195,948	\$675,110,182	\$12,861,880	\$0	\$687,972,062
Medical Expense	\$54,826,002	\$82,912,334	\$163,280,568	\$210,089,437	\$62,783,634	\$7,865,784	\$44,285,380	\$626,043,138	\$11,194,699	\$0	\$637,237,838
Gross Margin	\$12,811,954	(\$1,076,969)	\$14,717,980	\$29,258,624	(\$2,504,245)	(\$1,050,868)	(\$3,089,432)	\$49,067,043	\$1,667,181	\$0	\$50,734,224
Administrative Expense	\$2,484,557	\$3,946,646	\$11,882,657	\$11,810,811	\$3,660,133	\$511,696	\$2,434,446	\$36,730,947	\$790,668	\$180,738	\$37,702,353
Operating Income / (Expense)	\$10,327,397	(\$5,023,615)	\$2,835,323	\$17,447,813	(\$6,164,379)	(\$1,562,564)	(\$5,523,878)	\$12,336,096	\$876,512	(\$180,738)	\$13,031,871
Other Income / (Expense)	\$687,693	\$1,224,900	\$3,822,895	\$3,717,208	\$1,146,831	\$171,040	\$811,930	\$11,582,495	\$207,771	\$0	\$11,790,266
Net Income / (Loss)	\$11,015,090	(\$3,798,715)	\$6,658,217	\$21,165,020	(\$5,017,548)	(\$1,391,524)	(\$4,711,948)	\$23,918,592	\$1,084,283	(\$180,738)	\$24,822,137
PMPM Metrics:											
Revenue PMPM	\$133.60	\$313.91	\$1,154.04	\$393.96	\$290.47	\$9,876.69	\$8,193.31	\$387.55	\$457.15	\$0.00	\$388.66
Medical Expense PMPM	\$108.30	\$318.04	\$1,058.61	\$345.80	\$302.54	\$11,399.69	\$8,807.75	\$359.39	\$397.89	\$0.00	\$360.00
Gross Margin PMPM	\$25.31	(\$4.13)	\$95.42	\$48.16	(\$12.07)	(\$1,523.00)	(\$614.45)	\$28.17	\$59.26	\$0.00	\$28.66
Administrative Expense PMPM	\$4.91	\$15.14	\$77.04	\$19.44	\$17.64	\$741.59	\$484.18	\$21.09	\$28.10	\$0.00	\$21.30
Operating Income / (Expense) PMPM	\$20.40	(\$19.27)	\$18.38	\$28.72	(\$29.70)	(\$2,264.59)	(\$1,098.62)	\$7.08	\$31.15	\$0.00	\$7.36
Other Income / (Expense) PMPM	\$1.36	\$4.70	\$24.79	\$6.12	\$5.53	\$247.88	\$161.48	\$6.65	\$7.38	\$0.00	\$6.66
Net Income / (Loss) PMPM	\$21.76	(\$14.57)	\$43.17	\$34.84	(\$24.18)	(\$2,016.70)	(\$937.14)	\$13.73	\$38.54	\$0.00	\$14.02
Ratio:											
Medical Loss Ratio	81.1%	101.3%	91.7%	87.8%	104.2%	115.4%	107.5%	92.7%	87.0%	0.0%	92.6%
Gross Margin Ratio	18.9%	-1.3%	8.3%	12.2%	-4.2%	-15.4%	-7.5%	7.3%	13.0%	0.0%	7.4%
Administrative Expense Ratio	3.7%	4.8%	6.7%	4.9%	6.1%	7.5%	5.9%	5.4%	6.1%	0.0%	5.5%
Net Income Ratio	16.3%	-4.6%	3.7%	8.8%	-8.3%	-20.4%	-11.4%	3.5%	8.4%	0.0%	3.6%

**ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID**

**GAAP BASIS
FOR THE MONTH OF NOVEMBER 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	101,243	52,151	30,865	120,573	40,997	137	975	346,941	5,585	-	352,526
Net Revenue	\$13,530,178	\$17,364,961	\$36,094,988	\$47,098,438	\$11,868,195	\$1,341,561	\$7,971,187	\$135,269,509	\$2,549,057	\$0	\$137,818,566
Medical Expense	\$11,423,808	\$16,347,892	\$30,538,811	\$42,526,294	\$13,301,070	\$2,014,033	\$9,842,555	\$125,994,464	\$2,300,909	\$0	\$128,295,373
Gross Margin	\$2,106,371	\$1,017,069	\$5,556,177	\$4,572,144	(\$1,432,875)	(\$672,471)	(\$1,871,368)	\$9,275,045	\$248,148	\$0	\$9,523,193
Administrative Expense	\$481,737	\$819,042	\$2,529,254	\$2,463,001	\$760,549	\$109,418	\$520,561	\$7,683,561	\$167,787	\$62,613	\$7,913,961
Operating Income / (Expense)	\$1,624,633	\$198,026	\$3,026,923	\$2,109,143	(\$2,193,424)	(\$781,889)	(\$2,391,929)	\$1,591,483	\$80,361	(\$62,613)	\$1,609,232
Other Income / (Expense)	\$104,863	\$188,864	\$598,015	\$577,935	\$177,218	\$26,631	\$125,753	\$1,799,278	\$32,400	\$0	\$1,831,679
Net Income / (Loss)	\$1,729,496	\$386,890	\$3,624,938	\$2,687,078	(\$2,016,206)	(\$755,258)	(\$2,266,175)	\$3,390,762	\$112,761	(\$62,613)	\$3,440,910
PMPM Metrics:											
Revenue PMPM	\$133.64	\$332.97	\$1,169.45	\$390.62	\$289.49	\$9,792.42	\$8,175.58	\$389.89	\$456.41	\$0.00	\$390.95
Medical Expense PMPM	\$112.84	\$313.47	\$989.43	\$352.70	\$324.44	\$14,700.97	\$10,094.93	\$363.16	\$411.98	\$0.00	\$363.93
Gross Margin PMPM	\$20.81	\$19.50	\$180.02	\$37.92	(\$34.95)	(\$4,908.55)	(\$1,919.35)	\$26.73	\$44.43	\$0.00	\$27.01
Administrative Expense PMPM	\$4.76	\$15.71	\$81.95	\$20.43	\$18.55	\$798.67	\$533.91	\$22.15	\$30.04	\$0.00	\$22.45
Operating Income / (Expense) PMPM	\$16.05	\$3.80	\$98.07	\$17.49	(\$53.50)	(\$5,707.22)	(\$2,453.26)	\$4.59	\$14.39	\$0.00	\$4.56
Other Income / (Expense) PMPM	\$1.04	\$3.62	\$19.38	\$4.79	\$4.32	\$194.39	\$128.98	\$5.19	\$5.80	\$0.00	\$5.20
Net Income / (Loss) PMPM	\$17.08	\$7.42	\$117.44	\$22.29	(\$49.18)	(\$5,512.83)	(\$2,324.28)	\$9.77	\$20.19	\$0.00	\$9.76
Ratio:											
Medical Loss Ratio	84.4%	94.1%	84.6%	90.3%	112.1%	150.1%	123.5%	93.1%	90.3%	0.0%	93.1%
Gross Margin Ratio	15.6%	5.9%	15.4%	9.7%	-12.1%	-50.1%	-23.5%	6.9%	9.7%	0.0%	6.9%
Administrative Expense Ratio	3.6%	4.7%	7.0%	5.2%	6.4%	8.2%	6.5%	5.7%	6.6%	0.0%	5.7%
Net Income Ratio	12.8%	2.2%	10.0%	5.7%	-17.0%	-56.3%	-28.4%	2.5%	4.4%	0.0%	2.5%

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

CURRENT MONTH									FISCAL YEAR TO DATE			
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)				
ADMINISTRATIVE EXPENSE SUMMARY												
\$6,045,939	\$6,748,481	\$702,542	10.4%	Personnel Expenses	\$24,104,252	\$24,806,794	\$702,542	2.8%				
56,828	60,752	3,924	6.5%	Benefits Administration Expense	1,111,723	1,115,647	3,924	0.4%				
798,063	1,405,615	607,552	43.2%	Purchased & Professional Services	5,464,438	6,071,990	607,551	10.0%				
513,920	539,845	25,925	4.8%	Occupancy	2,450,425	2,476,350	25,925	1.0%				
524,244	665,764	141,520	21.3%	Printing Postage & Promotion	2,061,130	2,202,650	141,520	6.4%				
(34,068)	772,867	806,935	104.4%	Licenses Insurance & Fees	2,392,840	3,199,775	806,935	25.2%				
9,035	31,691	22,655	71.5%	Supplies & Other Expenses	117,545	140,200	22,655	16.2%				
<u>\$1,868,022</u>	<u>\$3,476,533</u>	<u>\$1,608,511</u>	<u>46.3%</u>	Total Other Administrative Expense	<u>\$13,598,101</u>	<u>\$15,206,612</u>	<u>\$1,608,511</u>	<u>10.6%</u>				
<u>\$7,913,961</u>	<u>\$10,225,014</u>	<u>\$2,311,053</u>	<u>22.6%</u>	Total Administrative Expenses	<u>\$37,702,353</u>	<u>\$40,013,406</u>	<u>\$2,311,053</u>	<u>5.8%</u>				

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				Personnel Expenses				
3,362,108	2,951,377	(410,730)	(13.9%)	Salaries & Wages	15,492,759	15,082,029	(410,730)	(2.7%)
265,082	302,417	37,335	12.3%	Paid Time Off	1,560,491	1,597,826	37,335	2.3%
1,650	1,904,599	1,902,949	99.9%	Incentives	10,538	1,913,487	1,902,949	99.4%
6,160	0	(6,160)	0.0%	Severance Pay	6,160	0	(6,160)	0.0%
55,289	53,998	(1,291)	(2.4%)	Payroll Taxes	248,268	246,976	(1,291)	(0.5%)
43,913	23,866	(20,047)	(84.0%)	Overtime	166,108	146,061	(20,047)	(13.7%)
267,965	248,260	(19,705)	(7.9%)	CalPERS ER Match	1,311,077	1,291,372	(19,705)	(1.5%)
726,931	725,524	(1,407)	(0.2%)	Employee Benefits	3,443,026	3,441,619	(1,407)	0.0%
(2,638)	0	2,638	0.0%	Personal Floating Holiday	6	2,644	2,638	99.8%
50,694	21,750	(28,944)	(133.1%)	Premium Bi/Multilingual Pay	50,694	21,750	(28,944)	(133.1%)
123	0	(123)	0.0%	Prizes	123	0	(123)	0.0%
1,135,012	0	(1,135,012)	0.0%	Holiday Bonus	1,135,012	0	(1,135,012)	0.0%
5,653	70,059	64,406	91.9%	Employee Relations	35,962	100,368	64,406	64.2%
16,330	19,000	2,670	14.1%	Work from Home Stipend	79,150	81,820	2,670	3.3%
431	5,300	4,869	91.9%	Transportation Reimbursement	2,371	7,241	4,869	67.2%
12,449	58,391	45,942	78.7%	Travel & Lodging	56,625	102,567	45,942	44.8%
78,206	216,963	138,757	64.0%	Temporary Help Services	354,848	493,605	138,757	28.1%
14,420	140,947	126,526	89.8%	Staff Development/Training	81,067	207,593	126,526	60.9%
6,162	6,031	(131)	(2.2%)	Staff Recruitment/Advertising	69,967	69,836	(131)	(0.2%)
\$6,045,939	\$6,748,481	\$702,542	10.4%	Total Employee Expenses	\$24,104,252	\$24,806,794	\$702,542	2.8%
				Benefit Administration Expense				
17,687	21,644	3,958	18.3%	RX Administration Expense	98,866	102,824	3,958	3.8%
0	0	0	0.0%	Behavioral Hlth Administration Fees	817,710	817,710	0	0.0%
39,141	39,108	(33)	(0.1%)	Telemedicine Admin Fees	195,147	195,114	(33)	0.0%
\$56,828	\$60,752	\$3,924	6.5%	Total Benefit Administration Expenses	\$1,111,723	\$1,115,647	\$3,924	0.4%
				Purchased & Professional Services				
115,762	500,765	385,003	76.9%	Consultant Fees - Non Medical	1,605,852	1,990,855	385,003	19.3%
288,848	346,098	57,250	16.5%	Computer Support Services	1,739,377	1,796,627	57,250	3.2%
11,875	12,500	625	5.0%	Audit Fees	59,375	60,000	625	1.0%
0	33	33	100.0%	Consultant Fees - Medical	0	33	33	100.0%
204,104	104,065	(100,039)	(96.1%)	Other Purchased Services	850,352	750,314	(100,039)	(13.3%)
2,786	1,574	(1,212)	(77.0%)	Maint & Repair-Office Equipment	5,442	4,230	(1,212)	(28.7%)
0	0	0	0.0%	Maint.&Repair-Computer Hardware	1,180	1,180	0	0.0%
121,680	99,556	(22,124)	(22.2%)	Medical Refund Recovery Fees	570,236	548,112	(22,124)	(4.0%)
775	239,471	238,696	99.7%	Hardware (Non-Capital)	342,200	580,896	238,696	41.1%
38,865	41,702	2,837	6.8%	Provider Relations-Credentialing	151,690	154,528	2,837	1.8%
13,368	59,850	46,482	77.7%	Legal Fees	138,734	185,216	46,482	25.1%
\$798,063	\$1,405,615	\$607,552	43.2%	Total Purchased & Professional Services	\$5,464,438	\$6,071,990	\$607,551	10.0%
				Occupancy				
62,731	56,044	(6,687)	(11.9%)	Depreciation	289,139	282,451	(6,687)	(2.4%)
62,638	62,639	1	0.0%	Building Lease	311,033	311,033	1	0.0%
15,656	5,870	(9,786)	(166.7%)	Leased and Rented Office Equipment	48,075	38,289	(9,786)	(25.6%)
14,405	18,232	3,827	21.0%	Utilities	98,543	102,370	3,827	3.7%

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
93,041	86,510	(6,531)	(7.5%)	Telephone	405,462	398,931	(6,531)	(1.6%)
35,962	61,415	25,452	41.4%	Building Maintenance	128,423	153,875	25,452	16.5%
229,486	249,136	19,649	7.9%	SBITA Amortization Expense-GASB 96	1,169,750	1,189,400	19,649	1.7%
\$513,920	\$539,845	\$25,925	4.8%	Total Occupancy	\$2,450,425	\$2,476,350	\$25,925	1.0%
				Printing Postage & Promotion				
21,985	119,859	97,874	81.7%	Postage	189,163	287,037	97,874	34.1%
5,739	5,700	(39)	(0.7%)	Design & Layout	22,254	22,216	(39)	(0.2%)
98,231	150,037	51,806	34.5%	Printing Services	428,890	480,696	51,806	10.8%
7,920	6,910	(1,010)	(14.6%)	Mailing Services	58,141	57,131	(1,010)	(1.8%)
11,152	10,187	(965)	(9.5%)	Courier/Delivery Service	48,392	47,427	(965)	(2.0%)
287	1,250	963	77.0%	Promotional Products	5,659	6,621	963	14.5%
0	3,150	3,150	100.0%	Promotional Services	1,450	4,600	3,150	68.5%
338,393	342,064	3,671	1.1%	Community Relations	1,206,929	1,210,599	3,671	0.3%
(60)	(60)	0	0.0%	Health Education-Member	0	0	0	0.0%
40,597	26,667	(13,930)	(52.2%)	Translation - Non-Clinical	100,252	86,322	(13,930)	(16.1%)
\$524,244	\$665,764	\$141,520	21.3%	Total Printing Postage & Promotion	\$2,061,130	\$2,202,650	\$141,520	6.4%
				Licenses Insurance & Fees				
80,000	0	(80,000)	0.0%	Regulatory Penalties	80,000	0	(80,000)	0.0%
30,172	28,000	(2,172)	(7.8%)	Bank Fees	137,759	135,587	(2,172)	(1.6%)
69,896	80,112	10,216	12.8%	Insurance Premium	398,694	408,910	10,216	2.5%
(254,939)	486,297	741,237	152.4%	Licenses, Permits and Fees	1,033,414	1,774,651	741,237	41.8%
40,804	178,458	137,654	77.1%	Subscriptions and Dues - NonIT	742,973	880,627	137,654	15.6%
(\$34,068)	\$772,867	\$806,935	104.4%	Total Licenses Insurance & Postage	\$2,392,840	\$3,199,775	\$806,935	25.2%
				Supplies & Other Expenses				
8,784	6,001	(2,783)	(46.4%)	Office and Other Supplies	45,212	42,429	(2,783)	(6.6%)
0	4,289	4,289	100.0%	Furniture and Equipment	12,364	16,653	4,289	25.8%
2,953	1,200	(1,753)	(146.1%)	Ergonomic Supplies	16,578	14,825	(1,753)	(11.8%)
3,245	19,734	16,489	83.6%	Commissary-Food & Beverage	16,540	33,029	16,489	49.9%
(5,948)	0	5,948	0.0%	Miscellaneous Expense	22,000	27,948	5,948	21.3%
0	0	0	0.0%	Member Incentive Expense	4,850	4,850	0	0.0%
0	100	100	100.0%	Covid-19 IT Expenses	0	100	100	100.0%
0	367	367	100.0%	Covid-19 Non IT Expenses	0	367	367	100.0%
\$9,035	\$31,691	\$22,655	71.5%	Total Supplies & Other Expense	\$117,545	\$140,200	\$22,655	16.2%
\$7,913,961	\$10,225,014	\$2,311,053	22.6%	TOTAL ADMINISTRATIVE EXPENSE	\$37,702,353	\$40,013,406	\$2,311,053	5.8%

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
	Cisco Catalyst 8500 - Routers	IT-FY24-02	\$ -	\$ -	\$ -	\$ 60,000
	Cisco AP-9166 - Access Point	IT-FY24-03	\$ -	\$ -	\$ -	\$ 10,000
	Cisco UCS-X M6 or M7 Blades x 6	IT-FY24-04	\$ 426,471	\$ -	\$ 426,471	\$ (100)
	PURE Storage array	IT-FY24-05	\$ -	\$ -	\$ -	\$ 300,000
	PKI management	IT-FY24-06	\$ -	\$ -	\$ -	\$ 20,000
	IBM Power Hardware Upgrade	IT-FY24-07	\$ 103,142	\$ 457,510	\$ 560,652	\$ (272,023)
	Misc Hardware	IT-FY24-08	\$ 7,119	\$ -	\$ 7,119	\$ 15,000
	Network / AV Cabling	IT-FY24-09	\$ 107,600	\$ -	\$ 107,600	\$ (77,600)
	Training Room Projector	IT-FY24-10	\$ -	\$ 12,546	\$ 12,546	\$ 454
	Conference room upgrades	IT-FY24-11	\$ -	\$ -	\$ -	\$ 107,701
	Hardware Subtotal		\$ 644,332	\$ 470,056	\$ 1,114,388	\$ 1,320,701
2. Software:						
	Zerto renewal and Tier 2 add	AC-FY24-01	\$ -	\$ -	\$ -	\$ 126,000
	Software Subtotal		\$ -	\$ -	\$ -	\$ 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
	HVAC: Replace VAV boxes, duct work, replace old equipment	FA-FY24-03	\$ -	\$ 18,295	\$ 18,295	\$ 1,705
	Electrical work for projects, workstations requirement	FA-FY24-04	\$ -	\$ -	\$ -	\$ 10,000
	1240 Interior blinds replacement	FA-FY24-05	\$ -	\$ -	\$ -	\$ 25,000
	EV Charging stations, if not completed in FY23 and carried over to FY24	FA-FY24-06	\$ 17,494	\$ -	\$ 17,494	\$ 32,506
	Building Improvement Subtotal		\$ 17,494	\$ 18,295	\$ 35,789	\$ 125,000
4. Furniture & Equipment:						
	Office desks, cabinets, shelvings (all building/suites: new or replacement)	FA-FY24-17	\$ -	\$ -	\$ -	\$ 10,000
	Replace, reconfigure, re-design workstations	FA-FY24-18	\$ -	\$ -	\$ -	\$ 20,000
	Furniture & Equipment Subtotal		\$ -	\$ -	\$ -	\$ 30,000
	GRAND TOTAL		\$ 661,826	\$ 488,351	\$ 1,150,177	\$ 1,601,701
5. Reconciliation to Balance Sheet:						
	Fixed Assets @ Cost - 11/30/23			\$ 38,845,273		
	Fixed Assets @ Cost - 6/30/23			\$ 37,695,096		
	Fixed Assets Acquired YTD			\$ 1,150,177		

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

TANGIBLE NET EQUITY (TNE)

	Jul-23	Aug-23	QTR. END Sep-23	Oct-23	Nov-23
Current Month Net Income / (Loss)	\$9,746,933	\$2,343,460	\$5,514,335	\$3,776,499	\$3,440,910
YTD Net Income / (Loss)	\$9,746,933	\$12,090,393	\$17,604,728	\$21,381,227	\$24,822,137
Actual TNE					
Net Assets	\$333,703,974	\$336,047,435	\$341,561,770	\$345,338,268	\$348,779,178
Subordinated Debt & Interest	\$0	\$0	\$0	\$0	\$0
Total Actual TNE	\$333,703,974	\$336,047,435	\$341,561,770	\$345,338,268	\$348,779,178
Increase/(Decrease) in Actual TNE	\$9,746,933	\$2,343,460	\$5,514,335	\$3,776,499	\$3,440,910
Required TNE⁽¹⁾	\$46,228,233	\$46,744,204	\$46,352,062	\$49,676,617	\$49,894,371
Min. Req'd to Avoid Monthly Reporting (Increased from 130% to 150% of Required TNE effective July-2022)	\$69,342,350	\$70,116,307	\$69,528,093	\$74,514,926	\$74,841,557
TNE Excess / (Deficiency)	\$287,475,741	\$289,303,231	\$295,209,708	\$295,661,651	\$298,884,807
Actual TNE as a Multiple of Required	7.22	7.19	7.37	6.95	6.99

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

LIQUID TANGIBLE NET EQUITY

Net Assets	\$333,703,974	\$336,047,435	\$341,561,770	\$345,338,268	\$348,779,178
Fixed Assets at Net Book Value	(5,169,098)	(5,539,264)	(5,608,622)	(5,653,388)	(6,079,010)
Net Lease Assets/Liabilities/Interest	(711,429)	(475,037)	(1,115,074)	(727,353)	(662,463)
CD Pledged to DMHC	(350,000)	(350,000)	(350,000)	(350,000)	(350,000)
Liquid TNE (Liquid Reserves)	\$328,184,876	\$330,158,171	\$335,603,148	\$339,334,880	\$342,350,168
Liquid TNE as Multiple of Required	7.10	7.06	7.24	6.83	6.86

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

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program:													
Child	102,463	101,393	100,038	101,120	101,243								506,257
Adult	52,550	52,102	51,499	52,396	52,151								260,698
SPD	31,055	30,840	30,592	30,888	30,865								154,240
ACA OE	123,707	121,819	120,016	121,430	120,573								607,545
Duals	41,688	41,715	41,629	41,496	40,997								207,525
MCAL LTC	141	138	139	135	137								690
MCAL LTC Duals	1,033	1,019	1,004	997	975								5,028
Medi-Cal Program	352,637	349,026	344,917	348,462	346,941								1,741,983
Group Care Program	5,669	5,645	5,631	5,605	5,585								28,135
Total	358,306	354,671	350,548	354,067	352,526								1,770,118

Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	(1,207)	(1,070)	(1,355)	1,082	123								(2,427)
Adult	(624)	(448)	(603)	897	(245)								(1,023)
SPD	(225)	(215)	(248)	296	(23)								(415)
ACA OE	(1,260)	(1,888)	(1,803)	1,414	(857)								(4,394)
Duals	(43)	27	(86)	(133)	(499)								(734)
MCAL LTC	(9)	(3)	1	(4)	2								(13)
MCAL LTC Duals	4	(14)	(15)	(7)	(22)								(54)
Medi-Cal Program	(3,364)	(3,611)	(4,109)	3,545	(1,521)								(9,060)
Group Care Program	(15)	(24)	(14)	(26)	(20)								(99)
Total	(3,379)	(3,635)	(4,123)	3,519	(1,541)								(9,159)

Enrollment Percentages:													
Medi-Cal Program:													
Child % of Medi-Cal	29.1%	29.1%	29.0%	29.0%	29.2%								29.1%
Adult % of Medi-Cal	14.9%	14.9%	14.9%	15.0%	15.0%								15.0%
SPD % of Medi-Cal	8.8%	8.8%	8.9%	8.9%	8.9%								8.9%
ACA OE % of Medi-Cal	35.1%	34.9%	34.8%	34.8%	34.8%								34.9%
Duals % of Medi-Cal	11.8%	12.0%	12.1%	11.9%	11.8%								11.9%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%	98.4%								98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.6%								1.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%

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

	Actual Jul-23	Actual Aug-23	Actual Sep-23	Actual Oct-23	Actual Nov-23	Actual Dec-23	Actual Jan-24	Actual Feb-24	Actual Mar-24	Actual Apr-24	Actual May-24	Actual Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted													
Directly Contracted (DCP)	74,547	73,027	72,504	78,530	75,141								373,749
Alameda Health System	66,089	65,344	64,133	63,271	63,903								322,740
	<u>140,636</u>	<u>138,371</u>	<u>136,637</u>	<u>141,801</u>	<u>139,044</u>								<u>696,489</u>
Delegated:													
CFMG	34,810	34,649	34,144	34,035	35,105								172,743
CHCN	130,230	129,183	127,430	126,705	127,641								641,189
Kaiser	52,630	52,468	52,337	51,526	50,736								259,697
Delegated Subtotal	<u>217,670</u>	<u>216,300</u>	<u>213,911</u>	<u>212,266</u>	<u>213,482</u>								<u>1,073,629</u>
Total	358,306	354,671	350,548	354,067	352,526								1,770,118
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	(939)	(2,265)	(1,734)	5,164	(2,757)								(2,531)
Delegated:													
CFMG	(441)	(161)	(505)	(109)	1,070								(146)
CHCN	(1,721)	(1,047)	(1,753)	(725)	936								(4,310)
Kaiser	(278)	(162)	(131)	(811)	(790)								(2,172)
Delegated Subtotal	<u>(2,440)</u>	<u>(1,370)</u>	<u>(2,389)</u>	<u>(1,645)</u>	<u>1,216</u>								<u>(6,628)</u>
Total	(3,379)	(3,635)	(4,123)	3,519	(1,541)								(9,159)
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.3%	39.0%	39.0%	40.0%	39.4%								39.3%
Delegated:													
CFMG	9.7%	9.8%	9.7%	9.6%	10.0%								9.8%
CHCN	36.3%	36.4%	36.4%	35.8%	36.2%								36.2%
Kaiser	14.7%	14.8%	14.9%	14.6%	14.4%								14.7%
Delegated Subtotal	<u>60.7%</u>	<u>61.0%</u>	<u>61.0%</u>	<u>60.0%</u>	<u>60.6%</u>								<u>60.7%</u>
Total	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%

**ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING**

FOR THE FISCAL YEAR 2024	FINAL 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	102,463	101,393	100,038	101,120	100,109	99,008	102,159	100,933	99,823	98,725	97,639	96,565	1,199,975
Adult	52,550	52,102	51,499	52,396	51,872	51,301	57,478	56,788	56,107	55,434	54,769	54,112	646,408
SPD	31,055	30,840	30,592	30,888	30,734	30,488	42,473	42,133	41,796	41,462	41,130	40,801	434,392
ACA OE	123,707	121,819	120,016	121,430	121,180	119,605	149,197	147,556	145,933	144,328	142,740	141,170	1,598,681
Duals	41,688	41,715	41,629	41,496	41,410	41,325	45,787	45,694	45,600	45,506	45,412	45,318	522,580
MCAL LTC	141	138	139	135	136	137	172	173	174	175	176	177	1,873
MCAL LTC Duals	1,033	1,019	1,004	997	985	971	1,194	1,176	1,159	1,142	1,125	1,108	12,913
Medi-Cal Program	352,637	349,026	344,917	348,462	346,426	342,835	398,460	394,453	390,592	386,772	382,991	379,251	4,416,822
Group Care Program	5,669	5,645	5,631	5,605	5,591	5,577	5,563	5,549	5,535	5,521	5,507	5,493	66,886
Total	358,306	354,671	350,548	354,067	352,017	348,412	404,023	400,002	396,127	392,293	388,498	384,744	4,483,708

Month Over Month Enrollment Change:

Medi-Cal Monthly Change													
Child	(1,207)	(1,070)	(1,355)	1,082	(1,011)	(1,101)	3,151	(1,226)	(1,110)	(1,098)	(1,086)	(1,074)	(7,105)
Adult	(624)	(448)	(603)	897	(524)	(571)	6,177	(690)	(681)	(673)	(665)	(657)	938
SPD	(225)	(215)	(248)	296	(154)	(246)	11,985	(340)	(337)	(334)	(332)	(329)	9,521
ACA OE	(1,260)	(1,888)	(1,803)	1,414	(250)	(1,575)	29,592	(1,641)	(1,623)	(1,605)	(1,588)	(1,570)	16,203
Duals	(43)	27	(86)	(133)	(86)	(85)	4,462	(93)	(94)	(94)	(94)	(94)	3,587
MCAL LTC	(9)	(3)	1	(4)	1	1	35	1	1	1	1	1	27
MCAL LTC Duals	4	(14)	(15)	(7)	(12)	(14)	223	(18)	(17)	(17)	(17)	(17)	79
Medi-Cal Program	(3,364)	(3,611)	(4,109)	3,545	(2,036)	(3,591)	55,625	(4,007)	(3,861)	(3,820)	(3,781)	(3,740)	23,250
Group Care Program	(15)	(24)	(14)	(26)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(191)
Total	(3,379)	(3,635)	(4,123)	3,519	(2,050)	(3,605)	55,611	(4,021)	(3,875)	(3,834)	(3,795)	(3,754)	23,059

Enrollment Percentages:

Medi-Cal Program:													
Child % (Medi-Cal)	29.1%	29.1%	29.0%	29.0%	28.9%	28.9%	25.6%	25.6%	25.6%	25.5%	25.5%	25.5%	27.2%
Adult % (Medi-Cal)	14.9%	14.9%	14.9%	15.0%	15.0%	15.0%	14.4%	14.4%	14.4%	14.3%	14.3%	14.3%	14.6%
SPD % (Medi-Cal)	8.8%	8.8%	8.9%	8.9%	8.9%	8.9%	10.7%	10.7%	10.7%	10.7%	10.7%	10.8%	9.8%
ACA OE % (Medi-Cal)	35.1%	34.9%	34.8%	34.8%	35.0%	34.9%	37.4%	37.4%	37.4%	37.3%	37.3%	37.2%	36.2%
Duals % (Medi-Cal)	11.8%	12.0%	12.1%	11.9%	12.0%	12.1%	11.5%	11.6%	11.7%	11.8%	11.9%	11.9%	11.8%
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%	0.0%	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%	98.4%	98.4%	98.6%	98.6%	98.6%	98.6%	98.6%	98.6%	98.5%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.5%
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**

	FINAL 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													
Directly Contracted (DCP)	74,547	73,027	72,504	78,530	78,174	77,543	103,987	103,154	102,341	101,536	100,739	99,949	1,066,031
Alameda Health System	66,089	65,344	64,133	63,271	62,977	62,254	86,850	85,925	85,022	84,129	83,245	82,371	891,610
	140,636	138,371	136,637	141,801	141,151	139,797	190,837	189,079	187,363	185,665	183,984	182,320	1,957,641
Delegated:													
CFMG	34,810	34,649	34,144	34,035	33,709	33,339	43,104	42,595	42,131	41,671	41,217	40,767	456,171
CHCN	130,230	129,183	127,430	126,705	125,969	124,637	170,082	168,328	166,633	164,957	163,297	161,657	1,759,108
Kaiser	52,630	52,468	52,337	51,526	51,188	50,639	0	0	0	0	0	0	310,788
Delegated Subtotal	217,670	216,300	213,911	212,266	210,866	208,615	213,186	210,923	208,764	206,628	204,514	202,424	2,526,067
Total	358,306	354,671	350,548	354,067	352,017	348,412	404,023	400,002	396,127	392,293	388,498	384,744	4,483,708
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted													
Directly Contracted (DCP)	305	(1,520)	(523)	6,026	(356)	(631)	26,444	(833)	(813)	(805)	(797)	(790)	25,707
Alameda Health System	(1,244)	(745)	(1,211)	(862)	(294)	(723)	24,596	(925)	(903)	(893)	(884)	(874)	15,038
	(939)	(2,265)	(1,734)	5,164	(650)	(1,354)	51,040	(1,758)	(1,716)	(1,698)	(1,681)	(1,664)	40,745
Delegated:													
CFMG	(441)	(161)	(505)	(109)	(326)	(370)	9,765	(509)	(464)	(460)	(454)	(450)	5,516
CHCN	(1,721)	(1,047)	(1,753)	(725)	(736)	(1,332)	45,445	(1,754)	(1,695)	(1,676)	(1,660)	(1,640)	29,706
Kaiser	(278)	(162)	(131)	(811)	(338)	(549)	0	0	0	0	0	0	(2,269)
Delegated Subtotal	(2,440)	(1,370)	(2,389)	(1,645)	(1,400)	(2,251)	55,210	(2,263)	(2,159)	(2,136)	(2,114)	(2,090)	32,953
Total	(3,379)	(1,370)	(2,389)	(1,645)	(1,400)	(2,251)	55,210	(2,263)	(2,159)	(2,136)	(2,114)	(2,090)	32,014
Direct/Delegate Enrollment Percentages:													
Directly-Contracted													
Directly Contracted (DCP)	20.8%	20.6%	20.7%	22.2%	22.2%	22.3%	25.7%	25.8%	25.8%	25.9%	25.9%	26.0%	23.8%
Alameda Health System	18.4%	18.4%	18.3%	17.9%	17.9%	17.9%	21.5%	21.5%	21.5%	21.4%	21.4%	21.4%	19.9%
	39.3%	39.0%	39.0%	40.0%	40.1%	40.1%	47.2%	47.3%	47.3%	47.3%	47.4%	47.4%	43.7%
Delegated:													
CFMG	9.7%	9.8%	9.7%	9.6%	9.6%	9.6%	10.7%	10.6%	10.6%	10.6%	10.6%	10.6%	10.2%
CHCN	36.3%	36.4%	36.4%	35.8%	35.8%	35.8%	42.1%	42.1%	42.1%	42.0%	42.0%	42.0%	39.2%
Kaiser	14.7%	14.8%	14.9%	14.6%	14.5%	14.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.9%
Delegated Subtotal	60.7%	61.0%	61.0%	60.0%	59.9%	59.9%	52.8%	52.7%	52.7%	52.7%	52.6%	52.6%	56.3%
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	0	0	0	0	1,134								1,134
Adult	0	0	0	0	279								279
SPD	0	0	0	0	131								131
ACA OE	0	0	0	0	(607)								(607)
Duals	0	0	0	0	(413)								(413)
MCAL LTC	0	0	0	0	1								1
MCAL LTC Duals	0	0	0	0	(10)								(10)
Medi-Cal Program	0	0	0	0	515								515
Group Care Program	0	0	0	0	(6)								(6)
Total	0	0	0	0	509								509
Current Direct/Delegate Enrollment Variance - Favorable/(Unfavorable)													
Directly-Contracted													
Directly Contracted (DCP)	0	0	0	0	(3,033)								(3,033)
Alameda Health System	0	0	0	0	926								926
	0	0	0	0	(2,107)								(2,107)
Delegated:													
CFMG	0	0	0	0	1,396								1,396
CHCN	0	0	0	0	1,672								1,672
Kaiser	0	0	0	0	(452)								(452)
Delegated Subtotal	0	0	0	0	2,616								2,616
Total	0	0	0	0	509								509

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

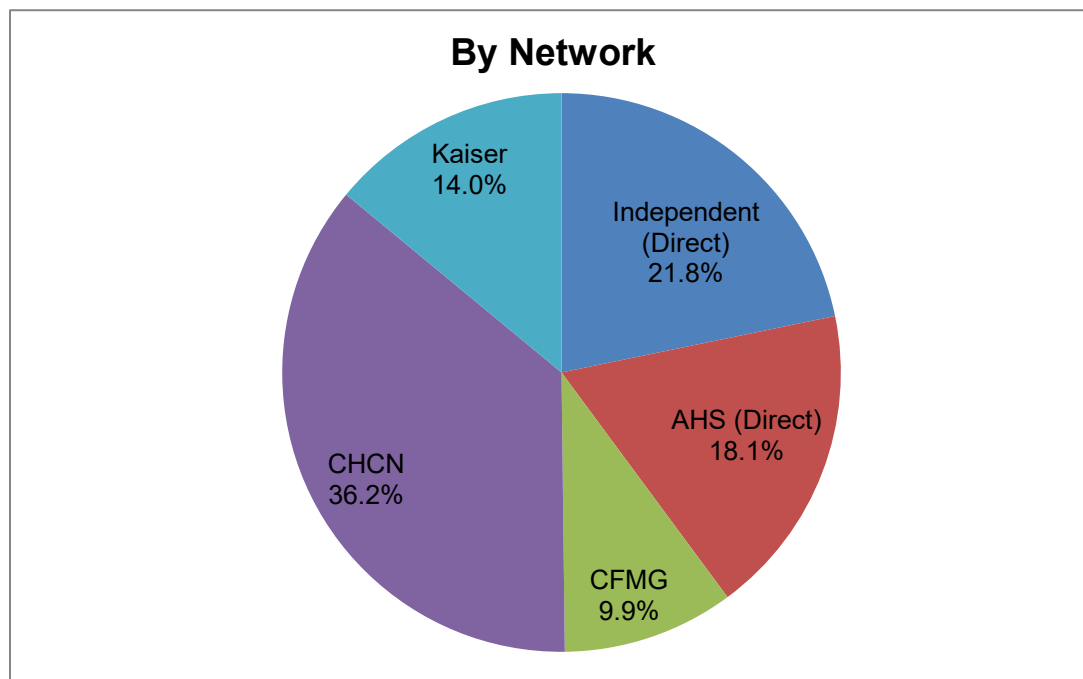
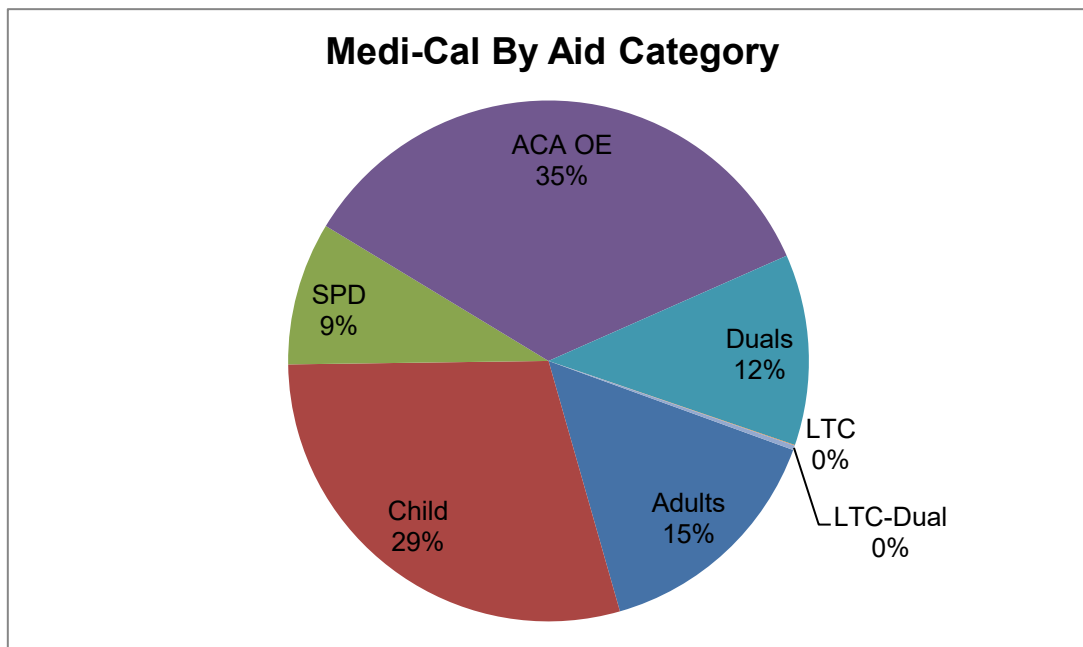
CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
\$1,192,125	\$1,133,956	(\$58,170)	(5.1%)	PCP Capitation	\$5,827,075	\$5,768,905	(\$58,170)	(1.0%)
4,368,692	4,535,887	167,196	3.7%	PCP Capitation FQHC	21,828,274	21,995,470	167,196	0.8%
307,124	292,794	(14,330)	(4.9%)	Specialty-Capitation	1,500,207	1,485,877	(14,330)	(1.0%)
3,799,335	3,973,166	173,831	4.4%	Specialty-Capitation FQHC	19,007,676	19,181,507	173,831	0.9%
497,616	544,437	46,821	8.6%	Laboratory Capitation	2,472,919	2,519,740	46,821	1.9%
254,510	251,820	(2,691)	(1.1%)	Vision Cap	1,267,226	1,264,535	(2,691)	(0.2%)
89,281	85,273	(4,007)	(4.7%)	CFMG Capitation	438,499	432,491	(4,007)	(0.9%)
188,347	106,654	8,307	4.2%	Anc IPA Admin Capitation FQHC	942,013	950,320	8,307	0.9%
13,750,824	13,857,097	106,273	0.8%	Kaiser Capitation	70,197,341	70,303,614	106,273	0.2%
409,975	613,935	203,960	33.2%	Maternity Supplemental Expense	1,500,135	1,704,095	203,960	12.0%
716,010	754,285	38,274	5.1%	DME Cap	3,578,474	3,616,748	38,274	1.1%
\$25,573,840	\$26,239,303	\$665,464	2.5%	5 - TOTAL CAPITATED EXPENSES	\$128,557,839	\$129,223,302	\$665,464	0.5%
				FREE FOR SERVICE MEDICAL EXPENSES:				
(1,401,050)	0	1,401,050	0.0%	IBNR Inpatient Services	(3,707,348)	(2,306,298)	1,401,050	(60.7%)
(42,031)	0	42,031	0.0%	IBNR Settlement (IP)	(111,219)	(69,188)	42,031	(60.7%)
(112,084)	0	112,084	0.0%	IBNR Claims Fluctuation (IP)	(296,588)	(184,504)	112,084	(60.7%)
30,013,888	34,099,906	4,086,018	12.0%	Inpatient Hospitalization FFS	150,159,024	154,245,042	4,086,018	2.6%
2,566,982	0	(2,566,982)	0.0%	IP OB - Mom & NB	10,029,615	7,462,632	(2,566,982)	(34.4%)
94,889	0	(94,889)	0.0%	IP Behavioral Health	990,373	695,483	(94,889)	(10.6%)
1,028,711	0	(1,028,711)	0.0%	IP Facility Rehab FFS	5,740,353	4,711,642	(1,028,711)	(21.8%)
\$32,149,305	\$34,099,906	\$1,950,600	5.7%	6 - Inpatient Hospital & SNF FFS Expense	\$162,804,210	\$164,754,811	\$1,950,600	1.2%
(465,621)	0	465,621	0.0%	IBNR PCP	(418,638)	46,983	465,621	991.0%
(13,969)	0	13,969	0.0%	IBNR Settlement (PCP)	(12,560)	1,409	13,969	991.4%
(37,249)	0	37,249	0.0%	IBNR Claims Fluctuation (PCP)	(33,490)	3,759	37,249	990.9%
2,297,895	1,992,540	(305,355)	(15.3%)	Primary Care Non-Contracted FF	9,833,487	9,528,132	(305,355)	(3.2%)
451,467	234,398	(217,070)	(92.6%)	PCP FQHC FFS	2,509,800	2,292,731	(217,070)	(9.0%)
(3,000)	0	3,000	0.0%	Phys Extended Hours Incentive	6,000	3,000	3,000	50.0%
2,313,561	3,208,010	894,449	27.9%	Prop 56 Physician Exp	11,518,134	12,412,584	894,449	7.2%
14,754	0	(14,754)	0.0%	Prop 56 Hyde Exp	73,011	58,257	(14,754)	(25.3%)
79,701	0	(79,701)	0.0%	Prop 56 Trauma Exp	396,646	316,945	(79,701)	(25.1%)
96,160	0	(96,160)	0.0%	Prop 56 Develop. Screening Exp	479,942	383,782	(96,160)	(25.1%)
728,504	0	(728,504)	0.0%	Prop 56 Family Planning Exp	3,634,179	2,905,675	(728,504)	(25.1%)
0	0	0	0.0%	Prop 56 VBP Exp	7,428	7,428	0	0.0%
\$5,462,202	\$5,434,948	(\$27,255)	(0.5%)	7 - Primary Care Physician FFS Expense	\$27,990,940	\$27,963,685	(\$27,255)	(0.1%)
(1,151,031)	0	1,151,031	0.0%	IBNR Specialist	(1,855,302)	(704,271)	1,151,031	(163.4%)
329,750	0	(329,750)	0.0%	Psychiatrist FFS	1,257,247	927,497	(329,750)	(35.6%)
2,836,697	5,474,313	2,637,616	48.2%	Specialty Care FFS	11,940,063	14,577,679	2,637,616	18.1%
147,024	0	(147,024)	0.0%	Specialty Anesthesiology	880,112	733,088	(147,024)	(20.1%)
1,331,334	0	(1,331,334)	0.0%	Specialty Imaging FFS	5,663,887	4,332,553	(1,331,334)	(30.7%)
19,439	0	(19,439)	0.0%	Obstetrics FFS	91,264	71,825	(19,439)	(27.1%)
348,903	0	(348,903)	0.0%	Specialty IP Surgery FFS	1,495,280	1,146,377	(348,903)	(30.4%)
698,440	0	(698,440)	0.0%	Specialty OP Surgery FFS	3,078,599	2,380,160	(698,440)	(29.3%)
484,172	0	(484,172)	0.0%	Spec IP Physician	2,289,117	1,804,945	(484,172)	(26.8%)
91,514	73,936	(17,578)	(23.8%)	SCP FQHC FFS	348,046	328,468	(17,578)	(5.4%)
(34,530)	0	34,530	0.0%	IBNR Settlement (SCP)	(55,657)	(21,127)	34,530	(163.4%)
(92,083)	0	92,083	0.0%	IBNR Claims Fluctuation (SCP)	(148,425)	(56,342)	92,083	(163.4%)
\$5,009,628	\$5,548,249	\$538,621	9.7%	8 - Specialty Care Physician Expense	\$24,982,231	\$25,520,851	\$538,621	2.1%
(1,152,163)	0	1,152,163	0.0%	IBNR Ancillary	970,392	2,122,555	1,152,163	54.3%
(34,566)	0	34,566	0.0%	IBNR Settlement (ANC)	29,111	63,677	34,566	54.3%
(92,173)	0	92,173	0.0%	IBNR Claims Fluctuation (ANC)	77,632	169,805	92,173	54.3%
70,970	0	(70,970)	0.0%	IBNR Transportation FFS	116,690	45,720	(70,970)	(155.2%)
1,438,435	0	(1,438,435)	0.0%	Behavioral Health Therapy FFS	6,389,561	4,951,126	(1,438,435)	(29.1%)
1,212,821	0	(1,212,821)	0.0%	Psychologist & Other MH Prof.	5,428,285	4,215,464	(1,212,821)	(28.8%)
282,733	0	(282,733)	0.0%	Acupuncture/Biofeedback	1,358,071	1,075,338	(282,733)	(26.3%)
68,598	0	(68,598)	0.0%	Hearing Devices	450,123	381,525	(68,598)	(18.0%)
45,612	0	(45,612)	0.0%	Imaging/MRI/CT Global	187,156	141,544	(45,612)	(32.2%)
51,883	0	(51,883)	0.0%	Vision FFS	216,477	164,593	(51,883)	(31.5%)
10	0	(10)	0.0%	Family Planning	40	30	(10)	(33.3%)
555,419	0	(555,419)	0.0%	Laboratory-FFS	2,473,032	1,917,612	(555,419)	(29.0%)
106,023	0	(106,023)	0.0%	ANC Therapist	501,223	395,200	(106,023)	(26.8%)
1,211,100	0	(1,211,100)	0.0%	Transportation (Ambulance)-FFS	4,957,586	3,746,485	(1,211,100)	(32.3%)
1,669,351	0	(1,669,351)	0.0%	Transportation (Other)-FFS	7,598,418	5,929,067	(1,669,351)	(28.2%)
1,565,173	0	(1,565,173)	0.0%	Hospice	7,345,156	5,779,983	(1,565,173)	(27.1%)
1,403,356	0	(1,403,356)	0.0%	Home Health Services	6,397,392	4,994,036	(1,403,356)	(28.1%)
0	9,176,053	9,176,053	100.0%	Other Medical-FFS	3,993	9,180,045	9,176,053	100.0%
(97,107)	0	97,107	0.0%	Medical Refunds through HMS	(407,069)	(309,963)	97,107	(31.3%)
(325,190)	0	325,190	0.0%	Medical Refunds	(890,273)	(565,083)	325,190	(57.5%)
32,009	0	(32,009)	0.0%	DME & Medical Supplies	148,698	116,689	(32,009)	(27.4%)
0	0	0	0.0%	GEMT FFS	(373,988)	(373,988)	0	0.0%
1,437,969	1,443,197	5,229	0.4%	ECM Base/Outreach FFS Anc.	6,568,770	6,573,999	5,229	0.1%
16,861	24,663	7,802	31.6%	CS Housing Deposits FFS Ancillary	103,697	111,499	7,802	7.0%
188,756	208,852	20,096	9.6%	CS Housing Tenancy FFS Ancillary	955,642	975,737	20,096	2.1%

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

CURRENT MONTH				FISCAL YEAR TO DATE				
Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	\$ Variance (Unfavorable)	% Variance (Unfavorable)
47,311	43,161	(4,150)	(9.6%)	CS Housing Navigation Services FFS Ancillary	218,946	214,796	(4,150)	(1.9%)
72,490	56,240	(16,250)	(28.9%)	CS Medical Respite FFS Ancillary	336,306	322,056	(14,250)	(5.0%)
26,994	14,821	(12,173)	(82.1%)	CS Medically Tailored Meals FFS Ancillary	125,904	113,731	(12,173)	(10.7%)
3,677	49	(3,628)	(7,446.8%)	CS Asthma Remediation FFS Ancillary	15,227	11,599	(3,628)	(31.3%)
0	10,000	10,000	100.0%	MOT Wrap Around (Non Medical MOT Cost)	0	10,000	10,000	100.0%
616,458	0	(616,458)	0.0%	Community Based Adult Services (CBAS)	2,041,721	1,425,263	(616,458)	(43.3%)
0	7,646	7,646	100.0%	CS Pilot LTC Diversion Expense	0	7,646	7,646	100.0%
3,058	3,823	765	20.0%	CS Pilot LTC Transition Expense	19,114	19,879	765	3.8%
0	80,556	80,556	100.0%	Justice Involved Pilot	0	80,556	80,556	100.0%
\$10,425,866	\$11,069,059	\$643,193	5.8%	9 - Ancillary Medical Expense	\$53,365,030	\$54,008,223	\$643,193	1.2%
(1,078,548)	0	1,078,548	0.0%	IBNR Outpatient	(655,922)	422,626	1,078,548	255.2%
(32,357)	0	32,357	0.0%	IBNR Settlement (OP)	(19,680)	12,677	32,357	255.2%
(86,284)	0	86,284	0.0%	IBNR Claims Fluctuation (OP)	(52,473)	33,811	86,284	255.2%
1,866,284	8,144,834	6,278,550	77.1%	Out Patient FFS	8,357,804	14,636,354	6,278,550	42.9%
1,860,339	0	(1,860,339)	0.0%	OP Ambul Surgery FFS	8,797,735	6,937,396	(1,860,339)	(26.8%)
1,601,315	0	(1,601,315)	0.0%	OP Fac Imaging Services FFS	8,271,938	6,670,623	(1,601,315)	(24.0%)
36,169	0	(36,169)	0.0%	Behav Health FFS	14,202	(21,966)	(36,169)	164.7%
605,547	0	(605,547)	0.0%	OP Facility Lab FFS	2,687,411	2,081,864	(605,547)	(29.1%)
163,337	0	(163,337)	0.0%	OP Facility Cardio FFS	771,435	608,098	(163,337)	(26.9%)
542,845	0	(542,845)	0.0%	OP Facility PT/OT/ST FFS	813,076	270,230	(542,845)	(200.9%)
2,183,825	0	(2,183,825)	0.0%	OP Facility Dialysis FFS	10,563,320	8,379,495	(2,183,825)	(26.1%)
\$7,662,473	\$8,144,834	\$482,361	5.9%	10 - Outpatient Medical Expense Medical Expense	\$39,548,846	\$40,031,207	\$482,361	1.2%
(751,519)	0	751,519	0.0%	IBNR Emergency	(721,259)	30,260	751,519	2,483.5%
(22,545)	0	22,545	0.0%	IBNR Settlement (ER)	(21,635)	910	22,545	2,477.5%
(60,121)	0	60,121	0.0%	IBNR Claims Fluctuation (ER)	(57,698)	2,423	60,121	2,481.3%
905,596	0	(905,596)	0.0%	Special ER Physician FFS	3,962,391	3,056,795	(905,596)	(29.6%)
5,690,671	5,798,104	107,433	1.9%	ER Facility	25,268,018	25,375,451	107,433	0.4%
\$5,762,082	\$5,798,104	\$36,022	0.6%	11 - Emergency Expense	\$28,429,817	\$28,465,840	\$36,022	0.1%
(240,010)	0	240,010	0.0%	IBNR Pharmacy OP	(444,318)	(204,308)	240,010	(117.5%)
(7,200)	0	7,200	0.0%	IBNR Settlement (RX) OP	(13,333)	(6,133)	7,200	(117.4%)
(19,200)	0	19,200	0.0%	IBNR Claims Fluctuation (RX) OP	(35,545)	(16,345)	19,200	(117.5%)
472,479	371,017	(101,462)	(27.3%)	Pharmacy FFS	2,412,130	2,310,668	(101,462)	(4.4%)
116,903	8,616,517	8,499,614	98.6%	Pharmacy Non-PBM FFS-Other Anc	672,989	9,172,603	8,499,614	92.7%
5,608,292	0	(5,608,292)	0.0%	Pharmacy Non-PBM FFS-OP FAC	27,583,795	21,975,503	(5,608,292)	(25.5%)
252,568	0	(252,568)	0.0%	Pharmacy Non-PBM FFS-PCP	867,930	615,362	(252,568)	(41.0%)
2,290,912	0	(2,290,912)	0.0%	Pharmacy Non-PBM FFS-SCP	11,098,814	8,807,902	(2,290,912)	(26.0%)
5,299	0	(5,299)	0.0%	Pharmacy Non-PBM FFS-FQHC	46,458	41,158	(5,299)	(12.9%)
6,629	0	(6,629)	0.0%	Pharmacy Non-PBM FFS-IH	34,616	27,987	(6,629)	(23.7%)
0	0	0	0.0%	RX Refunds HMS	(63)	(63)	0	0.0%
(35,000)	31,858	66,858	209.9%	Pharmacy Rebate	(195,000)	(128,142)	66,858	(52.2%)
\$8,451,672	\$9,019,393	\$567,720	6.3%	12 - Pharmacy Expense	\$42,028,471	\$42,596,192	\$567,720	1.3%
1,100,140	0	(1,100,140)	0.0%	IBNR LTC	5,902,679	4,802,539	(1,100,140)	(22.9%)
33,005	0	(33,005)	0.0%	IBNR Settlement (LTC)	177,082	144,077	(33,005)	(22.9%)
88,012	0	(88,012)	0.0%	IBNR Claims Fluctuation (LTC)	472,214	384,202	(88,012)	(22.9%)
17,780,770	0	(17,780,770)	0.0%	LTC Custodial Care	81,172,947	63,392,176	(17,780,770)	(28.0%)
3,435,401	17,349,869	13,914,468	80.2%	LTC SNF	15,376,140	29,290,608	13,914,468	47.5%
\$22,437,328	\$17,349,869	(\$5,087,459)	(29.3%)	13 - Long Term Care FFS Expense	\$103,101,062	\$98,013,603	(\$5,087,459)	(5.2%)
\$97,360,557	\$96,464,361	(\$896,197)	(0.9%)	14 - TOTAL FFS MEDICAL EXPENSES	\$482,250,607	\$481,354,410	(\$896,197)	(0.2%)
0	9,350	9,350	100.0%	Clinical Vacancy	0	9,350	9,350	100.0%
101,876	486,548	384,672	79.1%	Quality Analytics	434,758	819,430	384,672	46.9%
948,437	902,818	(45,619)	(5.1%)	Health Plan Services Department Total	3,828,353	3,782,734	(45,619)	(1.2%)
711,681	600,855	(110,826)	(18.4%)	Case & Disease Management Department Total	2,815,704	2,704,878	(110,826)	(4.1%)
1,003,767	1,558,022	554,235	35.6%	Medical Services Department Total	9,664,943	10,219,178	554,235	5.4%
688,198	1,395,573	707,375	50.7%	Quality Management Department Total	3,689,726	4,397,101	707,375	16.1%
284,079	281,417	(2,662)	(0.9%)	HCS Behavioral Health Department Total	1,241,618	1,238,957	(2,662)	(0.2%)
173,707	144,009	(29,697)	(20.6%)	Pharmacy Services Department Total	700,077	670,380	(29,697)	(4.4%)
70,346	72,856	2,510	3.4%	Regulatory Readiness Total	319,459	321,970	2,510	0.8%
\$3,982,111	\$5,451,450	\$1,469,339	27.0%	15 - Other Benefits & Services	\$22,694,639	\$24,163,977	\$1,469,339	6.1%
(850,000)	(774,194)	75,806	(9.8%)	Reinsurance Recoveries	(4,575,001)	(4,499,194)	75,806	(1.7%)
1,228,865	1,032,258	(196,607)	(19.0%)	Reinsurance Premium	5,309,754	5,113,148	(196,607)	(3.8%)
\$378,865	\$258,065	(\$120,800)	(46.8%)	16 - Reinsurance Expense	\$734,754	\$613,953	(\$120,800)	(19.7%)
1,000,000	1,000,000	0	0.0%	P4P Risk Pool Provider Incenti	3,000,000	3,000,000	0	0.0%
\$1,000,000	\$1,000,000	\$0	0.0%	17 - Risk Pool Distribution	\$3,000,000	\$3,000,000	\$0	0.0%
\$128,295,373	\$129,413,178	\$1,117,805	0.9%	18 - TOTAL MEDICAL EXPENSES	\$637,237,838	\$638,355,643	\$1,117,806	0.2%

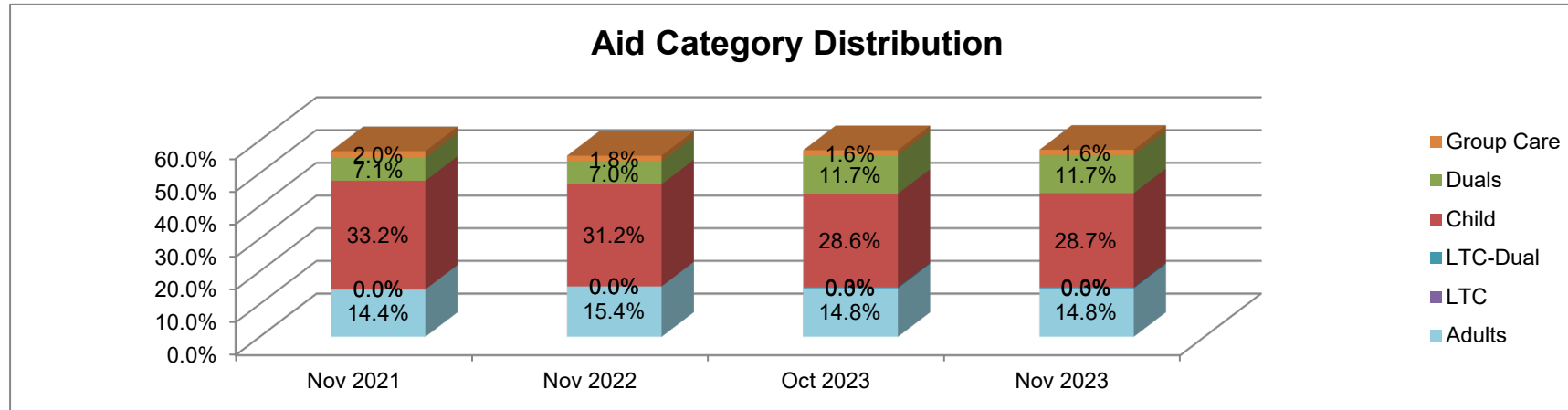
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend							
Category of Aid	Nov 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	52,222	15%	10,597	9,958	791	21,859	9,017
Child	101,557	29%	8,412	9,260	31,949	33,755	18,181
SPD	30,887	9%	10,201	4,432	1,130	12,871	2,253
ACA OE	120,666	35%	19,740	36,972	1,253	46,993	15,708
Duals	41,217	12%	24,616	2,513	1	9,746	4,341
LTC	139	0%	139	-	-	-	-
LTC-Dual	980	0%	979	-	-	-	1
Medi-Cal	347,668		74,684	63,135	35,124	125,224	49,501
Group Care	5,586		2,188	835	-	2,563	-
Total	353,254	100%	76,872	63,970	35,124	127,787	49,501
Medi-Cal %	98.4%		97.2%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		2.8%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			21.8%	18.1%	9.9%	36.2%	14.0%
			% Direct: 40%	% Delegated: 60%			

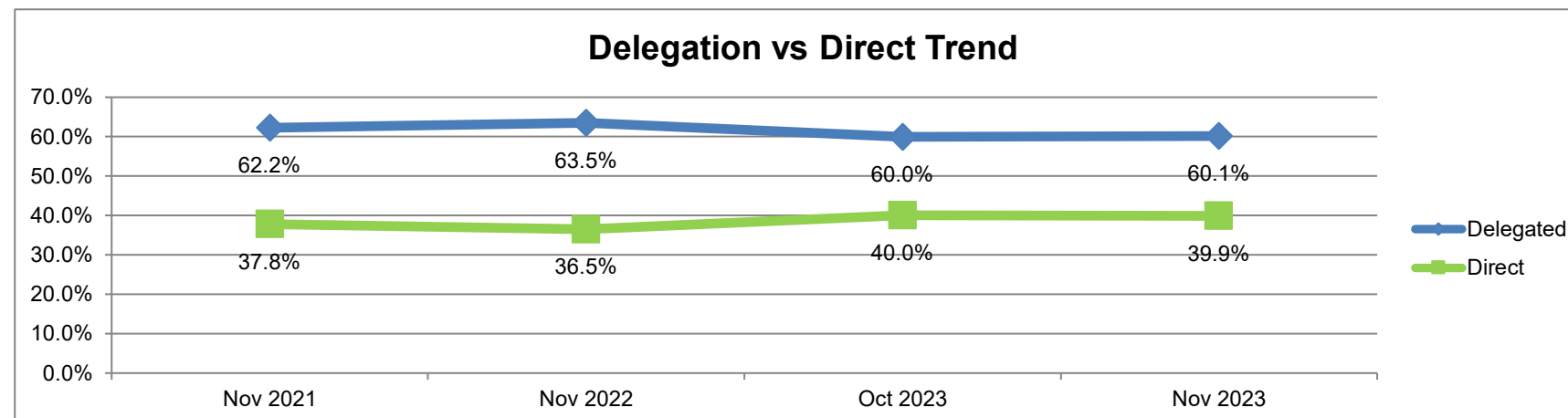


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

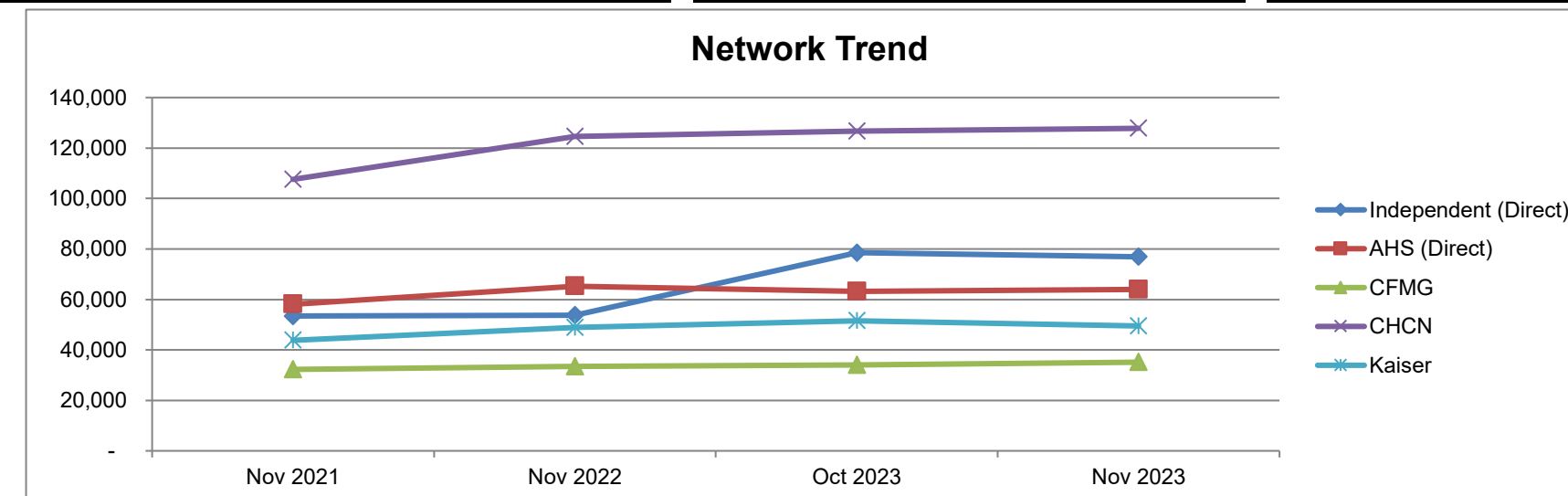
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Adults	42,623	50,069	52,396	52,222	14.4%	15.4%	14.8%	14.8%	17.5%	4.3%	-0.3%	
Child	97,935	101,653	101,120	101,557	33.2%	31.2%	28.6%	28.7%	3.8%	-0.1%	0.4%	
SPD	26,427	28,365	30,888	30,887	9.0%	8.7%	8.7%	8.7%	7.3%	8.9%	0.0%	
ACA OE	101,508	117,328	121,430	120,666	34.4%	36.0%	34.3%	34.2%	15.6%	2.8%	-0.6%	
Duals	20,832	22,719	41,496	41,217	7.1%	7.0%	11.7%	11.7%	9.1%	81.4%	-0.7%	
LTC	-	-	135	139	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	
LTC-Dual	-	-	997	980	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-1.7%	
Medi-Cal Total	289,325	320,134	348,462	347,668	98.0%	98.2%	98.4%	98.4%	10.6%	8.6%	-0.2%	
Group Care	5,826	5,791	5,605	5,586	2.0%	1.8%	1.6%	1.6%	-0.6%	-3.5%	-0.3%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Delegated	183,640	206,973	212,266	212,412	62.2%	63.5%	60.0%	60.1%	12.7%	2.6%	0.1%	
Direct	111,511	118,952	141,801	140,842	37.8%	36.5%	40.0%	39.9%	6.7%	18.4%	-0.7%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



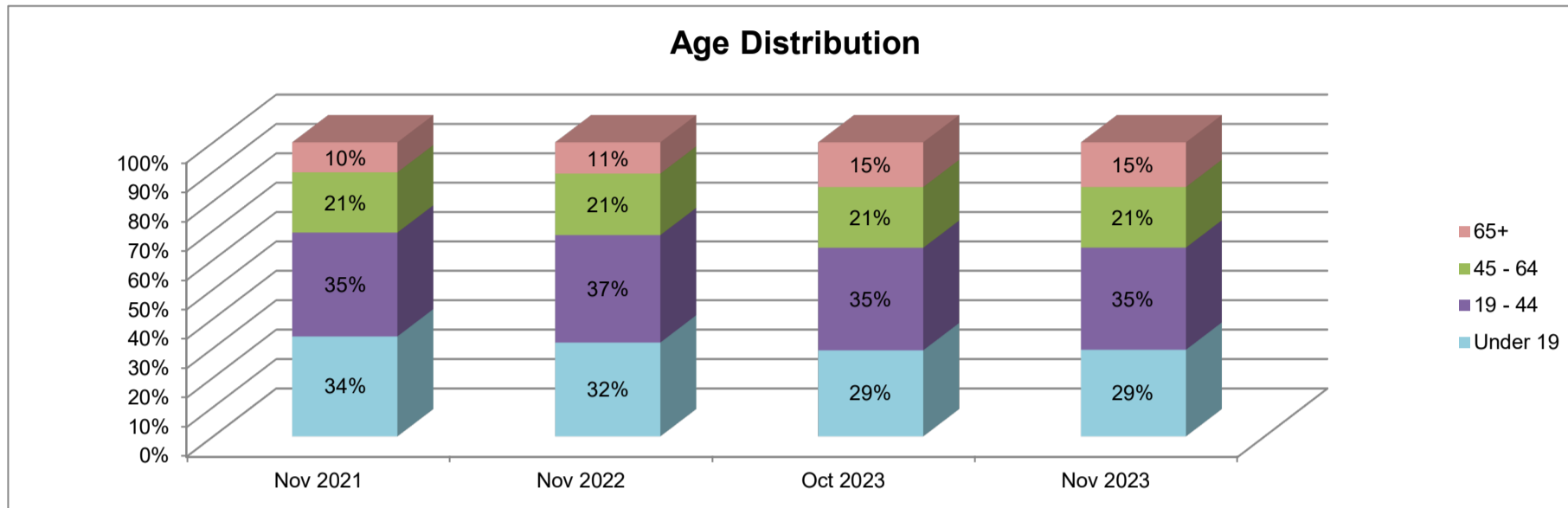
Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Independent (Direct)	53,438	53,736	78,530	76,872	18.1%	16.5%	22.2%	21.8%	0.6%	43.1%	-2.1%	
AHS (Direct)	58,073	65,216	63,271	63,970	19.7%	20.0%	17.9%	18.1%	12.3%	-1.9%	1.1%	
CFMG	32,266	33,498	34,035	35,124	10.9%	10.3%	9.6%	9.9%	3.8%	4.9%	3.2%	
CHCN	107,583	124,637	126,705	127,787	36.5%	38.2%	35.8%	36.2%	15.9%	2.5%	0.9%	
Kaiser	43,791	48,838	51,526	49,501	14.8%	15.0%	14.6%	14.0%	11.5%	1.4%	-3.9%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

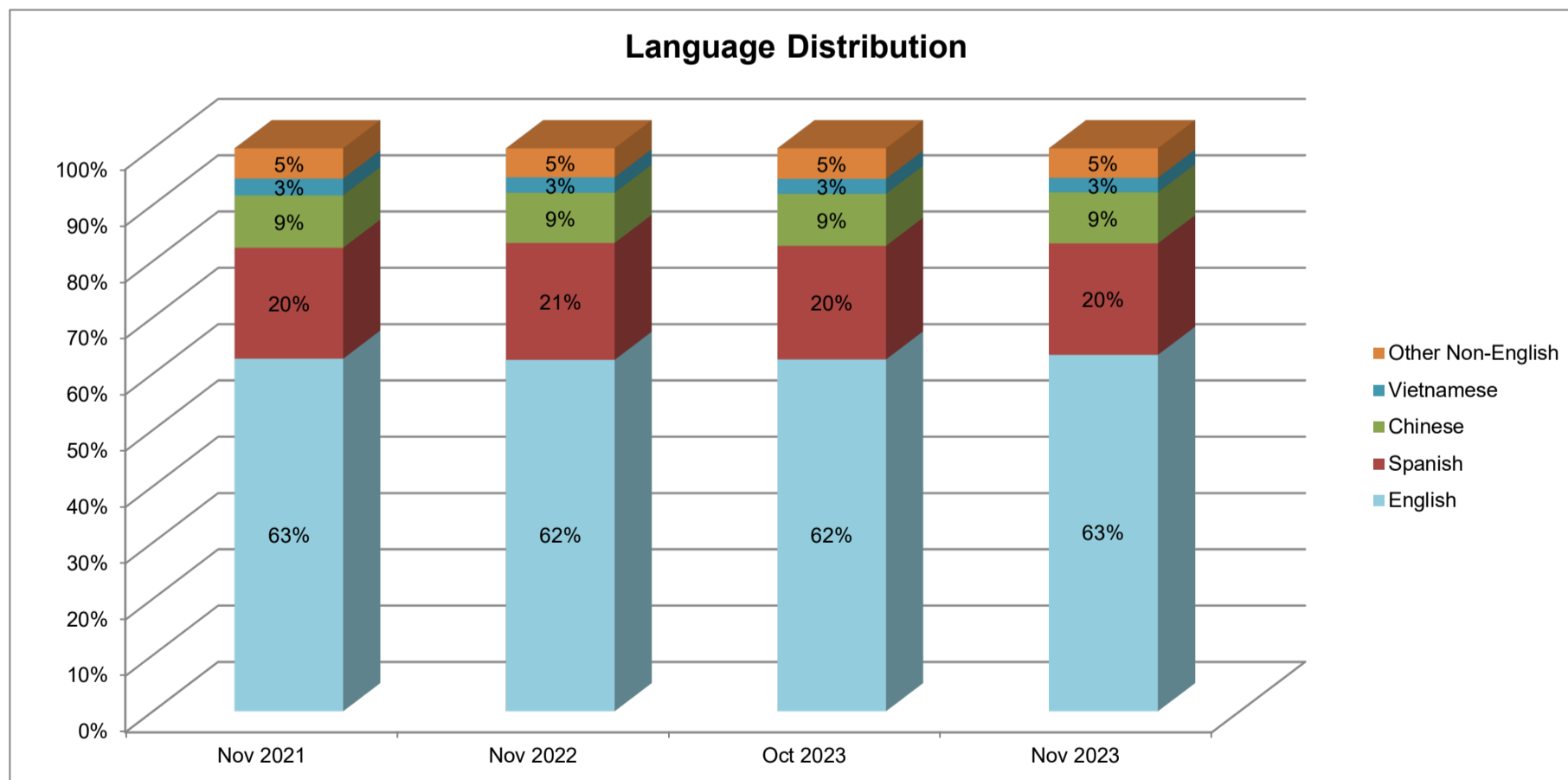
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023
Under 19	100,206	103,882	103,512	103,912	34%	32%	29%	29%	4%	0%	0%
19 - 44	104,239	119,055	123,390	122,668	35%	37%	35%	35%	14%	3%	-1%
45 - 64	60,571	68,281	73,229	72,865	21%	21%	21%	21%	13%	7%	0%
65+	30,135	34,707	53,936	53,745	10%	11%	15%	15%	15%	55%	0%
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%



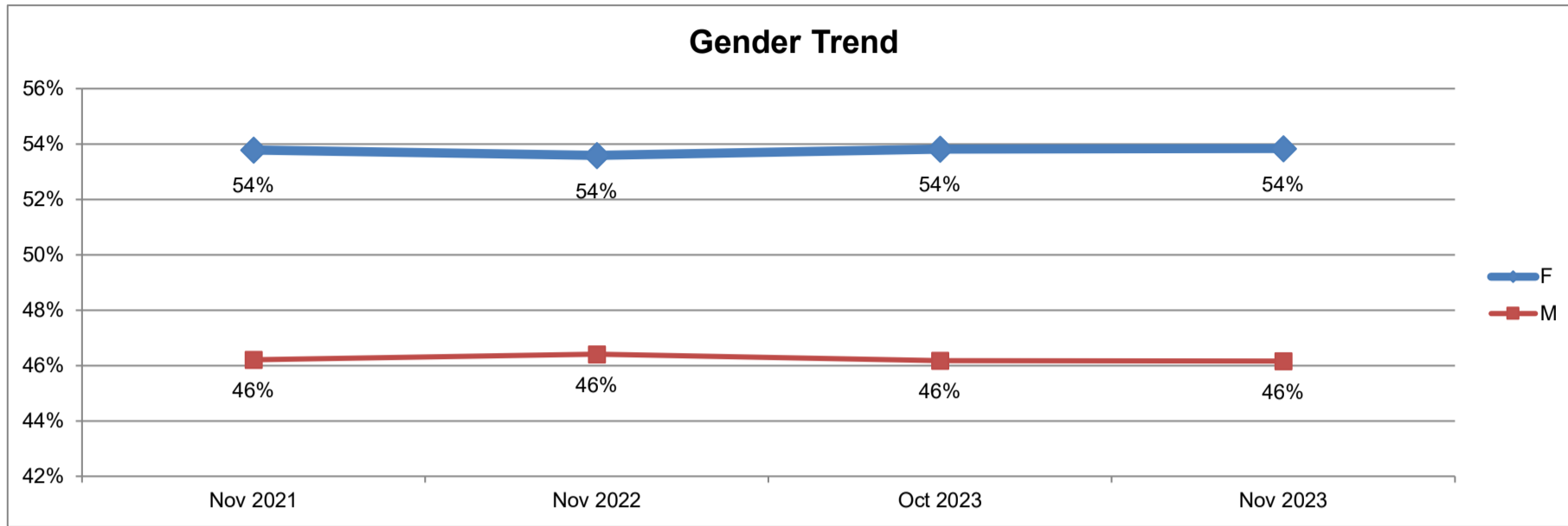
Language Trend

Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023
English	184,858	203,441	221,283	223,617	63%	62%	62%	63%	10%	10%	1%
Spanish	58,130	67,653	71,409	69,914	20%	21%	20%	20%	16%	3%	-2%
Chinese	27,553	29,111	32,770	32,047	9%	9%	9%	9%	6%	10%	-2%
Vietnamese	8,737	8,906	9,405	9,104	3%	3%	3%	3%	2%	2%	-3%
Other Non-English	15,873	16,814	19,200	18,508	5%	5%	5%	5%	6%	10%	-4%
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%

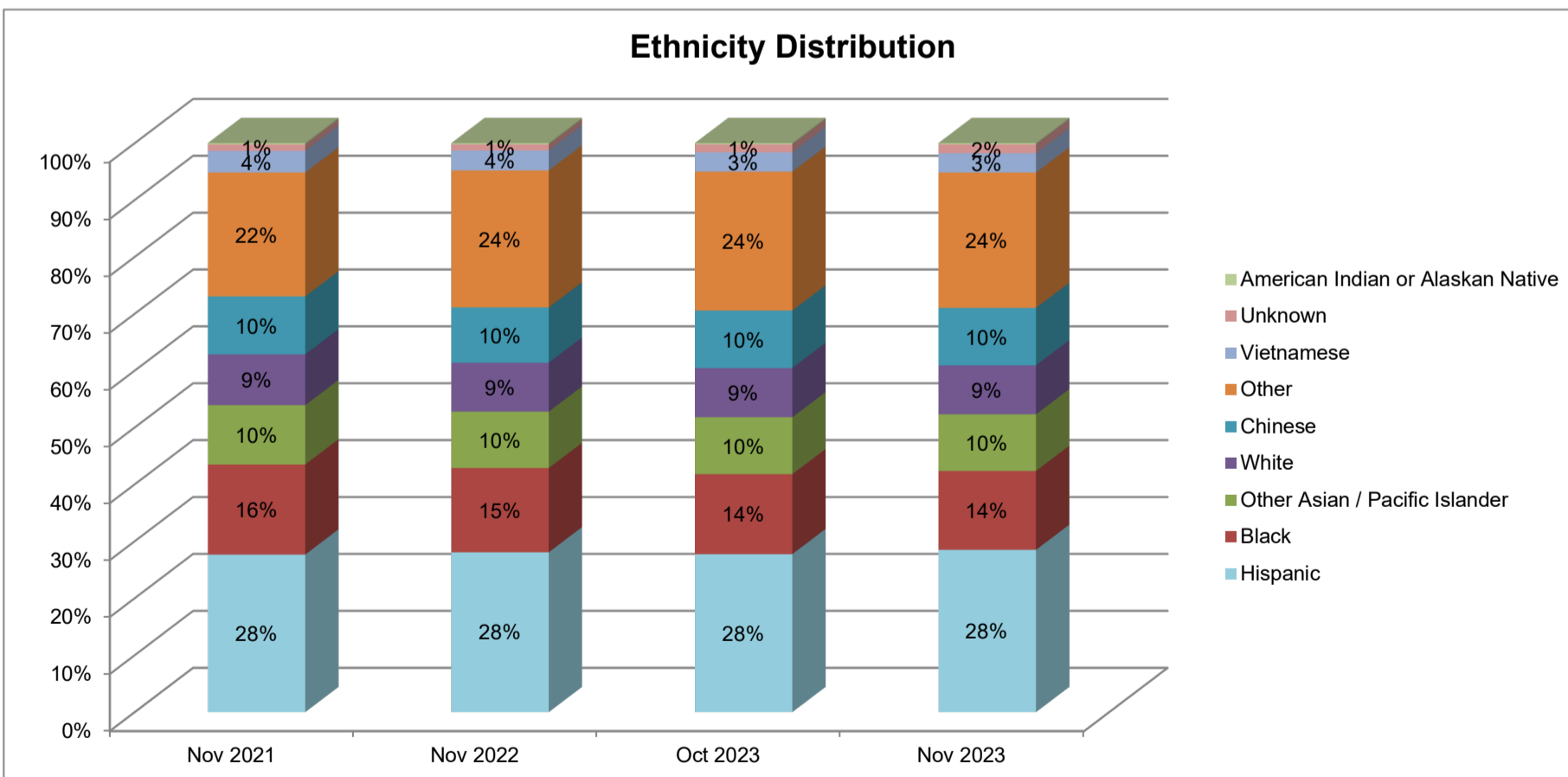


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend												
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
F	158,755	174,661	190,566	190,159	54%	54%	54%	54%	10%	9%	0%	
M	136,396	151,264	163,501	163,031	46%	46%	46%	46%	11%	8%	0%	
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%	



Ethnicity Trend												
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Hispanic	81,601	91,418	98,158	100,583	28%	28%	28%	28%	12%	10%	2%	
Black	46,720	48,247	49,717	48,956	16%	15%	14%	14%	3%	1%	-2%	
Other Asian / Pacific Islander	30,820	32,346	35,487	35,233	10%	10%	10%	10%	5%	9%	-1%	
White	26,352	28,029	30,637	30,364	9%	9%	9%	9%	6%	8%	-1%	
Chinese	30,070	31,699	35,807	35,686	10%	10%	10%	10%	5%	13%	0%	
Other	64,332	78,525	86,487	84,093	22%	24%	24%	24%	22%	7%	-3%	
Vietnamese	11,226	11,442	12,050	11,990	4%	4%	3%	3%	2%	5%	0%	
Unknown	3,399	3,526	4,980	5,553	1%	1%	1%	2%	4%	57%	12%	
American Indian or Alaskan Native	631	693	744	732	0%	0%	0%	0%	10%	6%	-2%	
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%	



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

Medi-Cal By City							
City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	133,506	38%	20,448	29,525	14,247	55,439	13,847
Hayward	54,529	16%	11,071	11,493	6,028	17,044	8,893
Fremont	32,757	9%	13,029	4,750	1,489	8,504	4,985
San Leandro	31,227	9%	6,714	4,272	3,514	11,241	5,486
Union City	14,516	4%	5,193	2,091	681	3,914	2,637
Alameda	13,482	4%	3,178	1,989	1,728	4,504	2,083
Berkeley	12,882	4%	2,953	1,507	1,332	5,234	1,856
Livermore	10,641	3%	1,652	536	1,794	4,833	1,826
Newark	8,264	2%	2,519	2,528	365	1,485	1,367
Castro Valley	8,805	3%	1,954	1,298	1,132	2,614	1,807
San Lorenzo	7,234	2%	1,328	1,231	672	2,596	1,407
Pleasanton	6,099	2%	1,440	331	541	2,753	1,034
Dublin	6,569	2%	1,560	380	657	2,844	1,128
Emeryville	2,424	1%	578	435	307	710	394
Albany	2,046	1%	386	182	366	709	403
Piedmont	439	0%	94	124	27	87	107
Sunol	73	0%	18	10	6	24	15
Antioch	65	0%	16	16	17	8	8
Other	2,110	1%	553	437	221	681	218
Total	347,668	100%	74,684	63,135	35,124	125,224	49,501

Group Care By City							
City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,764	32%	390	333	-	1,041	-
Hayward	629	11%	302	131	-	196	-
Fremont	598	11%	419	55	-	124	-
San Leandro	593	11%	241	81	-	271	-
Union City	304	5%	197	38	-	69	-
Alameda	284	5%	100	20	-	164	-
Berkeley	163	3%	50	12	-	101	-
Livermore	101	2%	31	3	-	67	-
Newark	133	2%	84	27	-	22	-
Castro Valley	195	3%	83	30	-	82	-
San Lorenzo	130	2%	43	17	-	70	-
Pleasanton	62	1%	21	3	-	38	-
Dublin	100	2%	35	7	-	58	-
Emeryville	34	1%	16	6	-	12	-
Albany	19	0%	8	1	-	10	-
Piedmont	10	0%	2	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	23	0%	7	5	-	11	-
Other	444	8%	159	66	-	219	-
Total	5,586	100%	2,188	835	-	2,563	-

Total By City							
City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	135,270	38%	20,838	29,858	14,247	56,480	13,847
Hayward	55,158	16%	11,373	11,624	6,028	17,240	8,893
Fremont	33,355	9%	13,448	4,805	1,489	8,628	4,985
San Leandro	31,820	9%	6,955	4,353	3,514	11,512	5,486
Union City	14,820	4%	5,390	2,129	681	3,983	2,637
Alameda	13,766	4%	3,278	2,009	1,728	4,668	2,083
Berkeley	13,045	4%	3,003	1,519	1,332	5,335	1,856
Livermore	10,742	3%	1,683	539	1,794	4,900	1,826
Newark	8,397	2%	2,603	2,555	365	1,507	1,367
Castro Valley	9,000	3%	2,037	1,328	1,132	2,696	1,807
San Lorenzo	7,364	2%	1,371	1,248	672	2,666	1,407
Pleasanton	6,161	2%	1,461	334	541	2,791	1,034
Dublin	6,669	2%	1,595	387	657	2,902	1,128
Emeryville	2,458	1%	594	441	307	722	394
Albany	2,065	1%	394	183	366	719	403
Piedmont	449	0%	96	124	27	95	107
Sunol	73	0%	18	10	6	24	15
Antioch	88	0%	23	21	17	19	8
Other	2,554	1%	712	503	221	900	218
Total	353,254	100%	76,872	63,970	35,124	127,787	49,501



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

Operations

Ruth Watson

To: Alameda Alliance for Health Board of Governors

From: Ruth Watson, Chief Operating Officer

Date: January 12th, 2024

Subject: Operations Report

Member Services

- 12-Month Trend Blended Summary:
 - The Member Services Department received a three percent (3%) increase in calls in December 2023, totaling 13,510 compared to 13,125 in December 2022. Call volume pre-pandemic in December 2019 was 14,149 which is four and a half percent (4.5%) greater than the current call volume.
 - The abandonment rate for December 2023 was four percent (4%), compared to twenty-six percent (26%) in December 2022.
 - The Department's service level was ninety-one percent (91%) in December 2023, compared to forty-three percent (43%) in December 2022. The Department continues to recruit to fill open positions. Customer Service support service vendor continues to provide overflow call center support.
 - The average talk time (ATT) was six minutes and forty-two seconds (06:42) for December 2023 compared to six minutes and fifty-five seconds (06:55) for December 2022.
 - Ninety-nine percent (99%) of calls were answered within 10 minutes for December 2023 compared to fifty-six (56%) in December 2022.
 - The top five call reasons for December 2023 were: 1). Eligibility/Enrollment, 2). Change of PCP, 3). Benefits, 4). Grievance/Appeals, 5). ID Card Requests. The top five call reasons for December 2022 were: 1). Change of PCP, 2). Kaiser, 3). Eligibility/Enrollment, 4). Benefits, 5). ID Card Requests.
 - December utilization for the member automated eligibility IVR system totaled eleven hundred forty-six (1,146) in December 2023 compared to two hundred eighty-eight (288) in December 2022.
 - The Department continues to service members via multiple communication channels (telephonic, email, online, web-based requests and in-person) while honoring the organization's policies. The Department responded to nine hundred sixteen (916) web-based requests in December 2023 compared to seven hundred ninety-three (793) in December 2022. The top three web reason requests for November 2023 were: 1). Change of PCP 2). ID Card Requests, 3). Update Contact Information. Twenty-five (25) members were assisted in-person in December 2023.

- Member Services Behavioral Health:
 - The Member Services Behavioral Health Unit received a total of seven hundred seventy-one (771) calls in December 2023.
 - The abandonment rate was five percent (5%).
 - The service level was ninety-two percent (92%).
 - Calls answered in 10 minutes were ninety-nine percent (99%)
 - The Average Talk Time (ATT) was ten minutes and thirty-six seconds (10:36). ATT are impacted by the DHCS requirements to complete a screening for all members initiating MH services for the first time.
 - Seven hundred and thirty-eight (738) outreach calls were made in December 2023.
 - One hundred thirty-one (131) screenings were completed in December 2023.
 - Thirty-five (35) referrals were made to the County (ACCESS) in December 2023.
 - Twelve (12) members were referred to Center Point for SUD services in December 2023.

Claims

- 12-Month Trend Summary:
 - The Claims Department received 215,246 claims in December 2023 compared to 177,828 in December 2022.
 - The Auto Adjudication was 83.2% in December 2023 compared to 81.3% in December 2022.
 - Claims compliance for the 30-day turn-around time was 90% in December 2023 compared to 98.6% in December 2022. The 45-day turn-around time was 99.9% in December 2023 compared to 99.9% in December 2022.
- Monthly Analysis:
 - In the month of December, we received a total of 215,246 claims in the HEALTHsuite system. This represents an decrease of 13.04% from November and is higher, by 37,418 claims, than the number of claims received in December 2022; the higher volume of received claims remains attributed to an increased membership.
 - We received 87.74% of claims via EDI and 12.26% of claims via paper.
 - During the month of December, 99.9% of our claims were processed within 45 working days.
 - The Auto Adjudication rate was 83.2% for the month of December.

Provider Services

- 12-Month Trend Summary:
 - The Provider Services department's call volume in December 2023 was 6,247 calls compared to 4,742 calls in December 2022.
 - Provider Services continuously works to achieve first call resolution and reduction of the abandonment rates. Efforts to promote provider satisfaction is our first priority.
 - The Provider Services department completed 217 calls/visits during December 2023.
 - The Provider Services department answered 4,530 calls for December 2023 and made 674 outbound calls.

Credentialing

- 12-Month Trend Summary:
 - At the Peer Review and Credentialing (PRCC) meeting held on December 19, 2023, there were one hundred and eleven (111) initial network providers approved; three (3) primary care providers, ten (10) specialists, twelve (12) ancillary providers, nine (9) midlevel providers, and seventy-seven (77) behavioral health providers. Additionally, thirty-one (31) providers were re-credentialed at this meeting; twelve (12) primary care providers, eleven (11) specialists, one (1) ancillary providers, and seven (7) midlevel providers.
 - Please refer to the Credentialing charts and graphs located in the Operations supporting documentation for more information.

Provider Dispute Resolution

- 12-Month Trend Summary:
 - In December 2023, the Provider Dispute Resolution (PDR) team received 1,642 PDRs versus 986 in December 2022.
 - The PDR team resolved 1,040 cases in December 2023 compared to 787 cases in December 2022.
 - In December 2023, the PDR team upheld 68% of cases versus 68% in December 2022.
 - The PDR team resolved 100% of cases within the compliance standard of 95% within 45 working days in December 2023 compared to 100% in December 2022.

- Monthly Analysis:
 - AAH received 1,642 PDRs in December 2023.
 - In the month of December 1,040 PDRs were resolved. Out of the 1,040 PDRs, 709 were upheld and 331 were overturned.
 - The overturn rate for PDRs was 32%, which did not meet our goal of 25% or less.
 - Below is a breakdown of the various causes for the 331 overturned PDRs. Please note that there were two primary areas that caused the Department to miss their goal of 25% or less. The first was a larger than normal volume of overturns due to the Member OHC corrections. With 63 cases that had been denied incorrectly. The second was a large volume of Mental Health claims paid at incorrect rates. These two volumes are the primary reasons for the overturned PDRs this month stopped us from achieving the goal of 25% or less.
 - System Related Issues 13% (42 cases):
 - 39 cases: General configuration issues, like Not Covered, Modifier, Eligibility, Delegated. (12%)
 - 3 cases: CES (1%)
 - OHC Related Issues 19% (63 cases)
 - 63 cases: OHC Member TPL data, incorrect primary EOB not matching, incorrect manual entry. (19%)
 - Authorization Related Issues 20% (66 cases):
 - 26 cases: Processor errors when auth on file. (8%)
 - 34 cases: System (10%)
 - 6 cases: Um review (2%)
 - Additional Documentation Provided 7% (23 cases):
 - 13 cases: Duplicate claim documentation that allows for claims to be adjusted. (4%)
 - 10 cases: Timely Filing (3%)
 - Incorrect Rates 27% (90 cases)
 - 33 cases: System/LOA (10%)
 - 57 cases: Mental Health (17%)
 - Claim Processing Errors 14% (47 cases)
 - 24 cases: Duplicate (7%)
 - 23 cases: Various Processor errors. (7%)
 - 1,040 out of 1,040 cases were resolved within 45 working days resulting in a 100% compliance rate.
 - The average turnaround time for resolving PDRs in December was 45 days.
 - There were 2,491 PDRs pending resolution as of 12/31/2023; with no cases older than 45 working days.

Community Relations and Outreach

The 2023 Year in Review Report:

1. Alliance Member Connect Newsletter:

- In 2023, the Alliance published the Summer/Fall 2023 Alliance Member Connect Newsletter in our threshold languages: English, Spanish, Chinese, Vietnamese, Tagalog, and Arabic.
- On average more than 162,056 copies of each publication were and will be disseminated to member households to reach more than 354,000 members, and the publications were made available on the Alliance website.
- Please see attached **Addendum A**.

2. Provider Pulse Newsletter:

- In 2023, the Alliance published a Summer/Fall 2023 Provider Pulse Newsletter.
- The newsletter was published on the Alliance website and emailed to more the 300 Alliance providers in October 2023.
- Please see attached **Addendum B**.

3. Multi-Media Print, Radio, and TV Ads:

- In 2023, the Alliance published 23 print, billboard, bus, BART, and public service announcement (PSA) ethnic Radio and TV ads for more than 16 million impressions. These efforts support access to care and services in our community.
- Please see attached **Addendum C**.

4. Outreach:

- 12-Month Trend Summary:
 - The C&O Department reached 5,906 people (55% identified as Alliance members) during outreach activities.
 - The C&O Department spent a total of \$6,522.20 in donations, fees, and/or sponsorships.
 - The C&O Department reached members in more than 27 cities/unincorporated areas throughout Alameda County, Bay Area, and the United States.
- Quarterly Analysis:
 - In Q2 2022, the C&O Department completed 352 member orientations by phone, 5 community outreach events, and 170 website inquiries.
 - Among the 569 people reached, 82% identified as Alliance members.
 - In Q2 2022, the C&O Department reached members in 18 cities / unincorporated areas throughout Alameda County, Bay Area, and the United States.
- Please see attached **Addendum D**.

5. Social Media and Website Engagement

- In 2023, the Alliance website received 89,000 unique visits and 89,000 new user visits. The top 10 website page visits were as follows:
 - i. Homepage
 - ii. Providers
 - iii. Find a Doctor
 - iv. Medi-Cal Benefits and Covered Services
 - v. Careers
 - vi. Contact Us
 - vii. Medi-Cal
 - viii. Members
 - ix. Get a New ID Card
 - x. About Us
- The Alliance Glassdoor page had a 3.0 out of 5-star overall rating and received four (4) crowdsourced Glassdoor Reviews.
- The Alliance Facebook page had 162 original posts and increased page likes to 628.
- The Alliance Instagram page debuted in June 2021, had 208 original posts, and increased to 483 followers.
- The Alliance Twitter page had 322 tweets and increased followers to 358.
- The Alliance LinkedIn page had 164 posts and increased to 4.7K followers.
- The Alliance Yelp page appeared in 1,342 Yelp searches and received three (3) crowdsourced reviews.
- The Alliance Google page had 21,698 business profile interactions and received nine (9) crowdsourced reviews.
- Please see attached **Addendum E**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	December 2023
Incoming Calls (R/V)	13,510
Abandoned Rate (R/V)	4%
Answered Calls (R/V)	14,379
Average Speed to Answer (ASA)	00:23
Calls Answered in 30 Seconds (R/V)	91%
Average Talk Time (ATT)	06:42
Calls Answered in 10 minutes	99%
Outbound Calls	4,504

Top 5 Call Reasons (Medi-Cal and Group Care) December 2023
Eligibility/Enrollment
Change of PCP
Benefits
Grievances/Appeals
Provider Network Info

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

Claims Department
November 2023 Final and December 2023 Final

METRICS

Claims Compliance

Nov-23

Dec-23

90% of clean claims processed within 30 calendar days

94.0%

90.0%

95% of all claims processed within 45 working days

99.9%

99.9%

Claims Volume (Received)

Nov-23

Dec-23

Paper claims

30,257

26,388

EDI claims

217,280

188,858

Claim Volume Total

247,537

215,246

Percentage of Claims Volume by Submission Method

Nov-23

Dec-23

% Paper

12.22%

12.26%

% EDI

87.78%

87.74%

Claims Processed

Nov-23

Dec-23

HEALTHsuite Paid (original claims)

198,196

156,463

HEALTHsuite Denied (original claims)

74,102

58,648

HEALTHsuite Original Claims Sub-Total

272,298

215,111

HEALTHsuite Adjustments

10,772

8,773

HEALTHsuite Total

283,070

223,884

Claims Expense

Nov-23

Dec-23

Medical Claims Paid

\$98,752,649

\$83,516,690

Interest Paid

\$44,980

\$40,964

Auto Adjudication

Nov-23

Dec-23

Claims Auto Adjudicated

225,804

215,111

% Auto Adjudicated

82.9%

83.2%

Average Days from Receipt to Payment

Nov-23

Dec-23

HEALTHsuite

14

14

Pended Claim Age

Nov-23

Dec-23

0-29 calendar days

30,590

31,758

HEALTHsuite

30-59 calendar days

2,681

7,971

HEALTHsuite

Over 60 calendar days

5

5

HEALTHsuite

Overall Denial Rate

Nov-23

Dec-23

Claims denied in HEALTHsuite

74,102

58,648

% Denied

26.2%

26.2%

**Claims Department
November 2023 Final and December 2023 Final**

Dec-23

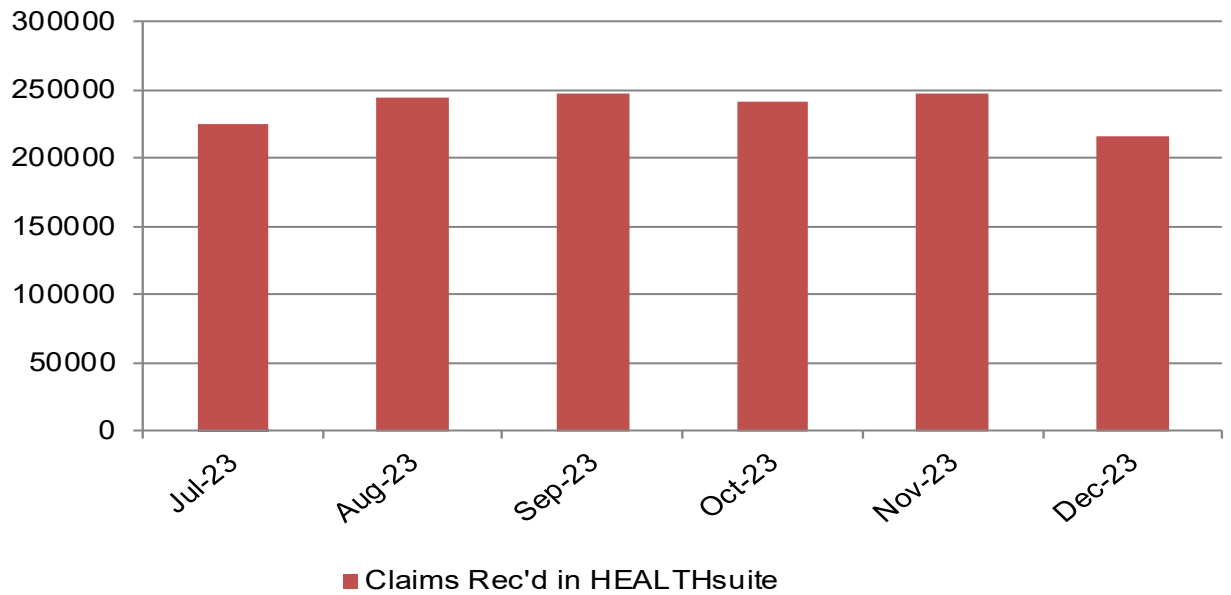
Top 5 HEALTHsuite Denial Reasons

% of all denials

Responsibility of Provider	24%
No Benefits Found For Dates of Service	16%
Duplicate Claims	10%
Non-Covered Benefit For This Plan	10%
Must Submit Paper Claim With Copy of Primary Payor EOB	6%
% Total of all denials	66%

Claims Received By Month

Run Date	8/1/2023	9/1/2023	10/1/2023	11/1/2023	12/1/2023	1/1/2024
Claims Received Through	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Claims Rec'd in HEALTHsuite	224,540	244,907	247,423	241,298	247,537	215,246



Claims Year Over Year Summary

Monthly Results	Regulatory Requirement	AAH Goal
Claims Compliance - comparing December 2023 to December 2022 as follows: 30 Days - 90.0% (2023) vs 98.6% (2022) 45 Days - 99.9% (2023) vs 99.9% (2022) 90 Days - 99.9% (2023) vs 99.9% (2022)	90% of clean claims in 30 calendar days 95% of all claims in 45 working days 99% of all claims in 90 calendar days	90% of clean claims in 30 calendar days 95% of all claims in 45 working days 99% of all claims in 90 calendar days
Claims Received - AAH received 215,246 claims in December 2023 vs 177,828 in December 2022.	N/A	N/A
EDI - the volume of EDI submissions remains consistent from month to month at ~77% - 87%.	N/A	N/A
Original Claims Processed - AAH processed 215,111 in December 2023 (21 working days) vs 148,403 in December 2022 (20 working days).	N/A	N/A
Medical Claims Expense - the amount of paid claims in December 2023 was \$83,516,690 (4 check runs) vs \$50,232,634 in December 2022 (4 check runs).	N/A	N/A
Interest Expense - the amount of interest paid in December 2023 was \$40,964 vs \$25,498 in December 2022.	N/A	< \$496,000 per fiscal year or \$30,000 per month
Auto Adjudication - the AAH rate in December 2023 was 83.2% vs 81.3% in December 2022.	N/A	70% or higher
Average Days from Receipt to Payment - the average # of days from receipt to payment in December 2023 was 14 days vs 18 days in December 2022.	N/A	<= 25 days

Claims Year Over Year Summary

Monthly Results	Regulatory Requirement	AAH Goal
Pended Claim Age - comparing December 2023 to December 2022 as follows: 0-30 calendar days - 31,758 (2023) vs 10,805 (2022) 30-59 calendar days - 7,971 (2023) vs 187 (2022) Over 60 calendar days - 5 (2023) vs 0 (2022)	N/A	N/A
Top 5 Denial Reasons - the claim denial reasons remain consistent from month to month so there is no significant changes to report from December 2023 to December 2022.	N/A	N/A

Provider Relations Dashboard December 2023

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (PR)	5588	5936	6283	6245	8056	8013	9623	9661	8313	7199	6877	6247
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029	2288	1717
Answered Calls (PR)	3890	4032	4726	4437	4462	4415	3642	4659	4421	5170	4589	4530
Recordings/Voicemails	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming Calls (R/V)	1231	953	986	849	1611	1883	3601	758	1201	332	270	912
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611	1883	3601	758	1201	332	270	912
Outbound Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Outbound Calls	741	758	910	855	904	828	700	965	823	790	758	674
N/A												
Outbound Calls	741	758	910	855	904	828	700	965	823	790	758	674
Totals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Incoming, R/V, Outbound Calls	7560	7647	8179	7949	10568	10724	13924	11384	10337	8321	7905	7833
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029	2288	1717
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974	7126	7943	6382	6445	6292	5617	6116

Provider Relations Dashboard December 2023

Call Reasons (Medi-Cal and Group Care)

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Authorizations	5.3%	4.8%	5.3%	5.3%	5.9%	5.8%	4.4%	4.2%	4.1%	5.5%	4.6%	5.0%
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%	5.1%	4.4%	4.7%	3.4%	4.3%	3.9%	2.5%
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%	49.5%	51.9%	52.7%	54.0%	47.8%	46.7%	49.7%
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%	3.1%	2.3%	2.8%	2.8%	3.0%	3.9%	2.8%
Complaint/Grievance (includes PDR's)	2.9%	1.7%	2.9%	3.4%	3.4%	3.6%	2.8%	4.4%	5.1%	5.7%	5.9%	5.2%
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	1.2%	1.1%	1.2%	1.0%	0.8%	0.9%
Demographic Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Eligibility - Call from Provider	19.4%	20.6%	17.2%	15.7%	14.3%	13.2%	15.0%	13.1%	13.1%	15.8%	16.7%	16.1%
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%	0.1%	0.0%	4.5%	5.1%	0.0%	0.1%	5.3%
General Inquiry/Non member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%	0.6%	0.4%	0.4%	0.6%	1.1%	0.4%	0.6%
Kaiser	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Member bill	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%	4.2%	3.8%	4.6%	3.5%	3.8%	3.9%	3.7%
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%	0.5%	0.4%	0.5%	0.5%	0.6%
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%
Transferred Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
All Other Calls	12.2%	14.0%	14.7%	12.4%	11.2%	13.3%	13.1%	6.4%	6.1%	11.2%	12.1%	7.4%
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%

Field Visit Activity Details

Alliance Provider Relations Staff	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Claims Issues	30	28	47	42	64	17	28	14	42	39	43	2
Contracting/Credentialing	29	18	34	31	28	27	24	5	15	19	28	7
Drop-ins	142	96	100	107	161	90	115	54	33	38	38	21
JOM's	0	2	2	1	4	2	2	3	2	3	2	2
New Provider Orientation	0	20	32	703	89	70	85	72	0	93	191	185
Quarterly Visits	0	0	0	0	0	0	0	0	0	1	0	0
UM Issues	13	18	0	9	3	3	0	0	4	3	5	0
Total Field Visits	214	182	215	893	349	209	254	148	96	196	307	217

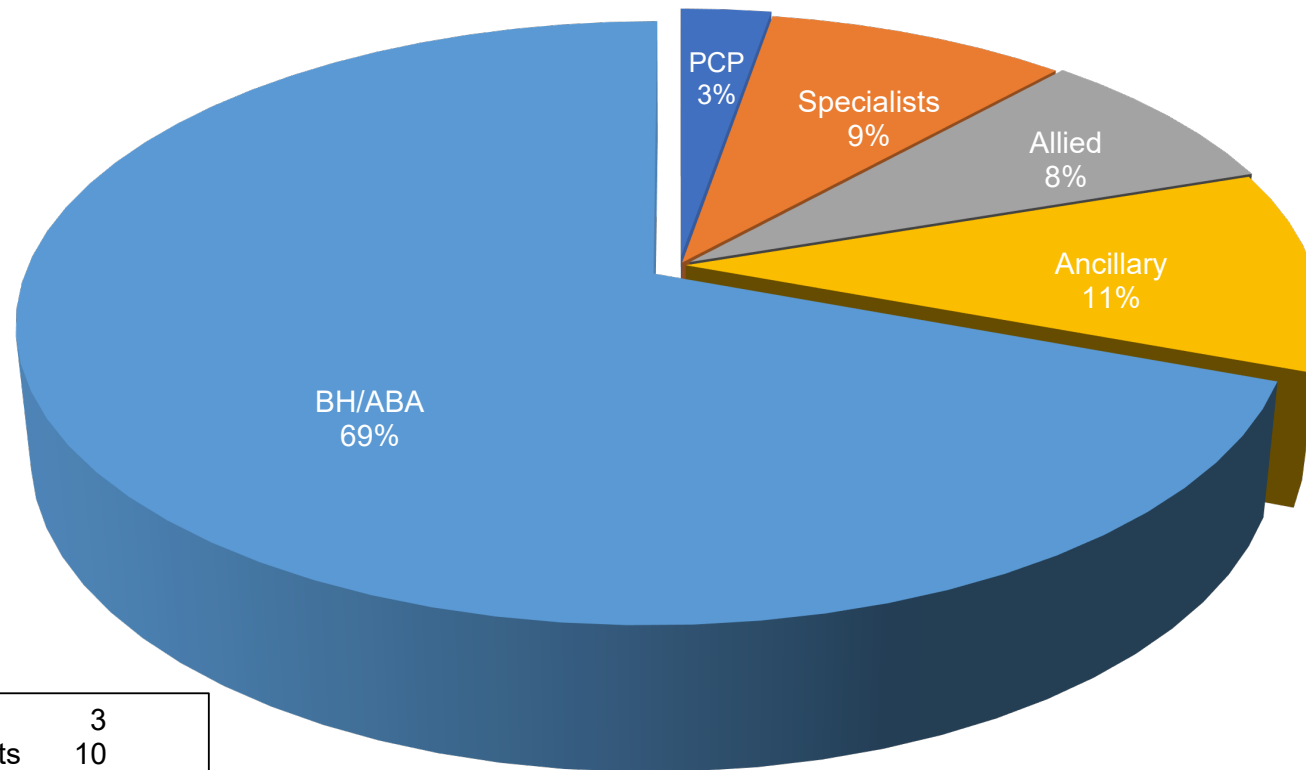
ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALLED PRACTITIONERS						
Practitioners		BH/ABA 1439	AHP 502	PCP 371	SPEC 696	PCP/SPEC 12
AAH/AHS/CHCN Breakdown			AAH 1827	AHS 261	CHCN 561	COMBINATION OF GROUPS 371
Facilities	403					
VENDOR SUMMARY						
Credentialing Verification Organization, Symply CVO						
	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant	
Initial Files in Process	261	28	25	Y	Y	
Recred Files in Process	141	61	25	Y	Y	
Expirables updated						
Insurance, License, DEA, Board Certifications						Y
Files currently in process	402					
CAQH Applications Processed in December 2023						
Standard Providers and Allied Health		Invoice not received				
December 2023 Peer Review and Credentialing Committee Approvals						
Initial Credentialing	Number					
PCP	3					
SPEC	10					
ANCILLARY	12					
MIDLEVEL/AHP	9					
BH/ABA	77					
	111					
Recredentialing						
PCP	12					
SPEC	11					
ANCILLARY	1					
MIDLEVEL/AHP	7					
	31					
TOTAL	142					
December 2023 Facility Approvals						
Initial Credentialing	14					
Recredentialing	10					
	24					
Facility Files in Process	53					
December 2023 Employee Metrics						
	5					
File Processing	Timely processing within 3 days of receipt			Y		
Credentialing Accuracy	<3% error rate			Y		
DHCS, DMHC, CMS, NCQA Compliant	98%			Y		
MBC Monitoring	Timely processing within 3 days of receipt			Y		

LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CRED	CRED DATE
Agrawal	Harsh	Specialist	INITIAL	12/19/2023
Akimov	Amanda	Ancillary	INITIAL	12/19/2023
Allen	Aleisha	Ancillary	INITIAL	12/19/2023
Arambulo	Maria Flordeliz	Specialist	INITIAL	12/19/2023
Barton	Kathryn	BH	INITIAL	12/19/2023
Bass	Jessica	BH	INITIAL	12/19/2023
Berry	Ashley	BH -Telehealth	INITIAL	12/19/2023
Brenes	Jennifer	BH -Telehealth	INITIAL	12/19/2023
Calzada	Clarissa	Ancillary	INITIAL	12/19/2023
Champ-Trapp	Faith	ABA - Telehealth	INITIAL	12/19/2023
Chua	Wilma	ABA	INITIAL	12/19/2023
Colston	Tashiana	BH	INITIAL	12/19/2023
Colvin	Lucy	BH	INITIAL	12/19/2023
Danis	Noelle	BH -Telehealth	INITIAL	12/19/2023
Davidson	Brooke	BH -Telehealth	INITIAL	12/19/2023
Dembar	Alexandra	Primary Care Physician	INITIAL	12/19/2023
Desai	Alisha	Ancillary	INITIAL	12/19/2023
Dey	Joel	BH -Telehealth	INITIAL	12/19/2023
Diaz	Porscha	BH	INITIAL	12/19/2023
Downey	Michele	BH -Telehealth	INITIAL	12/19/2023
Drury	Steven	BH	INITIAL	12/19/2023
Falls	Brian	BH -Telehealth	INITIAL	12/19/2023
Felten	Carla	BH -Telehealth	INITIAL	12/19/2023
Finn	Mitch	BH	INITIAL	12/19/2023
Frieling	Olivia	Ancillary	INITIAL	12/19/2023
Garcia	Bryant	Ancillary	INITIAL	12/19/2023
Grant	Philip	ABA - Telehealth	INITIAL	12/19/2023
Grillo	Corinne	ABA - Telehealth	INITIAL	12/19/2023
Gross	Heather	Ancillary	INITIAL	12/19/2023
Hanachi	Maryam	ABA - Telehealth	INITIAL	12/19/2023
Hernandez	Alexandra	ABA - Telehealth	INITIAL	12/19/2023
Hughes	Elizabeth	ABA - Telehealth	INITIAL	12/19/2023
Hui	Tim	BH	INITIAL	12/19/2023
Ibrahimi	Waheed	Primary Care Physician	INITIAL	12/19/2023
Im-Giuffrida	Melissa	Allied Health	INITIAL	12/19/2023
Joynt	Claire	ABA - Telehealth	INITIAL	12/19/2023
Kearns	Meaghan	Ancillary	INITIAL	12/19/2023
Kehoe-Jergens	Susan	BH -Telehealth	INITIAL	12/19/2023
Klein	Aileen	BH	INITIAL	12/19/2023
Lambert	Emily	ABA	INITIAL	12/19/2023
Lara	Linda	BH	INITIAL	12/19/2023
Lashinski	Angela	ABA - Telehealth	INITIAL	12/19/2023
Lewis	Janet	BH -Telehealth	INITIAL	12/19/2023
Li	Becky	Specialist	INITIAL	12/19/2023
Liang	Amy	Specialist	INITIAL	12/19/2023
Liao	Hsiuchen	BH -Telehealth	INITIAL	12/19/2023
Lin	Chung-Kuang	Primary Care Physician	INITIAL	12/19/2023
Liu	Yingna	Specialist	INITIAL	12/19/2023
Lofthouse	William	BH	INITIAL	12/19/2023
Lomeli	Osvaldo	BH -Telehealth	INITIAL	12/19/2023
Louis	Tamara	BH -Telehealth	INITIAL	12/19/2023
Lughmani	Rashda	ABA - Telehealth	INITIAL	12/19/2023
Lyman	Madeline	BH	INITIAL	12/19/2023
Magdaleno	Lisa	BH	INITIAL	12/19/2012
Malewski	Kellie	BH -Telehealth	INITIAL	12/19/2023
Mangahas	Angelmarie	Allied Health	INITIAL	12/19/2023

Marcaida	Noel	ABA	INITIAL	12/19/2023
Medina-Claudio	Brenda	BH	INITIAL	12/19/2023
Menjivar	Suzy	Allied Health	INITIAL	12/19/2023
Meraz	Jaqueline	BH	INITIAL	12/19/2023
Metz	Craig	BH	INITIAL	12/19/2023
Miller	Jennifer	BH -Telehealth	INITIAL	12/19/2023
Monterola	Jessica	Ancillary	INITIAL	12/19/2023
Morowei	Kimberly	BH	INITIAL	12/19/2023
Moseman	Melissa	ABA	INITIAL	12/19/2023
Nenninger	Eileen	Specialist	INITIAL	12/19/2023
Nguyen	Trang	Allied Health	INITIAL	12/19/2023
Nieto	Paola	ABA	INITIAL	12/19/2023
Nijhara	Kushagra	BH	INITIAL	12/19/2023
Patterson	Jennifer	ABA	INITIAL	12/19/2023
Pham	Angela	ABA	INITIAL	12/19/2023
Pineda-Miranda	Claudia	BH -Telehealth	INITIAL	12/19/2023
Quail	Brittany	BH -Telehealth	INITIAL	12/19/2023
Quiambao	Stephanie	ABA	INITIAL	12/19/2023
Quilligan	Christi	Ancillary	INITIAL	12/19/2023
Ragins	Kyle	BH -Telehealth	INITIAL	12/19/2023
Richhariya	Anshu	ABA	INITIAL	12/19/2023
Rivera	Christine	BH -Telehealth	INITIAL	12/19/2023
Rowland	Julie	ABA - Telehealth	INITIAL	12/19/2023
Rowson	Kali	BH	INITIAL	12/19/2023
Saez	Christina	ABA	INITIAL	12/19/2023
Saha	Sujata	BH -Telehealth	INITIAL	12/19/2023
Sandhu	Natasha	ABA	INITIAL	12/19/2023
Shen	Richard	Specialist	INITIAL	12/19/2023
Shih	Lily	ABA - Telehealth	INITIAL	12/19/2023
Sim	Sophorn	ABA	INITIAL	12/19/2023
Simmons	Rachael	ABA	INITIAL	12/19/2023
Smartt	Onaje	BH	INITIAL	12/19/2023
Stauffer	Kelsey	Ancillary	INITIAL	12/19/2023
Strang	JoAnn	Allied Health	INITIAL	12/19/2023
Swan	Matthew	BH	INITIAL	12/19/2023
Tamashiro	Melissa	ABA - Telehealth	INITIAL	12/19/2023
Tan	Edward	BH	INITIAL	12/19/2023
Thomas	Cathleen	Ancillary	INITIAL	12/19/2023
Thomas	Jeffrey	Specialist	INITIAL	12/19/2023
Upadhyaya	Aparna	Allied Health	INITIAL	12/19/2023
Uranwala	Roshan	Allied Health	INITIAL	12/19/2023
Vang	Pahnia	Allied Health	INITIAL	12/19/2023
Vasquez-Gutierrez	Robyn	ABA - Telehealth	INITIAL	12/19/2023
Villar	Monica	BH -Telehealth	INITIAL	12/19/2023
Waasdorp	Susan	BH -Telehealth	INITIAL	12/19/2023
Wallace	Katherine	BH -Telehealth	INITIAL	12/19/2023
Wehrenberg	Serenity	BH	INITIAL	12/19/2023
Wise	Shauna	Allied Health	INITIAL	12/19/2023
Wolfe	Justin	BH	INITIAL	12/19/2023
Wray	Lindsay	BH -Telehealth	INITIAL	12/19/2023
Yeh	James	Specialist	INITIAL	12/19/2023
Zelig	Sima	BH	INITIAL	12/19/2023
Zhao	Yue	Specialist	INITIAL	12/19/2023
Zora	Amy	ABA - Telehealth	INITIAL	12/19/2023
Zygmunt	Joanna	BH	INITIAL	12/19/2023
Agrawal	Priya	Specialist	RE-CRED	12/19/2023
Ahuja	Rajiv	Primary Care Physician	RE-CRED	12/19/2023
Benzwi	Barbara	Primary Care Physician	RE-CRED	12/19/2023

Chan	Clayton	Primary Care Physician	RE-CRED	12/19/2023
Cho	Reena	Allied Health	RE-CRED	12/19/2023
Cohen	Arielle	Allied Health	RE-CRED	12/19/2023
Coy-Chang	Ana	Allied Health	RE-CRED	12/19/2023
Cunningham	Emmett	Specialist	RE-CRED	12/19/2023
Curtis	Natalie	Primary Care Physician	RE-CRED	12/19/2023
Cutino	Amy	Allied Health	RE-CRED	12/19/2023
De Unamuno	Melissa	Ancillary	RE-CRED	12/19/2023
Dickey	Jan	Primary Care Physician	RE-CRED	12/19/2023
Ferguson	Rollington	Specialist	RE-CRED	12/19/2023
Friedman	Lily	Primary Care Physician	RE-CRED	12/19/2023
Gacote	Apolinar	Primary Care Physician	RE-CRED	12/19/2023
Guh	Emily	Primary Care Physician	RE-CRED	12/19/2023
Herscu	Gabriel	Specialist	RE-CRED	12/19/2023
Jackson	Camille	Specialist	RE-CRED	12/19/2023
Landau	Claudia	Primary Care Physician and Specialist	RE-CRED	12/19/2023
Ludmer	Paul	Specialist	RE-CRED	12/19/2023
Luo	Caesar	Specialist	RE-CRED	12/19/2023
Moghaddam	Amennah	Allied Health	RE-CRED	12/19/2023
Romero	Denise	Specialist	RE-CRED	12/19/2023
Sandhu	Ajit	Primary Care Physician	RE-CRED	12/19/2023
Schiff	Carrie	Allied Health	RE-CRED	12/19/2023
Silva	Suzanne	Allied Health	RE-CRED	12/19/2023
Swamy	Uma	Specialist	RE-CRED	12/19/2023
Wells	Eric	Primary Care Physician	RE-CRED	12/19/2023
Williams	Danielle	Primary Care Physician	RE-CRED	12/19/2023
Wood	William	Specialist	RE-CRED	12/19/2023
Zeme	Mark	Specialist	RE-CRED	12/19/2023

DECEMBER PEER REVIEW AND CREDENTIALING INITIAL APPROVALS BY SPECIALTY



PCP	3
Specialists	10
Allied Health	9
Ancillary	12
BH/ABA	77
Total	111

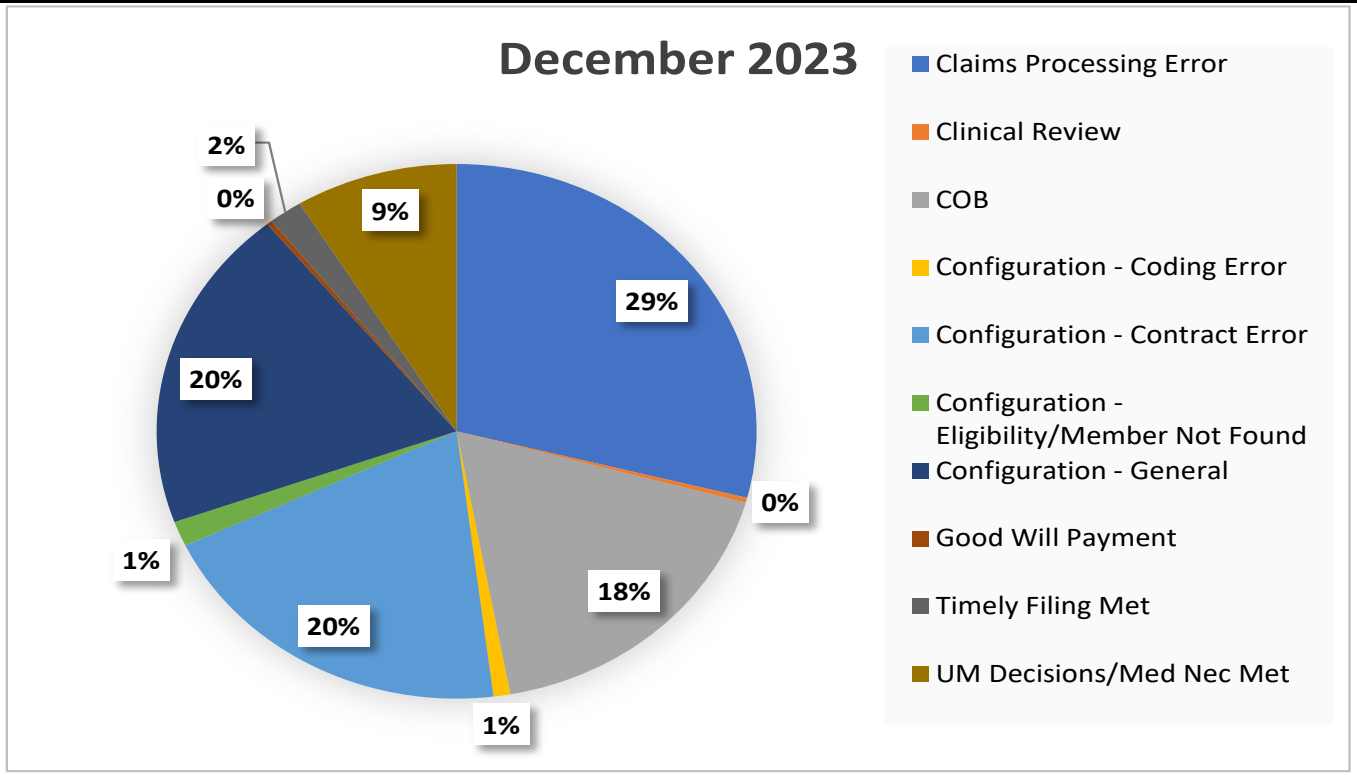
**Provider Dispute Resolution
November 2023 and December 2023**

METRICS		
PDR Compliance	Nov-23	Dec-23
# of PDRs Resolved	2,028	1,040
# Resolved Within 45 Working Days	2,027	1,040
% of PDRs Resolved Within 45 Working Days	100.0%	100.0%
PDRs Received	Nov-23	Dec-23
# of PDRs Received	1,276	1,642
PDR Volume Total	1,276	1,642
PDRs Resolved	Nov-23	Dec-23
# of PDRs Upheld	1,552	709
% of PDRs Upheld	77%	68%
# of PDRs Overturned	476	331
% of PDRs Overturned	23%	32%
Total # of PDRs Resolved	2,028	1,040
Average Turnaround Time	Nov-23	Dec-23
Average # of Days to Resolve PDRs	36	41
Oldest Unresolved PDR in Days	50	45
Unresolved PDR Age	Nov-23	Dec-23
0-45 Working Days	2,432	2,491
Over 45 Working Days	0	0
Total # of Unresolved PDRs	2,432	2,491

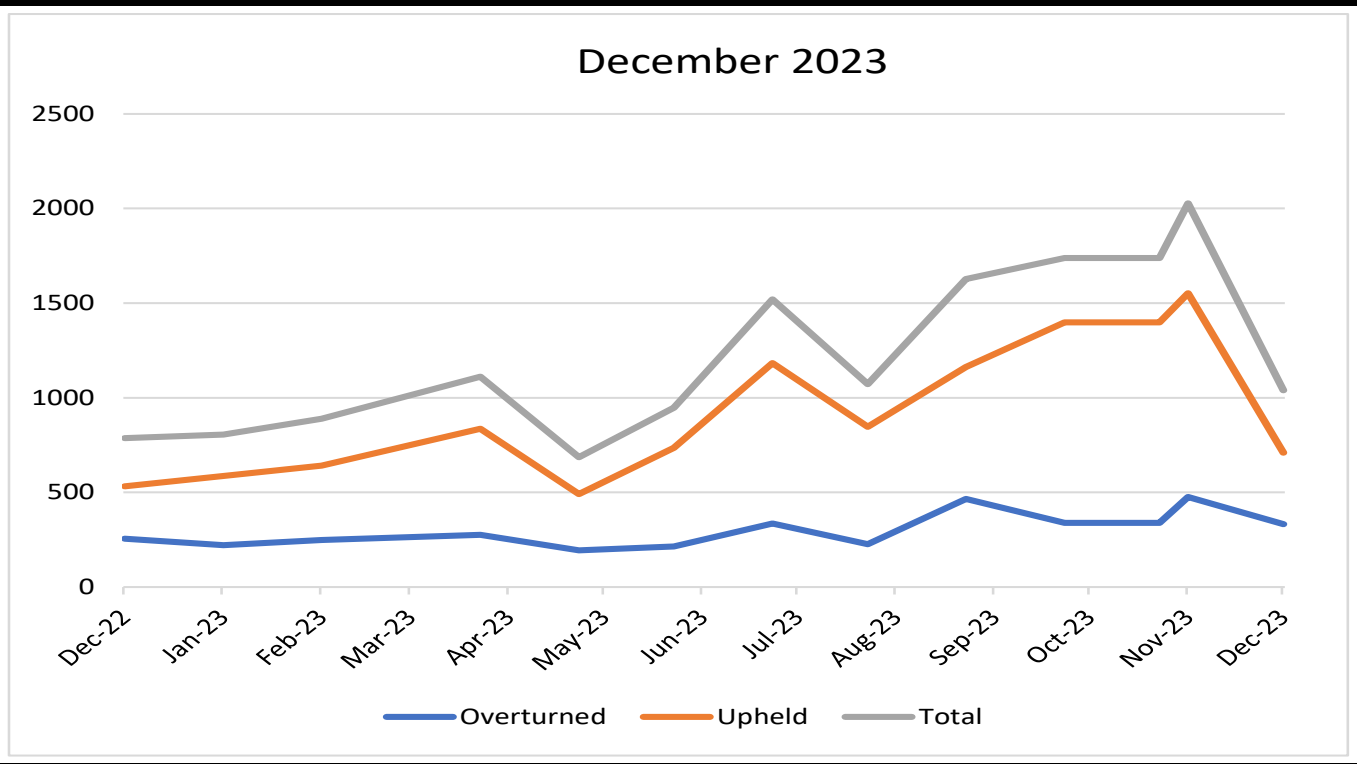
Provider Dispute Resolution November 2023 and December 2023

Dec-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



Provider Dispute Resolution Year Over Year Summary

Monthly Results	Regulatory Requirements	AAH Goal
# of PDRs Resolved 1040 in December 2023 vs 787 in December 2022	N/A	N/A
# of PDRs Received 1642 in December 2023 vs 986 in December 2022	N/A	N/A
# of PDRs Resolved within 45 working days 1040 in December 2023 vs 787 in December 2022	N/A	N/A
% of PDRs Resolved within 45 working days 100% in December 2023 vs 100% in December 2022	95%	95%
Average # of Days to Resolve PDRs 41 days in December 2023 vs 25 days in December 2022	N/A	30
Oldest Unresolved PDR in Days 45 days in December 2023 vs 44 days December 2022	N/A	N/A
# of PDRs Upheld 709 in December 2023 vs 532 in December 2022	N/A	N/A
% of PDRs Upheld -68% in December 2023 vs 68% in December 2022	N/A	> 75%
# of PDRs Overturned - 331 in December 2023 vs 255 in December 2022	N/A	N/A

Provider Dispute Resolution Year Over Year Summary

Monthly Results	Regulatory Requirements	AAH Goal
% of PDRs Overturned - 32% in December 2023 vs 32% in December 2022	N/A	< 25%
PDR Overturn Reasons: Claims processing errors -29% (2023) vs 48% (2022) Configuration errors - 42% (2023) vs 37% (2022) COB -18% (2023) vs 10% (2022) Clinical Review/UM Decisions/Medical Necessity Met 9% (2023) vs 10% (2022)	N/A	N/A

The Alliance Communications and Outreach (C&O) Department created the social media and website activity (SM&WA) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between **December 1, 2023**, and **December 31, 2023**:

1. Alliance Website:
 - Received **11,000** unique visits
 - Received **9,300** new user visits
 - The top **10** website page visits were:
 - i. Homepage
 - ii. Provider Page
 - iii. Find a Doctor
 - iv. Medi-Cal Benefits and Services
 - v. Careers
 - vi. Contact Us
 - vii. Members Medi-Cal
 - viii. Members
 - ix. Get a New ID Card
 - x. About Us
2. Facebook Page:
 - Maintained Fans at **628**
 - Did not receive any reviews in **December 2023**
3. Glassdoor Page:
 - **3** out of a **5-star** overall rating
 - Did not receive any reviews in **December 2023**
4. Instagram Page:
 - Page debuted **June 10, 2021**
 - Slight increase in followers from **475** to **483**
5. Twitter Page:
 - Slight increase in followers from **357** to **358**
6. LinkedIn Page:
 - Maintained followers at **4.7k**
 - Received **150**-page clicks
7. Yelp Page:
 - Page visits **63**
 - Appeared in Yelp searches **76** times
 - Received **2** reviews in **December 2023**
8. Google Page:
 - **3,914** website clicks made from the business profile
 - **1,242** calls made from the business profile
 - Received **3** reviews in **December 2023**

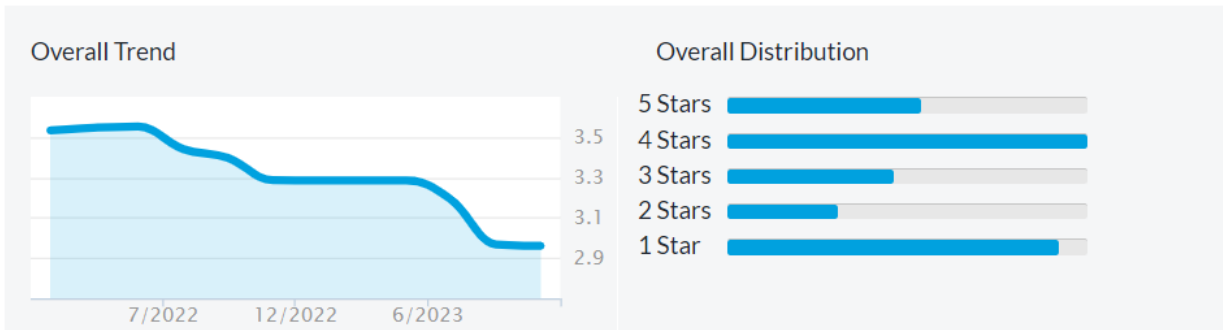
GLASSDOOR OVERVIEW

Alameda Alliance for Health Ratings and Trends

About Glassdoor ratings

Ratings may vary depending on what filters are applied, but ratings include reviews in all languages. [Learn More](#)

Overall	★ ★ ★ ★ ★	3
Culture & Values	★ ★ ★ ★ ★	2.9
Diversity & Inclusion	★ ★ ★ ★ ★	3.5
Work/Life Balance	★ ★ ★ ★ ★	3.1
Senior Management	★ ★ ★ ★ ★	2.5
Compensation and Benefits	★ ★ ★ ★ ★	3.8
Career Opportunities	★ ★ ★ ★ ★	2.8



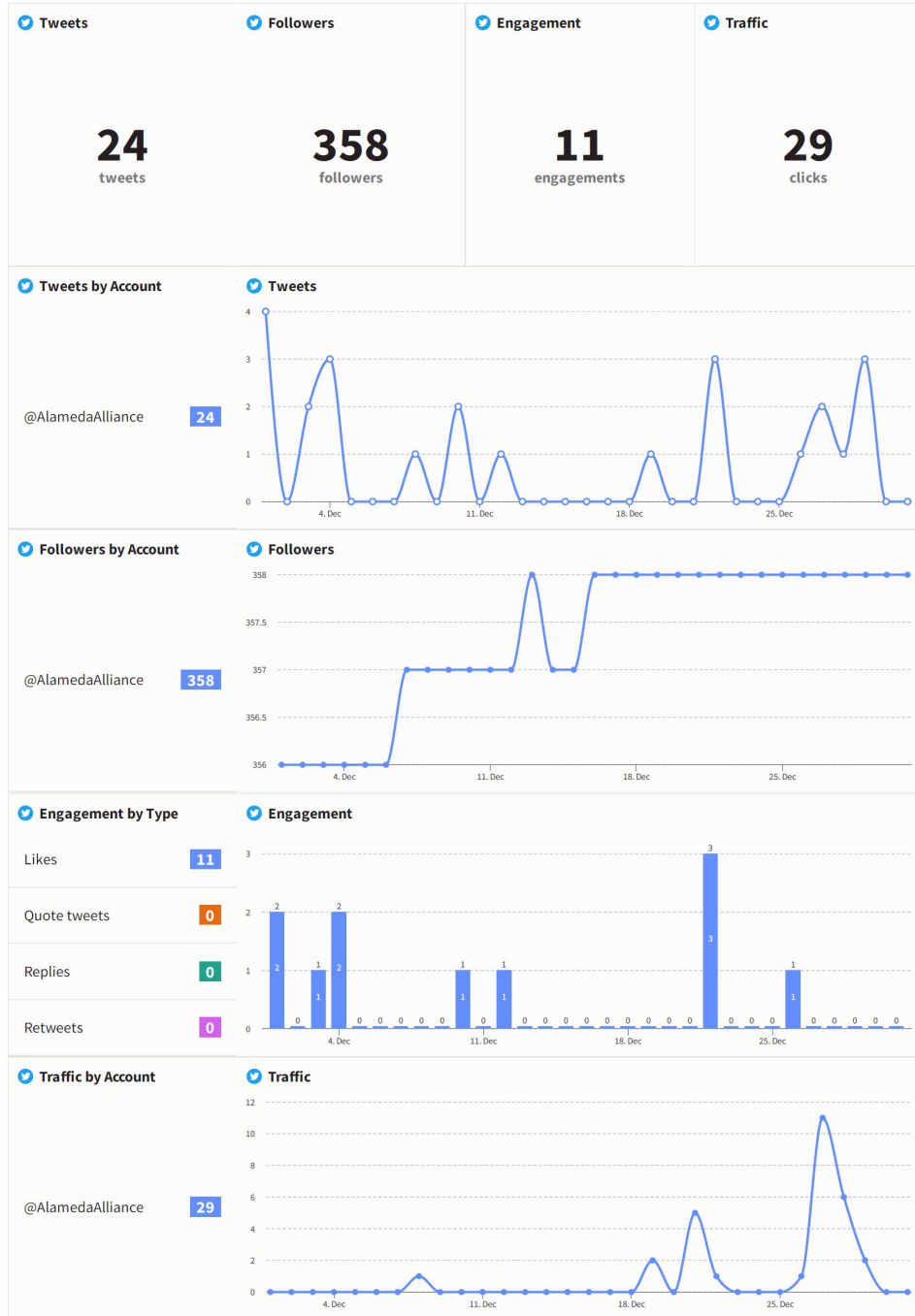
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

FACEBOOK OVERVIEW



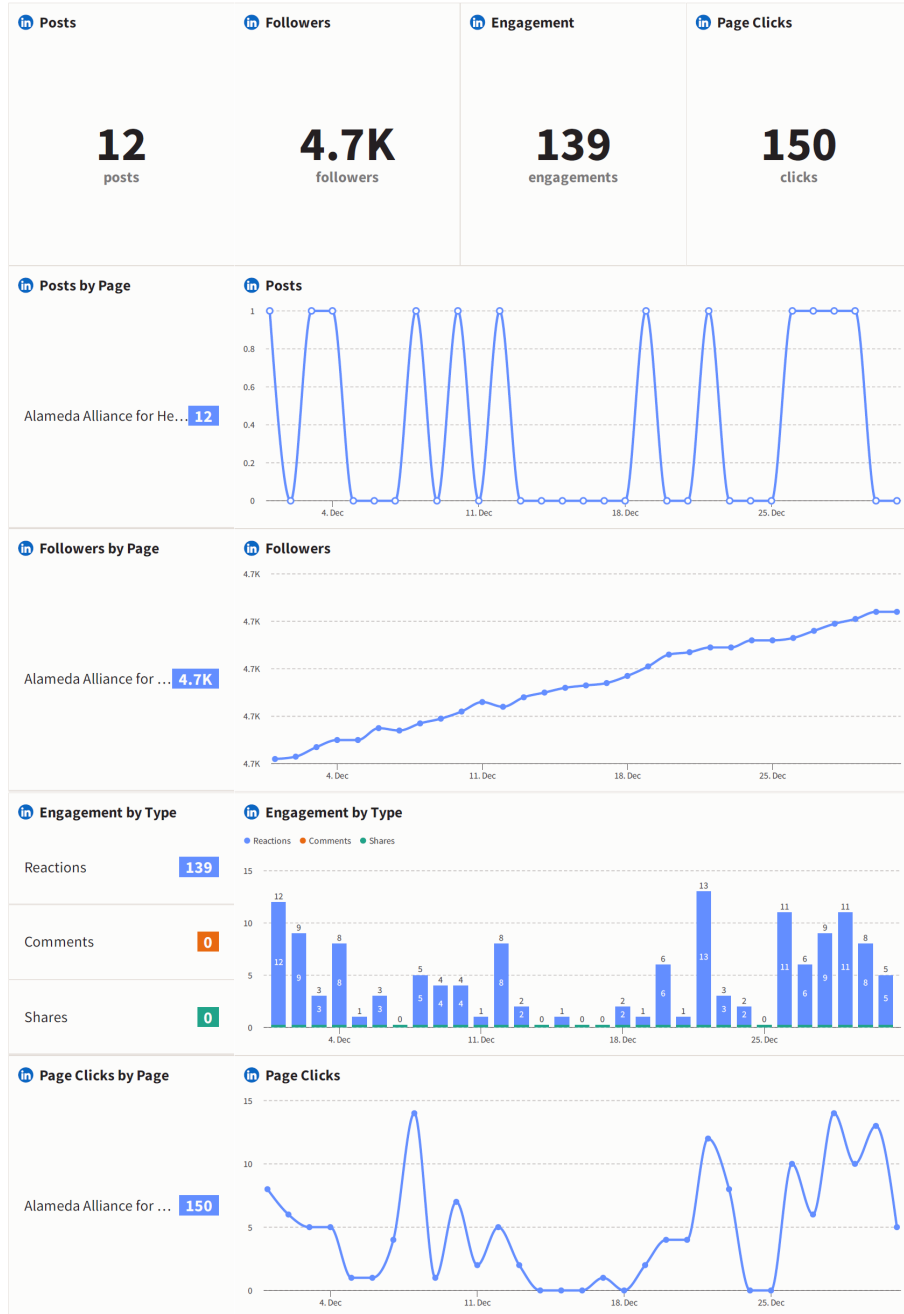
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

TWITTER OVERVIEW



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

LINKEDIN OVERVIEW



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

YELP OVERVIEW

Last 30 days [See detailed breakdown →](#)

👁 Impressions ⓘ

76

📄 Page visits ⓘ

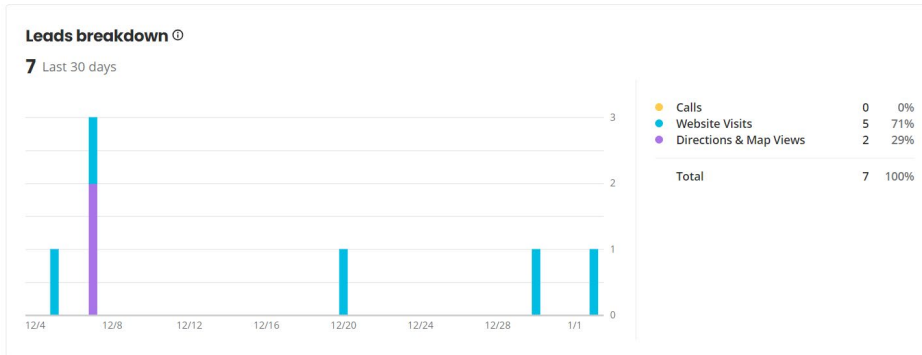
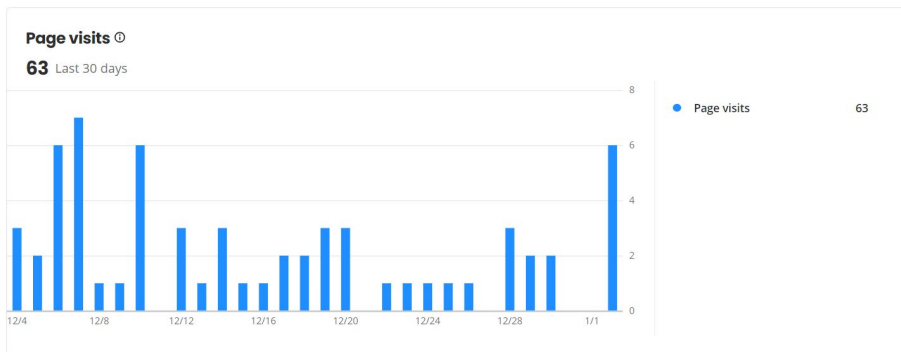
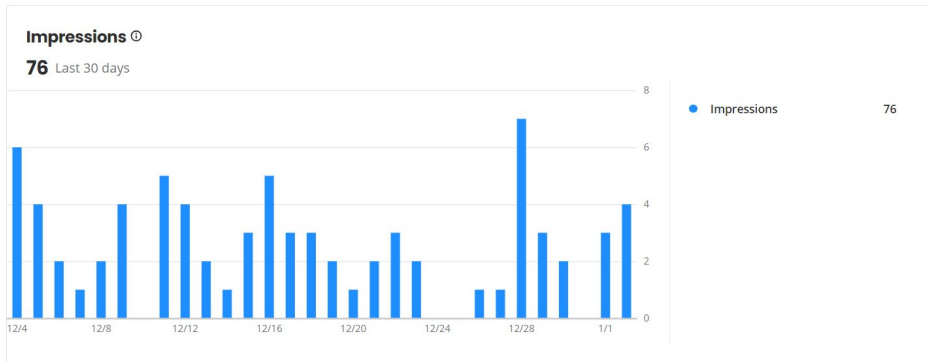
63

👤 Leads ⓘ

7

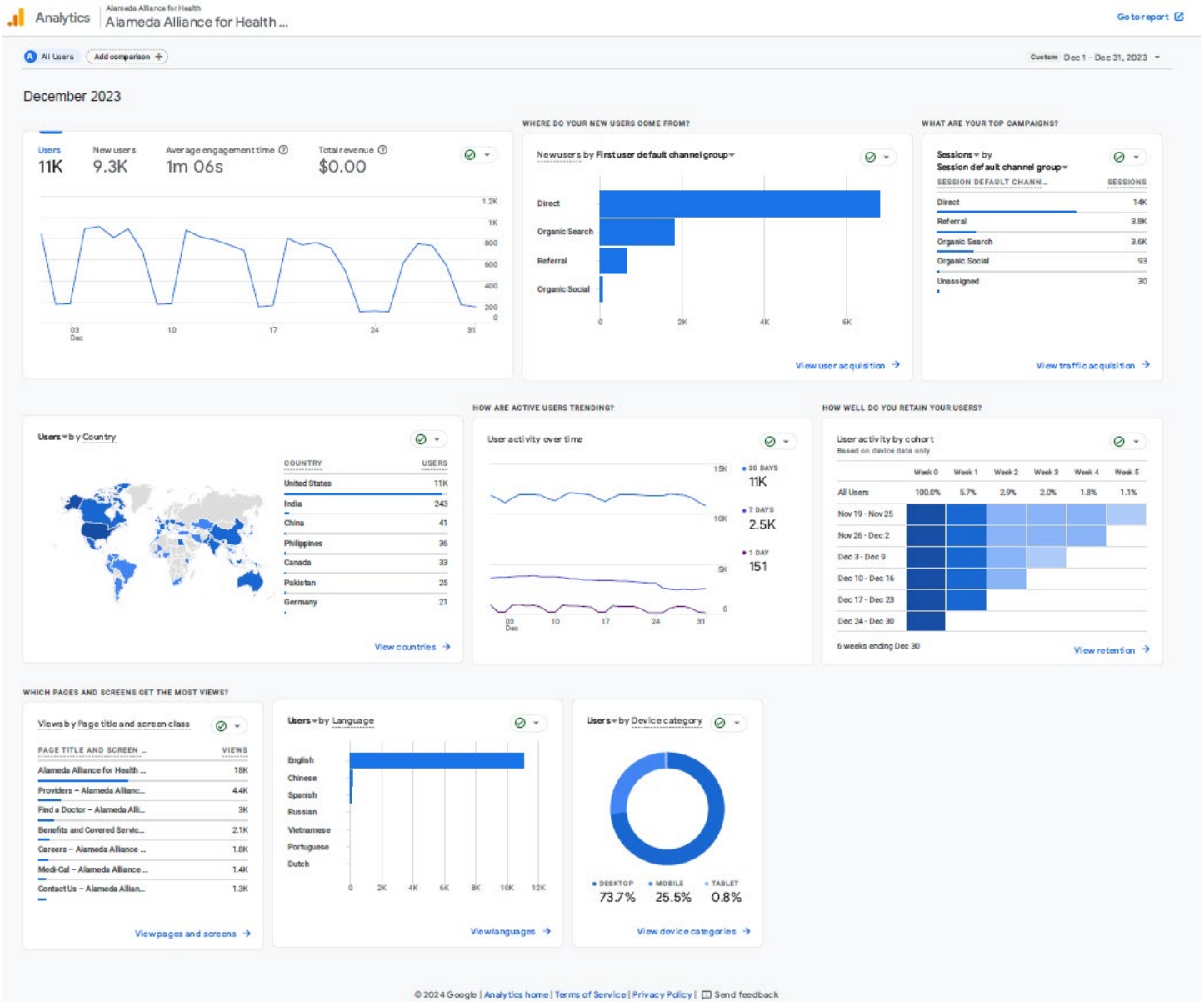
Your leads breakdown ⓘ

- 👤 Website visits 5
- 📍 Directions & map views 2
- 📞 Calls 0



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

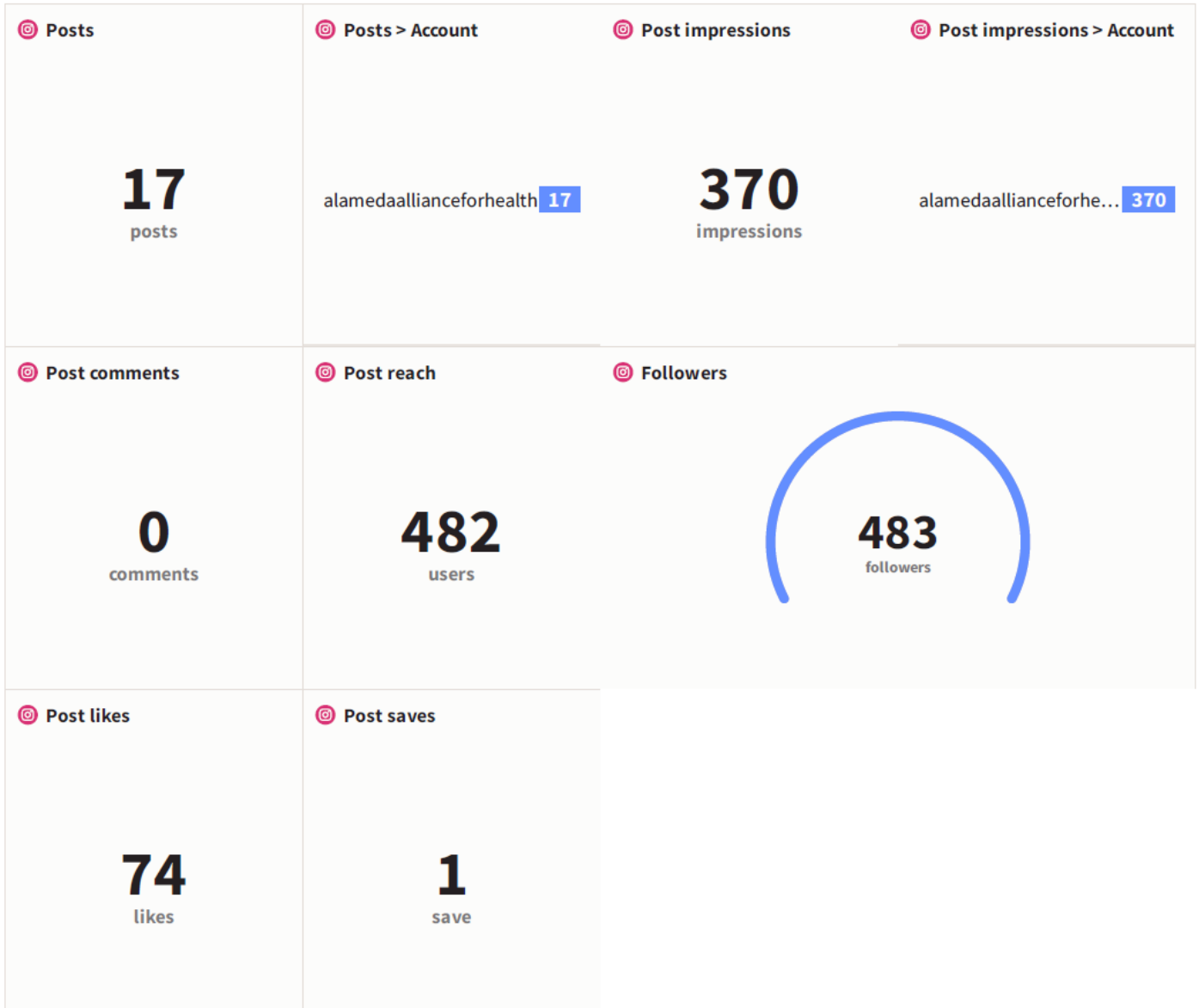
ALLIANCE WEBSITE OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARK Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

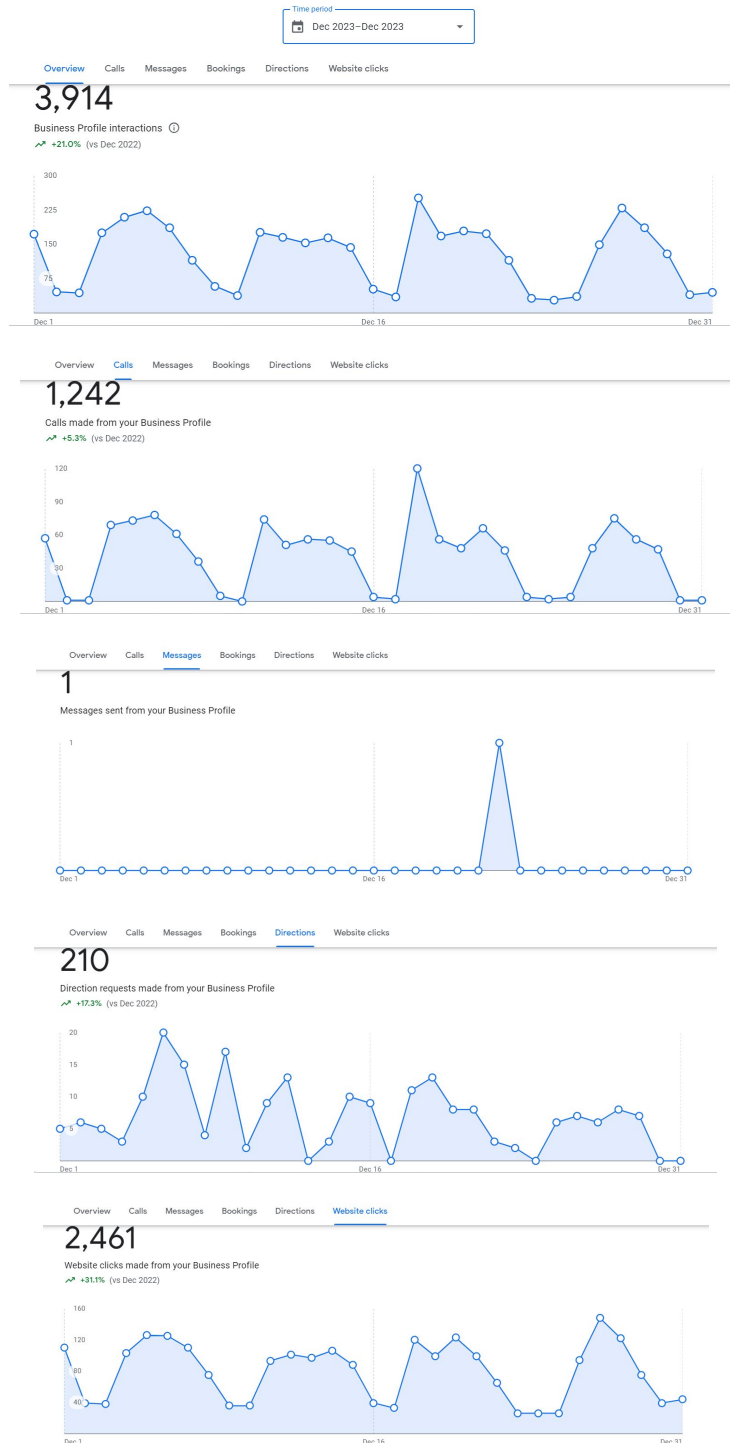
OLDER\Reports\C&O

Instagram OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

Google OVERVIEW:



All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\3. December 2023

MEMBER CONNECT

Summer/Fall 2023

ALAMEDA
Alliance
FOR HEALTH

we are

ALAMEDA COUNTY

Helping People in Our Community Since 1996



PROVIDER SPOTLIGHT: BRINGING A COMMUNITY LENS INTO HEALTH CARE – DR. NOHA ABOELATA'S STORY

Dr. Noha Aboelata, MD, known as “Dr. Noha” by her patients, colleagues, friends, is a true advocate for our community. Dr. Noha dedicates her career to helping address and remove health disparities. Her passion is to help improve the health of underrepresented communities, and she is a pioneer in her field. Dr. Noha is a family physician and the founder of Roots Community Health Center (Roots).

Born and raised in Oakland, California, Dr. Noha went to Oakland public schools and then went on to earn her medical doctorate from Howard University School of Medicine.

(Continued on page 2)

PROVIDER SPOTLIGHT: BRINGING A COMMUNITY LENS INTO HEALTH CARE – DR. NOHA ABOELATA’S STORY

(CONTINUED FROM PAGE 1)



Roots was founded in 2008 and its mission is to *uplift those impacted by systemic inequities and poverty. It accomplishes this through medical and behavioral health care, health navigation, workforce enterprises, housing, outreach, and advocacy.*

After completing her residency in southern California, Dr. Noha came back home to Oakland to serve her community and founded Roots in East Oakland. Under the leadership of Dr. Noha, Roots started as a two-person volunteer effort that grew into a multi-campus, multi-county nonprofit with over 200 full-time staff serving over 10,000 patients.

Health is more than just the absence of disease. Care goes beyond the exam room and the doctor’s office. Roots believe in health for the whole person and aim to improve the wellness of the entire individual beyond medical services. Dr. Noha understood this and pioneered the provision of a model for improving wellness that Roots calls “Whole Health.” Whole Health is community-based, community-driven, and community-empowering. Whole Health includes culturally responsive, wrap-around medical, social, employment, nutritional, and educational services, and community-led public policy engagement. Whole Health aims to empower Roots members to address and change the conditions that impact the well-being of individuals, families, and the communities in which they live and work.

Dr. Noha is also a medical and public health leader beyond her role at Roots. Dr. Noha serves as Vice Chair of the Alameda Alliance for Health (Alliance) Board of Governors. She enjoys working with the Alliance because we offer personal service to members and providers. In this leadership role, Dr. Noha offers not only a provider lens but also a community lens into health care for the Alliance.

In her spare time, Dr. Noha enjoys cooking, being outdoors, and taking walks to get fresh air. She is a proud mother of three (3) sons and loves every second of it.

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IS HOOKAH SMOKING SAFE?



You may have heard of a hookah or seen it before. Hookahs are water pipes that usually have a head, a metal body, a water bowl, and a hose with a mouthpiece. There are also electronic versions like hookah pens. There are many names for it like shisha, narghile, argileh, hubble-bubble, and goza. Hookah bars are popular, and there are fruity flavors of tobacco that even appeal to youth. In 2018, about one (1) in 13 high school students and one (1) in eight (8) young adults in the United States had used hookahs to smoke tobacco.

Hookah smoking is not safe. The truth is hookah smoking, like cigarette smoking, has many health dangers.

Hookah smoke has harmful chemicals such as nicotine, tar, and heavy metals. Hookah use can cause serious health problems to the person smoking and the people around them.

- Hookah smoke can increase your risk for cancer, heart disease, and other health problems.
- Hookah smoke can affect a baby's weight and their lungs.

For help to quit smoking, you can talk to your doctor about a quit plan. You can also call the Kick It California Helpline toll-free at 1.800.300.8086.

For more resources about quitting smoking, visit www.alamedaalliance.org/live-healthy-library and click "Quit Smoking" or send us a **Wellness Programs & Materials Request Form** found on page 20.

Source: *Centers for Disease Control and Prevention: www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm#hookah-use*

PROVIDER SPOTLIGHT: BRINGING A COMMUNITY LENS INTO HEALTH CARE – DR. NOHA ABOELATA’S STORY

(CONTINUED FROM PAGE 2)



The Alliance is honored to have Dr. Noha care for our members and serve as a leader on the Alliance Board of Governors. Her passion for improving health care, empowering work, and community impact are invaluable to the Alliance, our members, provider partners, and the community.

We look forward to the ongoing work with Dr. Aboelata and Roots in finding the best ways to serve all.

Do you want to learn more about Dr. Aboelata? Please visit our website to watch an up-close and personal message from Dr. Aboelata at www.alamedaalliance.org.

You can also connect with us on Facebook, Instagram, or X (formerly known as Twitter) to view the video.



www.facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)

Alliance members can choose Roots Community Health Center as their clinic by calling:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY):
711/1.800.735.2929

Roots Main Clinic
9925 International Blvd.
Oakland, CA 94603
Monday – Friday, 9 am – 5 pm
Phone Number: **1.510.777.1177**

Roots offer services throughout the Bay Area. For more information and locations, please visit rootsclinic.org.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

(CONTINUED FROM PAGE 5)



Matthew Woodruff became the new Chief Executive Officer (CEO) of the Alliance on June 1, 2023.

Former Alliance CEO Scott Coffin served in this role for close to a decade and retired on May 31, 2023. Mr. Coffin began serving as CEO in early 2015, led the organization out of state control, transformed the operations into good standing, experienced many successes, and left the organization in good hands under the leadership of Mr. Woodruff.

Today, the Alliance employs almost 500 staff and reports more than \$1.3 billion in revenue annually, maintains national quality accreditations (credits), meets regulatory compliance (adherence to laws), and has over \$200 million in financial reserves. Under Mr. Coffin's leadership, the Alliance's success was recognized by state and federal regulators for the efficiency of its operations and rapid improvement of quality scores. The Alliance moved from the third-lowest quality scores to the fourth-highest managed care organization statewide.

Over the last eight (8) years, the Alliance has created a series of primary care incentive programs and pilots to manage complex medical cases. This program gave more than \$84 million to local providers to improve the quality of care for adults and children. To support the needs of older adults, children, and families, Mr. Coffin forged new relationships with the Alameda County Board of Supervisors, Alameda County Agency leaders, and leaders of community-based organizations to expand access to health services. Mr. Coffin's commitment to addressing gaps in care and social factors that impact the health of underserved people to help have a positive impact on their lives has driven the organization to launch population health programs. In the last year of Mr. Coffin's leadership, the Alliance successfully implemented the first phase of the CalAIM program, including Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT).

With more than 27 years of experience as a health care leader, Mr. Woodruff is known as a national expert and industry leader in operations for Medicare Advantage and Medi-Cal Managed Care Plans. Mr. Woodruff received the U.S. Department of Health and Human Services Secretary's Award for Distinguished Service for his work in developing the current Medicare bidding process.

As a third-generation Mexican American, Mr. Woodruff was raised in the Bay Area, is a graduate of St. Mary's College of Moraga, and lives with his wife and two (2) kids in the East Bay.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

(CONTINUED FROM PAGE 6)

“The Alliance Board of Governors appreciates Matt’s empathic, member-first approach to his work and his deep knowledge of how Medi-Cal operates. His decades of Medicare experience position him well to lead us as we move into that line of business,” said Rebecca Gebhart, Chair of the Alliance Board of Governors. *“The Board is confident that Matt will succeed as the CEO and will continue the incredible track record of achievement that the Alliance had under Scott Coffin’s leadership.”*

“Matt’s experience with the Alliance will be particularly valuable in helping us navigate the transformational changes in the state CalAIM program designed to provide a fair, coordinated, and person-centered approach to overall health for our Medi-Cal members,” added Dr. Noha Aboelata, Vice Chair of the Alliance Board of Governors.

Beginning in 2015, Mr. Woodruff served on Mr. Coffin’s executive team as the Chief Operating Officer (COO) at the Alliance. In this role, Mr. Woodruff led the Alliance’s day-to-day operations and strengthened the organization’s internal (inside) and external (outside) partnerships. Under his leadership, the Alliance attained national recognition, achieving Center of Excellence status for superior employee satisfaction, member satisfaction, and an amazing level of service to its members. Mr. Woodruff’s work to develop strong relationships with the Alliance provider network led to better satisfaction rates with our community providers, reaching a record level in 2022 and increasing by 28% since 2015.

When Mr. Coffin announced his retirement in 2022, *“the CEO recruitment had a large number of outstanding candidates but in the end, Matt stood out, and was the top recommendation of the Alliance CEO Search Committee,”* said Dr. Evan Seevak, a member and former Chair of the Alliance Board of Governors and Chairperson for the CEO Search Committee. *“In the interview process, Matt demonstrated his deep knowledge of the Alliance, Medi-Cal Managed Care, and Medicare, and our members, providers, and our local community. We are excited to have Matt step into his new role.”*

“The Alliance has completed a successful turnaround in the last eight (8) years and the organization will continue in good standing for many years into the future. The Alameda County Medi-Cal program will change into a County-Organized Model with several new Medi-Cal services addressing social determinants of health, including supportive services for older and fragile adults, and services that address a variety of food and housing insecurities. The Alliance has pioneered and invested in a series of pilot programs to overcome health disparities, including Recipe4Health, Whole Person Care, and Health Homes, and it will be launching a new pilot to help formerly incarcerated (jailed) residents coordinate re-entry services. I have full confidence in Matt’s leadership and his commitment to fulfill the mission and vision of the Alliance, and to continue strengthening the local collaboration with our safety-net partners,” said former CEO of the Alliance, Scott Coffin.

THE ALLIANCE NAMES NEW BOARD CHAIR, VICE CHAIR, AND WELCOMES TWO (2) NEW BOARD MEMBERS

The Alliance announced that Mrs. Rebecca Gebhart has been named Chair of the Alliance Board of Governors. The board is the governing body of the Alliance, which is the leading Medi-Cal managed care health plan. They serve more than 80% of the adults and children in the Medi-Cal program in Alameda County.

"The Alliance remains fully committed to administering the best health care services to all and has continually strived to improve the quality of living for Alameda County residents since 1996," said Scott Coffin, former Alliance CEO. "As long-time health care and community leaders, the Board of Governors provide valuable perspectives to advise and better align to our mission and vision, to expand our services to reach more people, and to improve the local health care system through strategic integration."

"I am honored to take on the role as Chair of the Alliance Board of Governors and work with my colleagues on the Board to help move the plan's mission forward in improving the health and well-being of our members," said Mrs. Gebhart.

Mrs. Gebhart, who has served as a Board member since May 2016, has over 20 years of health care finance experience and previously served as the Finance Director at Alameda County's Health Care Services Agency (HCSA) before retiring. Mrs. Gebhart also served as the HCSA Assistant Director, overseeing all financial operations for the \$1 billion agency consisting of Behavioral Health, Administration/Indigent Health, Public Health, and Environmental Health. Dr. Evan Seevak served as the Vice Chair from 2017 to 2019, and as the Chairperson from 2019 through 2022. Dr. Seevak remains a member of the Board of Governors and is recognized and appreciated for more than 11 years of service.

The Alliance was also happy to announce the appointment of Dr. Noha Aboelata as Vice Chair of the Board. Dr. Aboelata is the founder and CEO of Roots Community Health Center and is a dedicated health care leader and advocate committed to eliminating health disparities among low-income individuals in East Oakland and the broader community of Alameda County. Dr. Aboelata has served on the Alliance Board since 2018 and throughout her career has built a holistic approach that focuses on enhancing accessibility and consistent care by connecting patients to a range of resources that support their health and overall wellness.

The Alliance also named two (2) new Board members:

Supervisor Lena Tam, the recently elected member of the Alameda County Board of Supervisors, joined the Alliance as a new Board member. Supervisor Tam is a longtime community leader and public health worker who previously served as Vice Mayor of the City of Alameda. In that role, she secured housing for low-income seniors and worked to enhance safety net services for Alameda residents. She also served as the President of the City of Alameda Health Care Board where she worked tirelessly to keep Alameda Hospital open and ensure it continues to provide emergency services to the community.

Ms. Jody Moore, an Alameda resident and mother of two (2) children, joined the Alliance Board, serving in the Consumer Member seat. As a parent to a child with special needs, Ms. Moore has dedicated many years to backing services that support people with disabilities. Ms. Moore previously sat on Alameda's Commission on Disability and served as Vice Chair for several years. In 2011, she founded the group The Alameda Autism Community Network and has dedicated much of her time to supporting events that bring awareness to issues impacting people with disabilities.

THE ALLIANCE ANNOUNCES NEW CHIEF OF HEALTH EQUITY



The Alliance announced that Mr. Lao Paul Vang has assumed a new role as the health plan's Chief of Health Equity. Mr. Vang is in charge of implementing policies to ensure that health equity (high level of health of all people) is prioritized and addressed throughout the organization and each of the communities served by the Alliance. He is responsible for implementing an overarching vision of diversity, equity, and inclusion that centers Alliance staff, members, community, and provider partners. As Chief of Health Equity, Mr. Vang works closely with community leaders to refine the Alliance's population health strategy by identifying ways to mitigate social determinants of health.

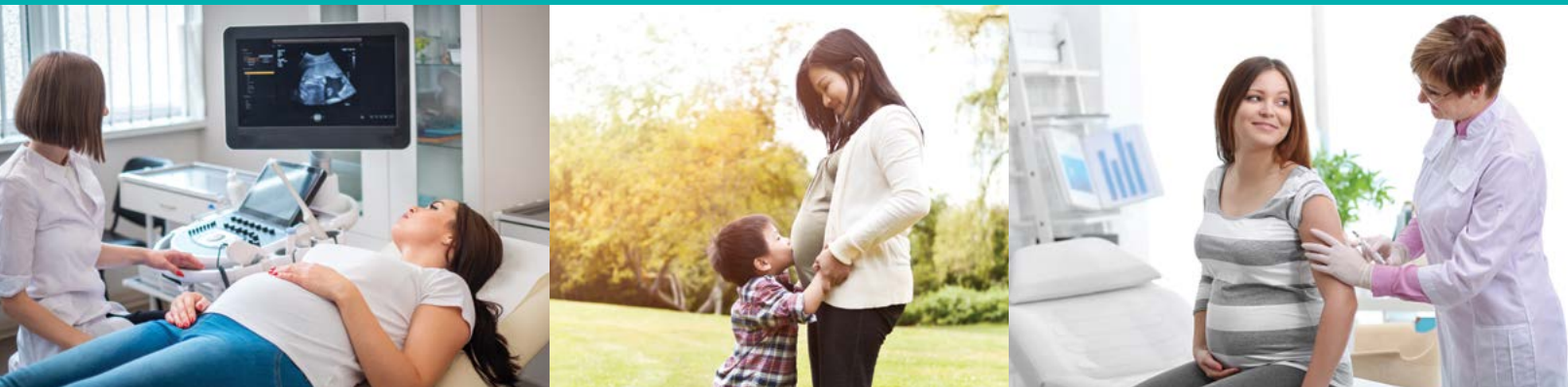
Mr. Vang has extensive experience in public administration and humanitarian affairs. He has created and implemented large-scale human rights and health care equity, global diversity, racial-gender equity, and social inclusion programs throughout his career. Before joining the Alliance, Mr. Vang oversaw public safety operations for a large school district.

He designed new approaches to preventing crime and school violence and developed comprehensive racial equity policies and strategies to remove institutional (organized) racism from systems. Mr. Vang also previously served as the World Health Organization's Chief Human Rights and Healthcare Equity Officer in West Africa as well as the Chief Human Rights and Diversity Officer for the United Nations Mission in Liberia, West Africa.

"Attaining our health equity goals requires change in our organization, and change in the way we serve the valued residents of Alameda County. The addition of a dedicated humanitarian executive leader into the Alliance family is essential to reach more people," said Scott Coffin, former Alliance CEO. *"Mr. Vang has spent much of his career dedicated to addressing health care inequities for marginalized communities on a global scale, and we're looking forward to having him work to expand our mission and reinforce the work that we do each day to serve our safety net community."*

"I am excited to take on this important role at the Alliance and partner with our dedicated staff and leaders to address member health inequities, and to help deliver meaningful and lasting change, both within our organization and throughout the broader Alameda County community," said Mr. Vang.

BABIES NEED TIME TO GROW



A baby grows throughout the entire pregnancy. For example, the brain, lungs, and liver fully develop during the final weeks of pregnancy. Preterm birth is when a baby is born too early, before 37 weeks of pregnancy. From 2017-2019, about 9% of infants born in Alameda County were born too early. Babies born too early (especially before 32 weeks) may have more health concerns or need to stay in the hospital longer.

Preventing preterm birth is a challenge because many causes may be complex or not well understood.

However, these steps can help reduce the risk of preterm birth:

- Avoid alcohol and drugs.
- Get prenatal care as soon as you think you may be pregnant and throughout the pregnancy.
- Know the warning signs of labor. If you think you are experiencing preterm labor, see a health care provider right away.
- Practice ways to manage your stress.
For help, find a behavioral health care provider in the Alliance network by calling toll-free at **1.855.856.0577**. You can also talk to a counselor at the National Maternal Mental Health Hotline toll-free at **1.833.943.5746**.
- Quit smoking.
For help quitting, please call the Kick It California Helpline toll-free at **1.800.300.8086**. Find more resources on the “Quit Smoking” page at **www.alamedaalliance.org/live-healthy-library**. You can also send us a **Wellness Programs & Materials Request Form** found on page 20, or call Alliance Health Programs at **1.510.747.4577**.
- Talk with your doctor or other health care provider about the use of progesterone treatment, if you had a previous preterm birth.
- Wait at least 18 months between pregnancies.

If you are pregnant or recently gave birth and need more support, **Alameda County Starting Out Strong** programs may be able to help. They offer groups, classes, and one-on-one visits. To learn more, please call the Alameda County Public Health Department – Maternal, Paternal, Child and Adolescent Health Unit at **1.510.667.4333**.

Find out about classes, programs, and materials on the “Pregnancy & Baby” page at **www.alamedaalliance.org/live-healthy-library**. You can also send us a **Wellness Programs & Materials Request Form** found on page 20, or call Alliance Health Programs at **1.510.747.4577**.

Article adapted from: Centers for Disease Control and Prevention: www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

GET YOUR INITIAL HEALTH APPOINTMENT (IHA)!

Are you a new Alliance member? One of the first things you should do is meet your primary care provider (PCP), a doctor or nurse who takes care of your health. This first visit is called an Initial Health Appointment (IHA). It is best to schedule your IHA within four (4) months of joining the Alliance.

During an IHA, you:

- Share your current health concerns and past health history.
- Have a physical exam.
- Learn about any vaccines or screenings you may need.
- Get other resources from your PCP.

IHA visits are the first step in ensuring long-lasting good health and starting a good relationship with your PCP. Call your PCP to schedule your appointment.

If you have questions about the IHA or your PCP, please call:

Alliance Member Services Department

Monday through Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**



BLOOD PRESSURE MATTERS

Blood pressure is the force put on the walls of the blood vessels with each heartbeat. These vessels carry blood from your heart to other parts of your body. When your blood pressure stays high, your risk increases for problems like heart disease and stroke. The good news is that you can work to manage your blood pressure.

To help keep your blood pressure in a healthy range, follow these healthy habits:



Know your numbers. Ask your doctor what your blood pressure numbers are and what that means for you. If your blood pressure is too high, follow your doctor's treatment plan.



Get moving. Try walking, dancing, or your favorite activity. All you need is 30 minutes a day, five (5) days a week. Remember, you do not have to do it all at once.



Eat healthy. Add more fruits and vegetables to your meals. Limit foods with salt, fat, and sugar.



Limit alcohol. For men, no more than two (2) drinks per day are recommended. For women, no more than one (1) drink per day is recommended.



Don't smoke. If you smoke, work with your doctor to make a quit plan or call the Kick It California Helpline toll-free at **1.800.300.8086**.



Manage stress. Find healthy ways to help you relax. You can try deep breathing, stretching, or meditation.

WELL-VISITS FOR YOUR NEWBORN (BIRTH – 30 MONTHS)



Young children grow quickly, so they need to visit their doctor often for checkups (also called well-child visits). During these visits, the doctor will check how your child is growing and may provide preventive screenings and vaccines. You can also share any questions or concerns you have about your child's health and development.

It can be challenging to keep track of so many appointments. The chart below shows the recommended timing for these visits. Your child's doctor will be able to help you schedule all the visits your child needs. You can cut out this chart and keep it as a reminder for when you are scheduled to see your child's doctor.



AGE 0 TO 12 MONTHS

	3-5 days	1 months	2 months	4 months	6 months	9 months	12 months
DATE							

AGE 15 TO 30 MONTHS

	15 months	18 months	24 months	30 months
DATE				

Call your child's doctor today to schedule a well-child visit.

If you have any questions, please call:

Alliance Member Services Department

Monday through Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**

YOUR TRANSPORTATION BENEFIT

Alliance Medi-Cal members can get transportation at no cost to medical appointments and covered services.

Two (2) types of transportation services are covered by the Alliance:

1. Non-emergency medical transportation (NEMT)
2. Non-medical transportation (NMT)

WHAT IS NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)?

Non-emergency medical transportation (NEMT) uses an ambulance, litter van, wheelchair van, or air transport. NEMT does not use a car, bus, or taxi.

You are entitled to use NEMT when you physically or medically are not able to get to your medical, dental, mental health, or substance use disorder appointment by car, bus, train, or taxi, and the Alliance pays for the treatment of your medical or physical condition.

Before getting NEMT, you need to request the service through your doctor. Your doctor will prescribe the correct type of transportation to meet your medical condition. Your doctor must fill out a Physician Certification Statement (PCS) form to request the type of transportation you need.

To access this form your doctor can:

- Visit the Alliance website at www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
- Call the Alliance Provider Services Department at **1.510.747.4510**

Your request for NEMT must be pre-approved by the Alliance before your scheduled appointment.

Once approved, the approval is good for up to **12 months** depending on the medical need.

Additionally, there are no limits to how many rides you can get. Your doctor will need to reassess your medical need for non-emergency medical transportation and re-approve at least every **12 months**.



YOUR TRANSPORTATION BENEFIT

(CONTINUED FROM PAGE 14)



WHAT IS NON-MEDICAL TRANSPORTATION (NMT)?

Non-medical transportation (NMT) uses a car, taxi, bus, or other public or private way of getting to your medical appointment.

You can use NMT when you are:

- Traveling to and from a medical appointment
- Picking up prescriptions and medical supplies

USING YOUR TRANSPORTATION BENEFIT

Be ready for your ride. To help your ride get you to your appointment on time make sure you are ready and waiting at the prearranged location at the scheduled time.

HOW TO GET NEMT OR NMT

Call at least three (3) business days in advance to schedule your trip.

Have your trip information ready including:

- Pick up location
- Drop off location
- Time of appointment
- Reason for appointment

To request NMT, please call the Alliance Transportation Line toll-free at **1.866.791.4158**.

If you need help scheduling your trip, please call:

Alliance Member Services Department

Monday through Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments: **711/1.800.735.2929**

IMPORTANT PHONE NUMBERS

Service	Contact Number
Emergency	911
Poison Control	1.800.222.1222
Alameda County Social Services Medi-Cal Center	1.800.698.1118 or 1.510.777.2300
Medi-Cal Plan Enrollment/Changes	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Main Line	1.510.747.4500
Member Services Department Monday – Friday, 8 am – 5 pm	1.510.747.4567
Toll-Free	1.877.932.2738
People with hearing and speaking impairments (CRS/TTY)	711/1.800.735.2929

CARE SERVICES

Behavioral Health Care Services

Alameda Alliance for Health	1.855.856.0577
Alameda County Behavioral Health Care Services (ACCESS)	1.800.491.9099

Dental Care Services

Medi-Cal Members: Medi-Cal Dental	1.800.322.6384
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552

Vision Care Services

Medi-Cal Members: MARCH Vision Care	1.844.336.2724
Group Care Members: Please call Public Authority for In-Home Supportive Services (IHSS)	1.510.577.3552

Nurse Advice Line

Medi-Cal Members	1.888.433.1876
Group Care Members	1.855.383.7873

KEEP IN TOUCH WITH US AND JOIN THE CONVERSATION!



facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://instagram.com/alamedaallianceforhealth)



[@alameda-alliance-for-health](https://linkedin.com/company/alameda-alliance-for-health)



[@alamedaalliance](https://youtube.com/alamedaalliance)

ALLIANCE 2023-2024 HOLIDAY CALENDAR

The Alliance office will be closed in observance of the following holidays:

2023

Thanksgiving Day

Friday, November 23rd

Day After Thanksgiving

Saturday, November 24th

Floating Holiday (Christmas Eve)

Friday, December 22nd

Christmas Day (Observed)

Monday, December 25th

2024

New Year's Day

Monday, January 1st

Martin Luther King Jr. Day

Monday, January 15th

Presidents' Day

Monday, February 19th

Cesar Chavez Day

Monday, April 1st

Memorial Day

Monday, May 27th

Juneteenth Holiday

Wednesday, June 19th

Independence Day

Thursday, July 4th

Labor Day

Monday, September 2nd

Veterans Day

Monday, November 11th

Thanksgiving Day

Tuesday, November 28th

Day After Thanksgiving

Friday, November 29th

Floating Holiday (Christmas Eve)

Tuesday, December 24th

Christmas Day

Wednesday, December 25th

ADDRESS AND PHONE NUMBER CHANGES

If you move or get a new phone number, please let us know by calling the Alliance Member Services Department at **1.510.747.4567**.

PROGRAM AND MATERIALS AT NO COST

Would you like to get more resources or learn more about classes and programs?

Just fill out the **Alliance Wellness Programs & Materials Request Form** on page **20**, check the programs or materials that you want, and send it to us. Programs and materials are at no cost to you as our Alliance member. To learn more, please call the Alliance Member Services Department at **1.510.747.4567** or visit **www.alamedaalliance.org/live-healthy**.

LANGUAGE SERVICES AT NO COST

We offer our Alliance members interpreters for health care visits and health plan documents in their language or other formats such as Braille, audio, or large print. For help with your language needs, please call the Alliance Member Services Department at **1.510.747.4567**.

QUALITY IMPROVEMENT PROGRAM

The Alliance Quality Improvement (QI) program helps improve care for our members. We look to see if you are getting regular exams, screenings, and tests that you need. We also find out if you are happy with the care you get from our providers and the services we provide to you. Each year, we set goals to improve the care our members receive. The goals address care and service. We look yearly to see if we meet our goals.

To learn more about our QI program goals, progress, and results, please visit **www.alamedaalliance.org/members**.

If you would like a paper copy of the QI program, please call the Alliance Member Services Department at **1.510.747.4567**.

NOTICE OF NON-DISCRIMINATION AND LANGUAGE ACCESS

Discrimination is against the law. The Alliance follows state and federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

Tagalog

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

Alameda Alliance for Health Wellness Programs & Materials



Member Request Form – Alameda Alliance for Health (Alliance) provides health education at no cost. We want you to take charge of your health by having the best information possible. Please select the topics that you want us to send you. You can also request the handouts in other formats. Many handouts can be found at www.alamedaalliance.org.



CLASSES & PROGRAM REFERRALS

- Asthma
 - Breastfeeding Support
 - CPR/First Aid
 - Diabetes
 - Diabetes Prevention Program (*prediabetes*)
 - Healthy Eating, Exercise, and Weight
 - Heart Health
 - Parenting
 - Pregnancy and Childbirth
 - Quit Smoking
- (please have Kick It California call me)



MEDICAL ID

- Choose one: Bracelet Necklace
- Asthma
 - Child Adult
 - Diabetes
 - Child Adult



WRITTEN MATERIALS

- Advance Directive (*medical power of attorney*)
- Alcohol and Other Substance Use
- Asthma
- Back Pain
- Birth Control
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Domestic Violence
- Healthy Eating, Exercise, and Weight
 - Child Adult
- Heart Health
- Parenting
- Pregnancy
- Preventive Care
- Quit Smoking
- Safety
 - Child Adult
- Sexual Health
- Stress and Depression
 - Child Adult

Name (self): _____

Alliance Member ID Number: _____

Child's Name (if applies): _____

Child's Member ID Number: _____

Age of Child: _____

Address: _____

City: _____ Zip Code: _____

Written Language: _____

Spoken Language: _____

The requested materials will be mailed to you. How may the Alliance contact you?

Please check all that apply:

Phone: _____

Email: _____

Text: _____



To order, please complete this form on the member portal
at www.alamedaalliance.org or mail this form to:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

MEMBER CONNECT

Verano/otoño de 2023

ALAMEDA
Alliance
FOR HEALTH

SOMOS EL CONDADO DE ALAMEDA

Ayudando a las personas de nuestra comunidad desde 1996



PROVEEDOR DESTACADO: LLEVANDO LA VISIÓN COMUNITARIA A LA ATENCIÓN MÉDICA.

LA HISTORIA DE LA DRA. NOHA ABOELATA

La Dra. Noha Aboelata, MD, conocida como "Dra. Noha" por sus pacientes, colegas y amigos, es una verdadera defensora de nuestra comunidad. La Dra. Noha dedica su carrera a ayudar a atender y eliminar las disparidades de salud. Su pasión es ayudar a mejorar la salud de las comunidades menos representadas, y es una pionera en su campo. La Dra. Noha es doctora familiar y fundadora del Roots Community Health Center (Roots).

Nacida y criada en Oakland, California, la Dra. Noha asistió a escuelas públicas de Oakland y después obtuvo su doctorado en Medicina en la Facultad de Medicina de Howard University.

(Continúa en la página 2)

www.alamedaaalliance.org

PO Box 3789
San Leandro, California 94578

ALAMEDA
Alliance
FOR HEALTH

PRSRRT STD
US POSTAGE
PAID
Alliance for Health



Roots fue fundado en 2008 y su misión es *mejorar la situación de las personas afectadas por las desigualdades sistémicas y la pobreza. Lo consigue a través de atención médica y de salud del comportamiento, orientación para la salud, empresas de fuerza de trabajo, vivienda, divulgación y defensoría.*

Tras completar su residencia en el sur de California, la Dra. Noha regresó a Oakland para servir a su comunidad y fundó Roots en East Oakland. Bajo el liderazgo de la Dra. Noha, Roots comenzó como un esfuerzo voluntario de dos personas que creció hasta convertirse en una organización sin fines de lucro con varias sedes en diferentes condados con más de 200 empleados de tiempo completo que atienden a más de 10,000 pacientes.

La salud es algo más que la ausencia de enfermedad. La atención va más allá de la sala de examinación y el consultorio médico. Roots cree en la salud para la persona integral y su objetivo es mejorar el bienestar de todo el individuo más allá de los servicios médicos. La Dra. Noha lo comprendió y fue pionera en ofrecer un modelo para mejorar el bienestar que Roots llama "Salud Integral". Salud Integral está basada en la comunidad, impulsada por la comunidad y empodera a la comunidad. Salud Integral incluye servicios médicos, sociales, laborales, nutricionales y educativos culturalmente sensibles y envolventes, y un compromiso con las políticas públicas dirigido por la comunidad. El objetivo de Salud Integral es capacitar a los miembros de Roots para atender y cambiar las condiciones que repercuten en el bienestar de las personas, las familias y las comunidades en las que viven y trabajan.

La Dra. Noha es también una líder médica y de salud pública más allá de su papel en Roots. La Dra. Noha es vicepresidenta de la Junta de Administración de Alameda Alliance for Health (Alliance). Disfruta de trabajar con Alliance porque ofrecemos un servicio personal a los miembros y a los proveedores. En este papel de liderazgo, la Dra. Noha ofrece no solo la visión del proveedor, sino también la de la comunidad con respecto a la atención médica de Alliance.

En su tiempo libre, a la Dra. Noha le gusta cocinar, estar al aire libre y dar paseos para tomar aire fresco. Es orgullosa madre de tres (3) hijos y le encanta cada segundo de ello.

LA ATENCIÓN MÉDICA. LA HISTORIA DE LA DRA. NOHA ABOELATA



Alliance se siente honrada de que la Dra. Noha atienda a nuestros miembros y funja como líder en la Junta de Administración de Alliance. Su pasión por la mejora de la atención médica, el trabajo de empoderamiento y el impacto en la comunidad tienen un valor incalculable para Alliance, nuestros miembros, los proveedores asociados y la comunidad.

Esperamos seguir trabajando con la Dra. Aboelata y Roots para encontrar las mejores formas de servir a todos. ¿Desea saber más sobre la Dra. Aboelata? Visite nuestro sitio web para ver un mensaje cercano y personal de la Dra. Aboelata en www.alamedaalliance.org.

También puede comunicarse con nosotros en Facebook, Instagram o X (antes conocido como Twitter) para ver el video.



www.facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)

Los miembros de Alliance pueden elegir Roots Community Health Center como su clínica llamando al siguiente número:

Departamento de Servicios al Miembro de Alliance
De lunes a viernes, de 8:00 a. m. a 5:00 p. m.
Número de teléfono: **1.510.747.4567**
Línea gratuita: **1.877.932.2738**
Personas con impedimentos auditivos y del habla
(CRS/TTY): **711/1.800.735.2929**

Clínica principal de Roots
9925 International Blvd.
Oakland, CA 94603
Lunes a viernes, de 9:00 a. m. a 5:00 p. m.
Número de teléfono: **1.510.777.1177**

Roots ofrece sus servicios en toda el Área de la Bahía. Para obtener más información y conocer las ubicaciones, visite rootsclinic.org.

ALLIANCE NOMBRA A MATTHEW WOODRUFF DIRECTOR GENERAL TRAS LA JUBILACIÓN DE SCOTT COFFIN



Matthew Woodruff se convirtió en el nuevo director general (Chief Executive Officer, CEO) de Alliance el 1.º de junio de 2023. El anterior CEO de Alliance, Scott Coffin, fungió en este puesto durante casi una década y se jubiló el 31 de mayo de 2023. El Sr. Coffin comenzó a fungir como CEO a principios de 2015, sacó a la organización del control estatal, transformó las operaciones con lo que les dio buena reputación, logró muchos éxitos y dejó a la organización en buenas manos bajo el liderazgo del Sr. Woodruff.

En la actualidad, Alliance emplea a casi 500 personas y registra unos ingresos anuales de más de \$1.3 mil millones, mantiene acreditaciones (créditos) nacionales de calidad, cumple con la normativa (apego a las leyes) y tiene más de \$200 millones en reservas financieras. Bajo la dirección del Sr. Coffin, el éxito de Alliance fue reconocido por los reguladores estatales y federales debido a la eficacia de sus operaciones y la rápida mejora de las evaluaciones de calidad. Alliance pasó de tener los terceros puntajes de calidad más bajos a ser la cuarta organización de atención médica administrada más alta de todo el estado.

En los últimos ocho (8) años, Alliance ha creado una serie de programas de incentivos de atención primaria y pruebas para gestionar casos médicos complejos. Este programa dio más de \$84 millones a proveedores locales para mejorar la calidad de la atención para adultos y niños. Para apoyar las necesidades de los adultos mayores, los niños y las familias, el Sr. Coffin forjó nuevas relaciones con la Junta de Supervisores del Condado de Alameda, líderes de agencias del Condado de Alameda y líderes de organizaciones comunitarias para ampliar el acceso a los servicios de salud. El compromiso del Sr. Coffin de atender las desigualdades en la atención y los factores sociales que repercuten en la salud de las personas de pocos recursos para ayudar a tener un impacto positivo en sus vidas ha impulsado a la organización a poner en marcha programas de salud para la población. En el último año de la dirección del Sr. Coffin, Alliance puso en marcha con éxito la primera fase del programa Avance e Innovación de Medi-Cal en California (California Advancing and Innovating Medi-Cal, CalAIM), que incluye administración mejorada de la atención (Enhanced Care Management, ECM), apoyos comunitarios (Community Supports, CS) y trasplantes de órganos importantes (Major Organ Transplants, MOT).

Con más de 27 años de experiencia como líder en atención médica, el Sr. Woodruff es conocido como un experto nacional y líder de la industria en operaciones para planes de atención médica administrada de Medicare Advantage y Medi-Cal. El Sr. Woodruff recibió el premio del Secretario del Departamento de Salud y Servicios Humanos de EE. UU. al Servicio Distinguido por su trabajo en el desarrollo del actual proceso de licitación de Medicare.

Como mexicano-estadounidense de tercera generación, el Sr. Woodruff fue criado en el Área de la Bahía, se graduó de St. Mary's College de Moraga y vive con su esposa y sus dos (2) hijos en el este de la bahía.

ALLIANCE NOMBRA A MATTHEW WOODRUFF DIRECTOR GENERAL TRAS LA JUBILACIÓN DE SCOTT COFFIN

"La Junta de Administración de Alliance aprecia el enfoque empático y centrado en el miembro que Matt da a su trabajo, así como su profundo conocimiento de cómo opera Medi-Cal. Sus décadas de experiencia en Medicare lo sitúan en una buena posición para dirigirnos en nuestra entrada a esta línea de negocio", declaró Rebecca Gebhart, presidenta de la Junta de Administración de Alliance. *"La junta confía en que Matt tendrá éxito como CEO y continuará la increíble trayectoria de logros que Alliance tuvo bajo el liderazgo de Scott Coffin".*

"La experiencia de Matt en Alliance será especialmente valiosa para ayudarnos a movernos por los cambios transformadores del programa estatal CalAIM, diseñado para proporcionar un enfoque justo, coordinado y centrado en la persona para la salud general de nuestros miembros de Medi-Cal", agregó la Dra. Noha Aboelata, vicepresidenta de la Junta de Administración de Alliance.

A partir de 2015, el Sr. Woodruff fungió en el equipo ejecutivo del Sr. Coffin como director de Operaciones (Chief Operating Officer, COO) en Alliance. En este puesto, el Sr. Woodruff dirigió las operaciones diarias de Alliance y reforzó las asociaciones internas (dentro) y externas (fuera) de la organización. Bajo su liderazgo, Alliance alcanzó reconocimiento nacional, y logró el estatus de Centro de Excelencia por la satisfacción superior de sus empleados, la satisfacción de sus miembros y un asombroso nivel de servicio a sus miembros. El trabajo del Sr. Woodruff para desarrollar relaciones sólidas con la red de proveedores de Alliance permitió mejorar los índices de satisfacción con nuestros proveedores comunitarios, y alcanzar un nivel récord en 2022 y aumentarlo un 28 % desde 2015.

Cuando el Sr. Coffin anunció su retiro en 2022, *"la selección del CEO contaba con un gran número de candidatos sobresalientes, pero, al final, Matt destacó y fue la principal recomendación del Comité de Búsqueda de CEO de Alliance",* declaró el Dr. Evan Seevak, miembro y expresidente de la Junta de Administración de Alliance y presidente del Comité de Búsqueda de CEO. *"En el proceso de entrevistas, Matt demostró su profundo conocimiento de Alliance, la atención médica administrada de Medi-Cal y Medicare, así como de nuestros miembros, proveedores y nuestra comunidad local. Estamos encantados de que Matt asuma su nuevo papel".*

"Alliance ha completado un exitoso cambio de rumbo en los últimos ocho (8) años y la organización seguirá en buena posición durante muchos años en el futuro. El programa Medi-Cal del Condado de Alameda cambiará a un modelo organizado por el condado con varios nuevos servicios de Medi-Cal que atienden los determinantes sociales de la salud, incluidos los servicios de apoyo para adultos mayores y frágiles, y servicios que atienden una serie de inseguridades alimentarias y de vivienda. Alliance ha sido pionera y ha invertido en una serie de programas de prueba para superar las disparidades de salud, como Recipe4Health, Whole Person Care y Health Homes, y va a lanzar un nuevo programa de prueba para ayudar a residentes anteriormente encarcelados (en prisión) a coordinar los servicios de reinserción. Tengo plena confianza en el liderazgo de Matt y en su compromiso para cumplir la misión y la visión de Alliance, así como para seguir reforzando la colaboración local con nuestros socios de la red de seguridad", declaró el anterior CEO de Alliance, Scott Coffin.

ALLIANCE NOMBRA NUEVO PRESIDENTE Y VICEPRESIDENTE DE LA JUNTA Y DA LA BIENVENIDA A DOS (2) NUEVOS MIEMBROS DE LA JUNTA

Alliance anunció que la Sra. Rebecca Gebhart ha sido nombrada presidenta de la Junta de Administración de Alliance. La junta es el órgano de gobierno de Alliance, que es el principal plan de salud de atención médica administrada de Medi-Cal. Atiende a más del 80 % de los adultos y niños del programa Medi-Cal en el Condado de Alameda.

"Alliance sigue plenamente comprometida con la administración de los mejores servicios de cuidado de la salud para todos y se ha esforzado continuamente por mejorar la calidad de vida de los residentes del Condado de Alameda desde 1996", dijo Scott Coffin, antiguo CEO de Alliance. "Como líderes comunitarios y de atención médica durante mucho tiempo, la Junta de Administración ofrece perspectivas valiosas para asesorar y alinearse mejor con nuestra misión y visión, expandir nuestros servicios para llegar a más personas y mejorar el sistema local de atención médica a través de la integración estratégica. "

"Me siento honrada de asumir el cargo de presidenta de la Junta de Administración de Alliance y trabajar con mis colegas de la junta para ayudar a que avance la misión del plan para mejorar la salud y el bienestar de nuestros miembros", dijo la Sra. Gebhart.

La Sra. Gebhart, quien se ha desempeñado como miembro de la junta desde mayo de 2016, tiene más de 20 años de experiencia en finanzas de atención médica y anteriormente se desempeñó como directora financiera en la Agencia de Servicios de Cuidado de la Salud (Health Care Services Agency, HCSA) del Condado de Alameda antes de jubilarse. La Sra. Gebhart también se desempeñó como directora adjunta de la HCSA, supervisando todas las operaciones financieras de la agencia de mil millones de dólares que consta de Salud Conductual, Administración/Salud para Indigentes, Salud Pública y Salud Ambiental. El Dr. Evan Seevak se desempeñó como vicepresidente de 2017 a 2019 y como presidente de 2019 a 2022. El Dr. Seevak sigue siendo miembro de la Junta de Administración y es reconocido y apreciado por sus más de 11 años de servicio.

Alliance también se complació de anunciar el nombramiento de la Dra. Noha Aboelata como vicepresidenta de la junta. La Dra. Aboelata es la fundadora y CEO de Roots Community Health Center y es una dedicada líder de atención médica y defensora comprometida a eliminar las disparidades de salud entre las personas de bajos ingresos en el este de Oakland y la comunidad más amplia del Condado de Alameda. La Dra. Aboelata se ha desempeñado en la junta de Alliance desde 2018 y, a lo largo de su carrera, ha desarrollado un enfoque holístico que se enfoca en mejorar la accesibilidad y la atención constante conectando a los pacientes con una variedad de recursos que respaldan su salud y bienestar general.

Alliance también nombró a dos (2) nuevos miembros de la junta:

La supervisora Lena Tam, miembro recientemente elegida de la Junta de Administración del Condado de Alameda, se unió a Alliance como nuevo miembro de la junta. La supervisora Tam es una líder comunitaria de larga trayectoria y trabajadora de la salud pública que anteriormente ocupó el cargo de vicealcaldesa de la Ciudad de Alameda. En ese puesto, obtuvo viviendas para personas de edad avanzada con bajos ingresos y trabajó para mejorar los servicios de la red de seguridad para los residentes de Alameda. También se desempeñó como presidenta de la Junta de Atención Médica de la Ciudad de Alameda, donde trabajó incansablemente para mantener abierto el Hospital Alameda y garantizar que continuara brindando servicios de emergencia a la comunidad.

La Sra. Jody Moore, residente de Alameda y madre de dos (2) hijos, se unió a la junta de Alliance para ocupar el puesto de miembro consumidor. Como madre de un niño con necesidades especiales, la Sra. Moore ha dedicado muchos años a respaldar los servicios de apoyo a las personas con discapacidad. La Sra. Moore anteriormente participó en la Comisión de Discapacidades de Alameda y fungió como vicepresidenta durante varios años. En 2011, fundó el grupo The Alameda Autism Community Network (La Red Comunitaria de Autismo de Alameda) y ha dedicado gran parte de su tiempo a apoyar eventos que generen conciencia sobre los problemas que afectan a las personas con discapacidades.

ALLIANCE ANUNCIA UN NUEVO JEFE DE EQUIDAD EN LA SALUD



Alliance anunció que el Sr. Lao Paul Vang asumió un nuevo cargo como jefe de Equidad en la Salud del plan de salud. El Sr. Vang se encarga de implementar políticas para garantizar que se priorice y se aborde la equidad en la salud (alto nivel de salud de todas las personas) en toda la organización y en cada una de las comunidades atendidas por Alliance. Es responsable de implementar una visión general de diversidad, equidad e inclusión que centre al personal, a los miembros, a la comunidad y a los socios proveedores de Alliance. Como jefe de Equidad en la Salud, el Sr. Vang también trabaja en estrecha colaboración con los líderes de la comunidad para perfeccionar la estrategia de salud de la población de Alliance mediante la identificación de formas de mitigar los determinantes sociales de la salud.

El Sr. Vang tiene una amplia experiencia en administración pública y en asuntos humanitarios. A lo largo de su carrera ha creado y puesto en marcha programas a gran escala de derechos humanos y equidad en la atención médica, diversidad global, equidad racial y de género, e inclusión social. Antes de unirse a Alliance, el Sr. Vang supervisó las operaciones de seguridad pública de un gran distrito escolar. Diseñó nuevos enfoques para prevenir la delincuencia y la violencia escolar, y diseñó políticas y estrategias globales de equidad racial para eliminar el racismo institucional (organizado) de los sistemas. El Sr. Vang también se desempeñó anteriormente como director de Derechos Humanos y Equidad en la Atención Médica de la Organización Mundial de la Salud en África Occidental, así como director de Derechos Humanos y Diversidad para la Misión de las Naciones Unidas en Liberia, África Occidental.

"Alcanzar nuestras metas de equidad en la salud requiere un cambio en nuestra organización y un cambio en la forma en que servimos a los valiosos residentes del Condado de Alameda. La incorporación a la familia de Alliance de un dedicado líder ejecutivo humanitario es esencial para llegar a más personas", dijo Scott Coffin, antiguo CEO de Alliance. "El Sr. Vang ha dedicado gran parte de su carrera a atender las desigualdades en la atención médica de comunidades marginadas a escala mundial, y esperamos que trabaje para ampliar nuestra misión y reforzar el trabajo que hacemos cada día para servir a nuestra comunidad de la red de seguridad".

"Estoy emocionado de asumir este importante papel en Alliance y asociarme con nuestro personal y líderes dedicados para abordar las desigualdades de salud de los miembros y ayudar a lograr un cambio significativo y duradero, tanto dentro de nuestra organización como en toda la comunidad del condado de Alameda", dijo el Sr. Vang.

LOS BEBÉS NECESITAN TIEMPO PARA CRECER



El bebé crece durante todo el embarazo. Por ejemplo, el cerebro, los pulmones y el hígado se desarrollan totalmente durante las últimas semanas del embarazo. Se habla de parto prematuro cuando un bebé nace demasiado pronto, antes de las 37 semanas de embarazo. Entre 2017 y 2019, alrededor del 9 % de los bebés nacidos en el Condado de Alameda nacieron demasiado pronto. Los bebés que nacen demasiado pronto (sobre todo antes de las 32 semanas) pueden presentar más inquietudes de salud o necesitar permanecer más tiempo en el hospital.

Evitar un parto prematuro es un desafío porque muchas de sus causas pueden ser complejas o no se entienden bien.

Sin embargo, estos pasos pueden ayudar a reducir el riesgo de un parto prematuro:

- Evite el alcohol y las drogas.
- Reciba atención prenatal en cuanto crea que puede estar embarazada y durante todo el embarazo.
- Conozca las señales de alerta del trabajo de parto. Si cree que está sufriendo un trabajo de parto prematuro, consulte a un proveedor de atención médica de inmediato.
- Practique formas de manejar su estrés.
Para obtener ayuda, busque un proveedor de atención médica del comportamiento en la red de Alliance llamando al número gratuito **1.855.856.0577**.
También puede hablar con un consejero en el número gratuito de la Línea Nacional de Asistencia de Salud Mental Materna: **1.833.943.5746**.
- Deje de fumar.
Si necesita ayuda para dejar de fumar, llame a la línea de ayuda gratuita de Kick It California al **1.800.600.8191**. Encuentre más recursos en la página "Quit smoking" (Deje de fumar) en **www.alamedaalliance.org/live-healthy-library**. También puede enviarnos un **formulario de solicitud de programas y materiales de bienestar** que se encuentra en la página **20** o llamar a Programas de Salud de Alliance al **1.510.747.4577**.
- Hable con su médico u otro proveedor de atención médica sobre el uso del tratamiento con progesterona si tuvo un parto prematuro anterior.
- Espere al menos 18 meses de un embarazo a otro.

Si está embarazada o dio a luz recientemente y necesita más apoyo, los programas **Starting Out Strong del Condado de Alameda** pueden serle de ayuda. Estos ofrecen grupos, clases y consultas individuales. Para obtener más información, llame al Departamento de Salud Pública del Condado de Alameda - Unidad de Salud Materna, Paterna, Infantil y del Adolescente al **1.510.667.4333**.

Infórmese sobre clases, programas y materiales en la página "Pregnancy & Baby" (Embarazo y bebé) en **www.alamedaalliance.org/live-healthy-library**. También puede enviarnos un **formulario de solicitud de programas y materiales de Bienestar** que se encuentra en la página **20** o llamar a Programas de Salud de Alliance al **1.510.747.4577**.

Artículo adaptado de: Centros para el Control y la Prevención de Enfermedades:
www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

¡OBTENGA SU CITA DE SALUD INICIAL (IHA)!

¿Es usted un nuevo miembro de Alliance? Una de las primeras cosas que debe hacer es conocer a su proveedor de atención primaria (Primary Care Provider, PCP), un médico o un enfermero que atiende su salud. Esta primera consulta se llama cita de salud inicial (Initial Health Appointment, IHA). Lo mejor es programar su IHA en los cuatro (4) meses siguientes a su inscripción en Alliance.

Durante una IHA, usted:

- Comparte sus inquietudes de salud actuales y su historial médico.
- Pasa por un examen físico.
- Se informa sobre las vacunas o pruebas de detección que pueda necesitar.
- Obtiene otros recursos de su PCP.

Las consultas de IHA son el primer paso para garantizar una buena salud duradera e iniciar una buena relación con su PCP. Llame a su PCP para programar su cita.

Si tiene alguna pregunta sobre la IHA o su PCP, llame al:

Departamento de Servicios al Miembro de Alliance

De lunes a viernes, de 8:00 a. m. a 5:00 p. m.

Número de teléfono: **1.510.747.4567**

Línea gratuita: **1.877.932.2738**

Personas con impedimentos auditivos y del habla: **711/1.800.735.2929**



LA PRESIÓN ARTERIAL IMPORTA

La presión arterial es la fuerza ejercida sobre las paredes de los vasos sanguíneos con cada latido del corazón. Estos vasos transportan sangre del corazón a otras partes del cuerpo. Cuando su presión arterial se mantiene alta, aumenta su riesgo de sufrir problemas como enfermedades cardíacas y derrames cerebrales. La buena noticia es que puede trabajar para controlar su presión arterial.

Para ayudar a mantener su presión arterial en un rango saludable, siga estos hábitos saludables:



Conozca sus cifras. Pregunte a su médico cuáles son sus cifras de presión arterial y qué significa eso para usted. Si su presión arterial es demasiado alta, siga el plan de tratamiento de su médico.



Muévase. Trate de caminar, bailar o realizar su actividad favorita. Todo lo que necesita son 30 minutos al día, cinco (5) días a la semana. Recuerde, no tiene que hacerlo todo de una sola vez.



Coma sano. Agregue más frutas y verduras a sus comidas. Limite los alimentos con sal, grasa y azúcar.



Limite el consumo de alcohol. Para los hombres, no se recomiendan más de dos (2) bebidas al día. Para las mujeres, no se recomienda más de una (1) bebida al día.



No fume. Si fuma, trabaje con su médico para elaborar un plan para dejar de fumar o llame a la línea gratuita de ayuda Kick It California al **1.800.600.8191**.



Maneje el estrés. Encuentre formas sanas que le ayuden a relajarse. Puede probar con respiración profunda, estiramientos o meditación.

CONSULTAS DE BIENESTAR PARA SU RECIÉN NACIDO (DEL NACIMIENTO A LOS 30 MESES)



Los niños pequeños crecen rápidamente, por lo que necesitan que su médico los vea frecuentemente para que les hagan revisiones (también llamadas consultas de bienestar infantil). Durante estas consultas, el médico revisará cómo está creciendo su hijo y puede proporcionarle pruebas de detección preventivas y vacunas. También puede usted compartir cualquier pregunta o inquietud que tenga sobre la salud y el desarrollo de su hijo.

Puede ser un desafío llevar un seguimiento de tantas citas. La siguiente tabla muestra el calendario recomendado para estas consultas. El médico de su hijo podrá ayudarle a programar todas las consultas que su hijo necesite. Puede recortar esta tabla y guardarla como recordatorio para cuando tenga programado ver al médico de su hijo.



DE 0 A 12 MESES

	De 3 a 5 días	1 mes	2 meses	4 meses	6 meses	9 meses	12 meses
FECHA							

EDAD DE 15 A 30 MESES

	15 meses	18 meses	24 meses	30 meses
FECHA				

Llame hoy mismo al médico de su hijo para programar una consulta de bienestar infantil.

Si tiene alguna pregunta, llame al:

Departamento de Servicios al Miembro de Alliance

De lunes a viernes, de 8:00 a. m. a 5:00 p. m.

Número de teléfono: **1.510.747.4567**

Línea gratuita: **1.877.932.2738**

Personas con impedimentos auditivos y del habla: **711/1.800.735.2929**

SU BENEFICIO DE TRANSPORTE

Los miembros de Alliance Medi-Cal pueden obtener transporte sin costo alguno para sus citas médicas y servicios cubiertos.

Alliance cubre dos (2) tipos de servicios de transporte:

1. transporte médico que no es de emergencia (Non-Emergency Medical Transportation, NEMT)
2. transporte no médico (Non-Medical Transportation, NMT)

¿QUÉ ES EL TRANSPORTE MÉDICO QUE NO ES DE EMERGENCIA (NEMT)?

El transporte médico que no es de emergencia (NEMT) usa una ambulancia, una camioneta con camilla, una camioneta para sillas de ruedas o transporte aéreo. El NEMT no usa automóvil, autobús ni taxi.

Usted tiene derecho a usar el NEMT cuando física o médicamente no pueda acudir a su cita médica, dental, de salud mental o para trastornos por abuso de sustancias en automóvil, autobús, tren o taxi, y Alliance pague el tratamiento de su afección médica o física.

Antes de obtener el NEMT, tiene que solicitar el servicio a través de su médico. Su médico le recetará el tipo de transporte adecuado para su afección médica. Su médico debe llenar un formulario de Declaración de certificación médica (Physician Certification Statement, PCS) para solicitar el tipo de transporte que necesita.

Para acceder a este formulario, su médico puede:

- Visitar el sitio web de Alliance en www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
- Llamar al Departamento de Servicios a Proveedores de Alliance al **1.510.747.4510**

Su solicitud de NEMT debe ser aprobada previamente por Alliance antes de su cita programada. Una vez aprobada, la autorización es válida hasta por **12 meses**, dependiendo de la necesidad médica. Además, no hay ningún límite para el número de viajes que puede obtener. Su médico tendrá que reevaluar su necesidad médica de transporte médico que no sea de emergencia y volver a aprobarlo al menos cada **12 meses**.





¿QUÉ ES EL TRANSPORTE NO MÉDICO (NMT)?

El transporte no médico (NMT) usa un automóvil, un taxi, un autobús u otro medio público o privado para llevarlo a su cita médica.

Puede usar el NMT cuando vaya a:

- viajar a una cita médica y de regreso de ella
- recoger recetas y suministros médicos

USO DE SU BENEFICIO DE TRANSPORTE

Prepárese para su viaje. Para ayudar a que su transporte lo lleve a su cita a tiempo, asegúrese de estar preparado y esperando en el lugar acordado a la hora programada.

CÓMO OBTENER NEMT O NMT

Llame al menos con tres (3) días hábiles de antelación para programar su viaje.

Tenga preparada la información de su viaje, incluyendo:

- ubicación donde lo recogerán
- ubicación donde lo dejarán
- hora de la cita
- motivo de la cita

Para solicitar NMT, llame a la línea gratuita de Transporte de Alliance al **1.866.791.4158**.

Si necesita ayuda para programar su viaje, llame al:

Departamento de Servicios al Miembro de Alliance

De lunes a viernes, de 8:00 a. m. a 5:00 p. m.

Número de teléfono: **1.510.747.4567**

Línea gratuita: **1.877.932.2738**

Personas con impedimentos auditivos y del habla: **711/1.800.735.2929**

NÚMEROS DE TELÉFONO IMPORTANTES

Servicio	Número de contacto
Emergencias	911
Control de intoxicaciones	1.800.222.1222
Centro de Medi-Cal de Servicios Sociales del Condado de Alameda	1.800.698.1118 o 1.510.777.2300
Inscripciones o cambios en el plan de Medi-Cal	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Línea principal	1.510.747.4500
Departamento de Servicios al Miembro De lunes a viernes, de 8:00 a. m. a 5:00 p. m.	1.510.747.4567
Línea gratuita	1.877.932.2738
Personas con impedimentos auditivos o del habla (CRS/TTY)	711/1.800.735.2929

SERVICIOS DE ATENCIÓN

Servicios de cuidado de la salud del comportamiento	
Alameda Alliance for Health	1.855.856.0577
Servicios de Atención de la Salud Conductual del Condado de Alameda (Alameda County Behavioral Health Care Services, ACCESS)	1.800.491.9099
Servicios de atención dental	
Miembros de Medi-Cal: Medi-Cal Dental	1.800.322.6384
Miembros de Group Care: llamen a la autoridad pública para recibir Servicios de Apoyo en el Hogar (In-Home Supportive Services, IHSS)	1.510.577.3552
Servicios de atención de la vista	
Miembros de Medi-Cal: MARCH Vision Care	1.844.336.2724
Miembros de Group Care: llamen a la autoridad pública para recibir Servicios de Apoyo en el Hogar (IHSS)	1.510.577.3552
Línea de consulta de enfermería	
Miembros de Medi-Cal	1.888.433.1876
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English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en español (Spanish)

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简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

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ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.



Programas y materiales de bienestar

Formulario de solicitud del miembro: Alameda Alliance for Health (Alliance) ofrece educación gratuita sobre la salud. Queremos que usted se haga cargo de su salud con la mejor información posible. Seleccione los temas sobre los que desea que le enviemos información. También puede solicitar los folletos en otros formatos. Muchos folletos pueden encontrarse en www.alamedaalliance.org.



REMISIONES A CLASES Y PROGRAMAS

- Asma
- Apoyo para la lactancia
- RCP/primeros auxilios
- Diabetes
- Programa de Prevención de la Diabetes (*prediabetes*)
- Alimentación, peso y ejercicios sanos
- Salud del corazón
- Crianza de los hijos
- Embarazo y parto
- Dejar de fumar
(*haga que Kick It California me llame*)



IDENTIFICACIÓN MÉDICA

- Escoja una: Pulsera Collar
- Asma
 - Niño Adulto
 - Diabetes
 - Niño Adulto



MATERIALES ESCRITOS

- Instrucción anticipada (*poder legal médico*)
- Abuso del alcohol y otras sustancias
- Asma
- Dolor de espalda
- Anticoncepción
- Enfermedad pulmonar obstructiva crónica (Chronic Obstructive Pulmonary Disease, EPOC)
- Diabetes
- Violencia doméstica
- Alimentación, peso y ejercicios sanos
 - Niño Adulto
- Salud del corazón
- Crianza de los hijos
- Embarazo
- Atención preventiva
- Dejar de fumar
- Seguridad
 - Niño Adulto
- Salud sexual
- Estrés y depresión
 - Niño Adulto

Nombre (personal): _____ Idioma que escribe: _____

Número de identificación de miembro de Alliance: _____ Idioma que habla: _____

Nombre del niño (si corresponde): _____ **Los materiales solicitados se le enviarán por correo. ¿Cómo puede Alliance comunicarse con usted?**

Número de identificación de miembro del niño: _____ Marque todas las opciones que correspondan:

Edad del niño: _____ Teléfono: _____

Dirección: _____ Correo electrónico: _____

Ciudad: _____ Código postal: _____ Mensaje de texto: _____



Para hacer un pedido, complete este formulario en el portal para miembros en www.alamedaalliance.org o envíe este formulario por correo a:
Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502
 Número de teléfono: **1.510.747.4577 • Línea gratuita: 1.855.891.9169**
 Personas con impedimentos auditivos y del habla (CRS/TTY): **711/1.800.735.2929**

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2023年夏季/秋季

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服務提供者焦點：幫助社區了解醫療保健 – NOHA ABOELATA 醫生的故事

Noha Aboelata, MD醫生被患者、同事和朋友親切地稱呼為「Noha醫生」，她是我們社區的堅定維護者。Noha醫生致力於幫助解決和消除健康差異。她熱衷於幫助代表性不足的群體改善健康狀況，是該領域中的先驅。Noha醫生是一名家庭醫生，也是Roots Community Health Center (Roots) 的創辦人。

www.alamedaalliance.org

San Leandro, California 94578
PO Box 3789

ALAMEDA
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Noha醫生在加州Oakland出生和長大，她曾就讀於Oakland公立學校，之後在霍華德大學醫學院 (Howard University School of Medicine) 深造，取得了醫學博士學位。

(接第2頁)

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Roots創立於2008年，其使命是幫助那些受到系統性不平等和貧困影響的人。其透過醫療和行為健康護理、健康導覽、企業員工隊伍、住房、外展活動和宣導工作完成這項使命。

在南加州結束住院醫生實習期後，Noha醫生回到家鄉Oakland，繼續為社區服務，並在Oakland東部創辦了Roots。Roots一開始只有兩位志願者，在Noha醫生的領導下，其發展成擁有超過200名全職員工的跨院區、跨縣非營利組織，為超過10000名患者提供服務。

健康不僅僅是沒有疾病。護理也不局限於檢查室和醫生診所。Roots希望所有人都能獲得全面健康，並致力於提供更多服務來幫助個人改善福祉，而不僅僅是醫療服務。Noha醫生深知此事的重要性，並率先提出了關於改善福祉的典範，Roots將其稱為「全民健康計畫」(Whole Health)。全民健康計畫以社區為基礎和驅動力，並賦權於社區。全民健康計畫包括符合文化特點的全方位醫療、社交、就業、營養和教育服務，以及社區主導型公共政策參與。全民健康計畫旨在幫助Roots計畫成員應對和改變影響他們個人、他們的家人以及他們生活和工作的社區的福祉的狀況。

除了在Roots擔任的職務以外，Noha醫生還是醫療和公共衛生領域的領導者。Noha醫生出任Alameda Alliance for Health (Alliance) 理事會副主席。Alliance為計畫成員和服務提供者提供個性化服務，因此，她非常願意與Alliance合作。在擔任領導職務期間，Noha醫生同時幫助服務提供者和社區了解Alliance的醫療保健服務。

在閒暇之際，Noha醫生喜歡烹飪、參加戶外活動和散步，呼吸新鮮空氣。她育有三(3)個兒子，並對此感到非常自豪，並且她很享受擔當母親這一角色。



Alliance很榮幸能請到Noha醫生為計畫成員提供護理，以及出任Alliance理事會領導。她熱衷於改善醫療保健、加強賦權工作以及消除社區影響，這對Alliance、計畫成員、服務提供者夥伴和社區來說都彌足珍貴。

我們期待與Aboelata醫生和Roots繼續合作，尋找為所有人服務的最佳方式。

您想進一步了解Aboelata醫生嗎？請造訪我們的網站，觀看Aboelata醫生親切的個人訊息短片，網址：www.alamedaalliance.org。

您也可以在Facebook，Instagram或X（前稱為Twitter）上與我們聯絡以觀看該短片。



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[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)

Alliance計畫成員可以撥打以下電話，選擇Roots Community Health Center作為指定診所：

Alliance計畫成員服務處

週一至週五，上午8點至下午5點

電話號碼：**1.510.747.4567**

免費電話：**1.877.932.2738**

聽障及語障人士（CRS/TTY）專線：**711/1.800.735.2929**

Roots主要診所

9925 International Blvd.

Oakland, CA 94603

週一至週五，上午9點至下午5點

電話號碼：**1.510.777.1177**

Roots在整個灣區提供服務。如需了解更多資訊和服務地點，請造訪rootsclinic.org。

SCOTT COFFIN卸任後，ALLIANCE任命MATTHEW WOODRUFF



Matthew Woodruff於2023年6月1日成為Alliance新任首席執行官 (Chief Executive Officer, CEO)。 Alliance前任CEO Scott Coffin擔任該職務已有近十年，於2023年5月31日卸任。Coffin先生自2015年初開始擔任CEO，期間帶領Alliance脫離州政府管理，在轉變運營模式後贏得良好聲譽，歷經多次成功，並將本組織以運作良好的狀態交給Woodruff先生管理。

如今，Alliance擁有近500名員工，每年報告超過\$13億收入，持續獲得國家品質認證 (信譽) 且符合監管要求 (遵守法律規定)，並擁有超過\$2億金融儲備。在Coffin先生的領導下，Alliance因其運營效率和品質評分快速提高而實現巨大成功，從而受到州和聯邦監管機構的認可。在全州範圍內的管理式醫療組織中，Alliance的品質評分從倒數第三上升到排名第四。

在過去八 (8) 年內，Alliance建立了一系列初級護理激勵計畫和試點計畫，以管理複雜的病例。該計畫為當地服務提供者注入超過\$8400萬資金，用於改善成人和兒童護理的服務品質。為了滿足年長者、兒童和家庭的需

求，Coffin先生與Alameda縣監察委員會、Alameda縣機構領導人以及社區組織的領導人建立了新的合作關係，以增加民眾獲得保健服務的機會。Coffin先生心繫缺醫少藥的民眾，致力於解決護理方面的差距以及影響他們健康的社會因素，以幫助積極改善他們的生活，這促使Alliance推出群體健康保險計畫。去年，在Coffin先生的帶領下，Alliance成功實施了CalAIM計畫的第一階段，包括加強護理管理 (Enhanced Care Management, ECM)、社區支援 (Community Support, CS) 和主要器官移植 (Major Organ Transplant, MOT)。

Woodruff先生擁有超過27年的醫療保健領導經驗，在運營Medicare Advantage和Medi-Cal管理式護理計畫方面是公認的全國級專家和行業領袖。憑藉製定出現行的Medicare競標流程，Woodruff先生獲得美國衛生與公眾服務部 (U.S. Department of Health and Human Services) 部長頒發的傑出服務獎。

Woodruff先生是第三代墨西哥裔美國人，他在灣區長大，畢業於莫拉加聖瑪莉大學 (St. Mary's College of Moraga)，現與妻子和兩 (2) 個孩子住在東灣。

Alliance理事會主席Rebecca Gebhart表示：「Alliance理事會欣賞Matt極富同理心並以計畫成員為優先的工作方式，以及他對Medi-Cal業務的深厚了解。他在Medicare數十年的工作經驗能很好地引領我們進入該行業。理事會相信Matt將會是一名成功的CEO，並延續Alliance在Scott Coffin的領導下所創造的許多佳績與成就。」

Alliance理事會副主席Noha Aboelata博士補充道：「Matt在Alliance的經驗對於幫助我們掌握州CalAIM計畫的轉型非常有價值，該計畫旨在為Medi-Cal計畫成員提供公平、一致且以人為本的整體健康照護。」

自2015年起，Woodruff先生在Coffin先生的高級管理團隊中擔任Alliance首席運營官 (Chief Operating Officer, COO)。在擔任該職務期間，Woodruff先生負責管理Alliance的日常運營工作，加強了組織內外部的合作關係。在他的領導下，Alliance取得了國家的認可，並因高度獲得員工和計畫成員的認可以及為計畫成員提供的傑出服務水準獲得卓越中心的地位。Woodruff先生與Alliance服務提供者網絡建立了深厚的關係，提高了社區服務提供者的滿意度，並在2022年達到創紀錄的水平，自2015年以來提高了28%。

Coffin於2022年宣佈卸任後，Alliance理事會成員兼前任主席暨CEO遴選委員會主席Evan Seevak博士表示：「招募CEO時有許多傑出的候選人，不過最後Matt脫穎而出，並且是Alliance CEO遴選委員會的頭號推薦人選。在面試階段，Matt展露出對Alliance、Medi-Cal管理式護理計畫以及Medicare的深厚認知，也對我們的計畫成員、服務提供者以及本地社區相當了解。我們非常期待Matt上任。」

Alliance前任 CEO Scott Coffin 說道：「Alliance在過去八 (8) 年內已經成功轉型，並且未來數年也會繼續維持良好聲譽。Alameda縣的Medi-Cal計畫將轉變為縣級組織模式，並將提供多項新的Medi-Cal服務，以解決影響健康的社會決定因素，包括為年長者與體弱成年人提供支援服務，以及解決各種食品和住房匱乏問題的服務。Alliance率先展開並投資一系列的試點計畫以解決健康差異，計畫包含Recipe4Health、Whole Person Care和Health Homes，同時還會推出另一項新的試點計畫，以幫助曾被監禁(拘留)的人員協調重返社會的服務。我對Matt的領導能力非常有信心，他會努力完成Alliance的使命與願景，並繼續加強我們與保障機制夥伴在本地展開的合作。」

ALLIANCE任命新的理事會主席和副主席，並迎來兩 (2) 位新的董事會成員

Alliance宣佈任命Rebecca Gebhart女士為Alliance理事會主席。理事會是Alliance的管理機構，而Alliance是頂尖的Medi-Cal管理式護理健康保險計畫，為Alameda縣Medi-Cal計畫中80%以上的成人與兒童提供服務。

Alliance前任CEO Scott Coffin表示：「自1996年起，Alliance全身心投入為所有人提供最佳的醫療保健服務，並不斷努力提升Alameda縣居民的生活品質。身為長期醫療保健和社區的領導者，理事會提供了寶貴且更貼近我們使命和願景的意見，以擴大服務範圍，使更多人受惠，並透過策略性的整合來改善本地的醫療保健系統。」

Gebhart女士表示：「我很榮幸擔任Alliance理事會主席，並與理事會的同事們合作，推進計畫的使命，改善計畫成員的健康和福祉。」

Gebhart女士自2016年5月開始擔任理事會成員，擁有超過20年的醫療保健財務工作經驗，且卸任前曾在Alameda縣醫療保健服務機構 (Health Care Services Agency, HCSA) 擔任財務總監。Gebhart女士還曾擔任HCSA助理主任，負責監督價值\$10億元機構的所有財務運作，該機構的業務內容涵蓋了行為健康、管理/貧困健康、公共健康和環境健康領域。Evan Seevak博士曾於2017年至2019年擔任副主席，並於2019年至2022年擔任主席。Seevak博士仍是理事會的成員，且因提供了超過11年的服務而受到認可與讚賞。

同時，Alliance也很高興宣佈任命Noha Aboelata醫生為理事會副主席。Aboelata博士是Community Health Center的創辦人兼CEO，也是位敬業的醫療保健領導者和提倡者，她致力於消除East Oakland與Alameda縣廣大社區中低收入人群之間的健康差距。Aboelata博士自2018年以來一直在Alliance理事會任職，在其整個職業生涯中，她建立了完善的措施，幫助患者獲得有利於健康和整體福祉的各種資源，專注於改善便利性和連續護理。

Alliance還任命了兩 (2) 位新理事會成員：

近期當選的Alameda縣監察會成員Lena Tam監事已加入Alliance，成為新任的理事會成員。監察員Tam長期擔任社區領袖和公共衛生工作者，並且曾擔任過Alameda市副市長。在擔任該職務期間，她為低收入年長者爭取住房，以及加強Alameda居民的安全網服務。她也曾擔任Alameda市醫療保健理事會的主席，任職期間，她孜孜不倦地工作，以使Alameda Hospital正常營運，並確保其持續地向社區提供緊急服務。

Jody Moore女士加入Alliance理事會擔任消費者計畫成員一職，她是Alameda居民，同時也是兩 (2) 個孩子的母親。身為一名具有特殊需求的孩子的家長，Moore女士多年來一直致力提倡為殘障人士提供支持服務。Moore女士之前曾在Alameda殘障委員會任職，並擔任了數年副主席。在2011年，她建立了Alameda自閉症社區網絡 (Alameda Autism Community Network) 團體，並投入大量時間支持相關活動，以提高人們對於殘障人士所面對的不便問題的認知。

ALLIANCE宣佈新任 醫療平等部門主任



Alliance宣佈，Lao Paul Vang先生已就任該健康保險計畫的醫療平等部門主任。Vang先生會負責實施政策，以確保在整個組織和Alliance所服務的社區中，優先考量和解決醫療平等（所有人享有高水平健康）的問題。他負責實施多元化、平等和包容的重要願景，這些願景皆以Alliance工作人員、計畫成員、社區和服務提供者合作夥伴為中心。身為醫療平等部門的主任，Vang先生會與社區領導者密切合作，透過找出減少健康問題的社會決定性因素，來完善Alliance針對民眾制定的健康策略。

Vang先生在公共行政與人道主義事務方面有著豐富的經驗。在其職業生涯中，他建立並實施了大規模的人權和醫療平等、全球多元性、種族性別平等和社會包容性計畫。在加入Alliance之前，Vang先生負責監督一個大型學區的公共安全運作。他設計了預防犯罪和校園暴力的新方法，並制定了全面的種族平等政策和策略，以消除系統中的制度性（有組織的）種族主義。Vang先生還曾在西非擔任世界衛生組織（World Health Organization）的首席人權官和醫療平等專員，

以及在西非賴比瑞亞的聯合國特派團中，擔任首席人權官和多元化專員。

Alliance前任CEO Scott Coffin表示：「要實現醫療平等的目標，需要組織的改革，也需要我們改變為Alameda縣尊敬的居民提供服務的方式。為了使更多人受惠，在Alliance這個大家庭中，新增一位敬業的人道主義執行領導者就顯得尤為重要。Vang先生在其大部分的職業生涯中，都致力於解決全球邊緣化社區的醫療保健不平等問題，我們期待他能擴大我們的使命，加強我們每日為安全網社區提供服務所做的努力。」

Vang先生表示：「我很高興在Alliance中擔任這個重要的職位，並與敬業的工作人員和領導者共同合作，一同解決計畫成員所遭遇的醫療不平等問題，並協助我們組織和整個Alameda縣社區，實踐有意義且長久的改變。」

嬰兒需要成長時間



嬰兒在整個懷孕期間都在成長。比如大腦、肺部和肝臟會在懷孕的最後幾週發育完全。早產是指嬰兒在懷孕37週前過早出生。從2017年至2019年，Alameda縣約有9%的嬰兒過早出生。過早出生的嬰兒（特別是早於32週）可能會有更多健康問題或需要更長時間的住院。

預防早產是一項挑戰，因為許多導致早產的原因可能很複雜或還未被充分了解。

儘管如此，透過以下步驟仍然可以降低早產的風險：

- 避免酒精和藥物。
- 一旦您認為自己可能懷孕，請立即接受產前護理，並持續至懷孕結束。
- 了解分娩的警告信號。如果您認為自己正在經歷早產，請立即聯絡醫療保健服務提供者。
- 練習管理壓力的方法。
如需協助，請撥打免費電話**1.855.856.0577**，在Alliance網絡中尋找行為醫療保健服務提供者。
您也可以撥打免費熱線電話**1.833.943.5746**，與國家孕產婦心理健康 (National Maternal Mental Health) 的顧問交談。
- 戒菸。
如需協助戒菸，請撥打Kick It California免費求助專線電話**1.800.838.8917**。請造訪 www.alamedaalliance.org/live-healthy-library 的「Quit Smoking」(戒菸) 頁面，以尋找更多資源。您也可以向我們寄送一份第20頁上的**安康保健計畫與資料申請表**，或撥打**1.510.747.4577**聯絡Alliance健康保險計畫。
- 如果您以前經歷過早產，請諮詢您的醫生或其他醫療保健服務提供者，以了解如何使用黃體酮進行治療。
- 兩次懷孕之間至少間隔18個月。

如果您懷孕或於近期分娩，並且需要更多支援，**Alameda縣強勢起步 (Starting Out Strong)** 計畫可能會對您有所幫助。他們提供團體服務、課程和一對一門診。如需獲取更多資訊，請撥打**1.510.667.4333**聯絡Alameda縣公共衛生部 (Public Health Department) 的孕產婦、父親、兒童與青少年健康科。

有關課程、計畫和材料的資訊，請造訪www.alamedaalliance.org/live-healthy-library的「**Pregnancy & Baby**」(懷孕與嬰兒) 頁面。您也可以向我們寄送一份第20頁上的**安康保健計畫與資料申請表**，或撥打**1.510.747.4577**聯絡Alliance健康保險計畫。

文章改編自：疾病控制和預防中心 (Centers for Disease Control and Prevention)：
www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

獲取您的初次健康約診 (IHA)!

您是否是Alliance計畫的新成員?您應該做的第一件事情就是諮詢您的主要醫療保健服務提供者 (Primary Care Provider, PCP),即照顧您的健康的醫生或護士。首次就診稱為初次健康約診 (Initial Health Appointment, IHA)。最好在加入Alliance後的四 (4) 個月內安排您的IHA。

在進行IHA時,您會:

- 分享您目前的健康顧慮和您的過往健康史。
- 進行身體檢查。
- 了解您可能需要的任何疫苗和篩檢。
- 從您的PCP獲取更多資源。

IHA門診是確保您的長期健康和您與PCP初步建立良好關係的第一步。致電您的PCP以安排約診。

如果您對IHA或您的PCP有任何疑問,請致電聯絡:

Alliance計畫成員服務處

服務時間為週一至週五,上午8點至下午5點

電話號碼: **1.510.747.4567**

免費電話: **1.877.932.2738**

聽障及語障人士專線: **711/1.800.735.2929**



血壓至關重要

血壓為每次心跳施加於血管壁上的力量。這些血管將血液從您的心臟輸送到身體的其他部位。當您的血壓居高不下時，會增加心臟病和中風等問題的風險。好消息是您可以努力控制血壓。

為幫助將您的血壓控制在健康範圍內，請遵循以下健康習慣：



知道您的數值。向您的醫生詢問您的血壓數值是多少，以及這對您意味著什麼。如果您的血壓過高，請遵循醫生的治療計畫。



動起來。嘗試散步、跳舞或您喜歡的活動。您只需要每週運動五 (5) 天，每天30分鐘。請謹記，您不必一次做完所有的運動。



健康飲食。在飲食中添加更多水果和蔬菜。限制含鹽、脂肪和糖的食物。



限制飲酒。建議男性每天不超過兩 (2) 杯，女性每天不超過一 (1) 杯。



切勿吸菸。如果您吸菸，可以與您的醫生一同制定一份戒菸計畫，或撥打免費協助熱線 **1.800.838.8917** 聯絡 Kick It California。



壓力管理。尋找健康的方式幫助您放鬆。您可以嘗試深呼吸、拉伸或冥想。

新生兒保健就診 (從出生至30月齡)



年幼的孩子成長得很快，因此他們需要經常去看醫生並進行健康檢查（也稱為健康兒童就診）。在就診期間，醫生會檢查您孩子的成長狀況，並可能提供預防性的篩檢和疫苗接種。您也可以分享您對孩子的健康和發展的任何疑慮。

記錄如此多的約診會有一定的挑戰性。下方表格顯示了建議就診的時間。您孩子的醫生會協助您安排孩子需要的所有就診。您可以剪下這張表格並將其保留，以提醒您孩子就診的時間。

✂

0至12月齡							
日期	3-5日齡	1月齡	2月齡	4月齡	6月齡	9月齡	12月齡

15至30月齡				
日期	15月齡	18月齡	24月齡	30月齡

立即致電您孩子的醫生，以安排健康兒童就診。

如果您有任何疑問，請致電聯絡：

Alliance計畫成員服務處

服務時間為週一至週五，上午8點至下午5點

電話號碼：**1.510.747.4567**

免費電話：**1.877.932.2738**

聽障及語障人士專線：**711/1.800.735.2929**

您的交通福利

Alliance Medi-Cal計畫成員可在赴診及接受承保服務時免費搭乘交通工具。

Alliance承保了以下兩 (2) 種交通服務：

1. 非緊急醫療交通服務 (Non-Emergency Medical Transportation, NEMT)
2. 非醫療相關交通服務 (Non-Medical Transportation, NMT)

什麼是非緊急醫療交通服務 (NEMT)?

非緊急醫療交通服務 (NEMT) 包括救護車、擔架車、輪椅箱型車或航空運輸。NEMT不包括汽車、公車或計程車。

當您因身體狀況或醫療原因無法搭乘汽車、公車、火車或計程車前往您的醫療、牙科、心理健康和藥物使用障礙約診，且Alliance負責為您的醫學或身體狀況支付治療費用時，您可以使用NEMT。

在獲取NEMT前，您需要透過您的醫生申請這項服務。您的醫生將根據您的醫療狀況決定合適的交通方式。您的醫生必須填寫一份醫生證明 (Physician Certification Statement, PCS) 表格，以申請您需要的交通方式。

如需獲取此表格，您的醫生可以：

- 造訪Alliance網站：
www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
- 撥打**1.510.747.4510**聯絡Alliance服務提供者服務處

您的NEMT申請必須在安排的約診之前獲得Alliance的預先批准。一旦獲得批准，根據醫療需要，批准有效期可長達**12個月**。此外，您的搭乘次數沒有限制。您的醫生將需要重新評估您對非緊急醫療交通服務的需求，並至少每**12個月**重新批准一次。





什麼是非醫療相關交通服務 (NMT)?

非醫療相關交通服務 (NMT) 包括透過汽車、計程車、公車或其他公共或私人的交通方式赴診。

您可以在以下情況使用NMT:

- 往返約診地點
- 領取處方藥和醫療用品

使用您的交通福利

做好乘車準備。為了幫助您按時到達約診地點，請確保您已準備好出發並按時到達預先安排的地點等候。

獲取NEMT或NMT的方式

提前至少三 (3) 個工作日致電，以預約您的行程。

約定如下行程資訊:

- 乘車地點
- 下車地點
- 約診時間
- 約診原因

如需獲取NMT，請撥打Alliance交通專線免費電話**1.866.791.4158**。

如果您需要協助安排行程，請致電聯絡:

Alliance計畫成員服務處

服務時間為週一至週五，上午8點至下午5點

電話號碼：**1.510.747.4567**

免費電話：**1.877.932.2738**

聽障及語障人士專線：**711/1.800.735.2929**

重要電話號碼

服務項目	聯絡號碼
緊急事件	911
毒物控制	1.800.222.1222
Alameda縣社會服務Medi-Cal中心	1.800.698.1118或1.510.777.2300
Medi-Cal計畫入保/變更	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

主要電話專線	1.510.747.4500
計畫成員服務處 服務時間為週一至週五，上午8點至下午5點	1.510.747.4567
免費電話	1.877.932.2738
聽障及語障人士 (CRS/TTY) 專線	711/1.800.735.2929

護理服務

行為健康治療服務	
Alameda Alliance for Health	1.855.856.0577
Alameda縣行為健康治療服務(Alameda County Behavioral Health Care Services, ACCESS)	1.800.491.9099
牙科護理服務	
Medi-Cal計畫成員：Medi-Cal牙科	1.800.322.6384
團體醫療計畫成員：請致電主管公共機構以獲取居家支援服務 (In-Home Supportive Services, IHSS)	1.510.577.3552
眼科護理服務	
Medi-Cal計畫成員：MARCH Vision Care	1.844.336.2724
團體醫療計畫成員：請致電主管公共機構以獲取居家支援服務 (IHSS)	1.510.577.3552
護士諮詢專線	
Medi-Cal計畫成員	1.888.433.1876
團體醫療計畫成員	1.855.383.7873

與我們保持聯絡並加入對話！



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[@alamedaallianceforhealth](https://instagram.com/alamedaallianceforhealth)



[@alameda-alliance-for-health](https://linkedin.com/company/alameda-alliance-for-health)



[@alamedaalliance](https://youtube.com/alamedaalliance)

無歧視和語言權益通知

歧視屬於違法行為。Alliance遵守州和聯邦民權法。Alliance不會基於性別、種族、膚色、宗教、血統、原國籍、族群認同、年齡、心理殘障、身體殘障、醫療狀況、基因資訊、婚姻狀況、性別、性別認同或性取向，而非法地歧視、排擠或區別對待任何人。

英語

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (西班牙語)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (簡體中文)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (越南語)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

他加祿語

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

Alameda Alliance for Health 安康保健計畫與資料



計畫成員申請表 — Alameda Alliance for Health (Alliance) 免費提供健康教育。我們希望您充分了解情況，以便在保持健康方面掌握主動權。請選擇您希望我們向您寄送的主題。您也可申請獲得其他格式的手冊。可造訪 www.alamedaalliance.org 查看各種手冊。



課程與計畫轉介

- 哮喘
- 母乳哺育支援服務
- 心肺復甦術 (Cardiopulmonary Resuscitation, CPR)/急救護理
- 糖尿病
- 糖尿病預防計畫 (前驅糖尿病)
- 健康飲食、運動和體重
- 心臟健康
- 子女教養
- 懷孕與分娩
- 戒菸
(請讓亞裔吸菸者戒菸專線打電話給我)



醫療識別

- 選擇一項： 手環 頸環
- 哮喘
 - 兒童 成人
 - 糖尿病
 - 兒童 成人



書面資料

- 預先立囑 (醫療授權書)
- 酒精與其他藥物濫用
- 哮喘
- 背痛
- 避孕
- 慢性阻塞性肺病 (Chronic Obstructive Pulmonary Disease, COPD)
- 糖尿病
- 家庭暴力
- 健康飲食、運動和體重
 - 兒童 成人
- 心臟健康
- 子女教養
- 懷孕
- 預防保健
- 戒菸
- 安全
 - 兒童 成人
- 性衛生
- 壓力和抑鬱
 - 兒童 成人

姓名(本人)： _____ 書寫語言： _____

Alliance計畫成員ID號： _____ 頭語言： _____

兒童姓名(若適用)： _____ **所要求的資料將郵寄給您。Alliance應如何與您聯絡？**

兒童的計畫成員ID號： _____ 請勾選所有適用項：

兒童年齡： _____ 電話號碼： _____

地址： _____ 電郵地址： _____

城市： _____ 郵遞區號： _____ 短訊： _____



如需訂購，請在
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KẾT NỐI HỘI VIÊN

Hè/Thu Năm 2023

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FOR HEALTH

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Q U A N A L A M E D A

Giúp Đỡ Mọi Người trong Cộng Đồng của Chúng Ta Từ Năm 1996



NHÀ CUNG CẤP NỔI BẬT: ĐƯA LĂNG KÍNH CỘNG ĐỒNG VÀO CHĂM SÓC SỨC KHỎE – CÂU CHUYỆN VỀ BÁC SĨ NOHA ABOELATA

Bác Sĩ Noha Aboelata, MD, được các bệnh nhân, đồng nghiệp và bạn bè gọi là "Bác Sĩ Noha" là người bảo vệ quyền lợi thực sự cho cộng đồng của chúng ta. Bác Sĩ Noha cống hiến sự nghiệp của mình để giải quyết và loại bỏ sự cách biệt về sức khỏe. Khát vọng của bà là giúp cải thiện sức khỏe của các cộng đồng ít được đại diện và bà là người tiên phong trong lĩnh vực của mình. Bác Sĩ Noha là bác sĩ gia đình và là người sáng lập Trung Tâm Y Tế Cộng Đồng Roots (Roots).

www.alamedalliance.org

San Leandro, California 94578
PO Box 3789

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Sinh ra và lớn lên ở Oakland, California, Bác Sĩ Noha theo học tại các trường công lập ở Oakland và sau đó lấy bằng tiến sĩ y khoa tại Trường Y Đại Học Howard.

(Tiếp tục ở trang 2)

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Roots được thành lập vào năm 2008 và có sứ mệnh *nâng đỡ những người chịu ảnh hưởng của sự nghèo đói và bất công có hệ thống. Roots thực hiện sứ mệnh này thông qua chăm sóc y tế và sức khỏe hành vi, điều hướng sức khỏe, hỗ trợ việc làm, nhà ở, tiếp cận cộng đồng và bảo vệ quyền lợi.*

Sau khi hoàn thành chương trình nội trú ở miền nam California, Bác Sĩ Noha trở về quê nhà ở Oakland để phục vụ cộng đồng của mình và thành lập Roots ở Đông Oakland.

Dưới sự lãnh đạo của Bác Sĩ Noha, Roots bắt đầu phát triển từ nỗ lực tình nguyện của hai người thành một tổ chức phi lợi nhuận hoạt động trên nhiều khuôn viên, nhiều quận với hơn 200 nhân viên toàn thời gian phục vụ hơn 10,000 bệnh nhân.

Sức khỏe không chỉ đơn thuần là không có bệnh tật. Chăm sóc vượt ra ngoài phạm vi phòng khám và văn phòng bác sĩ. Roots tin vào sức khỏe toàn diện cho mỗi người và hướng tới việc cải thiện sự khỏe mạnh toàn diện của cá nhân ngoài các dịch vụ y tế. Bác Sĩ Noha hiểu điều này và tiên phong trong việc cung cấp mô hình cải thiện sự khỏe mạnh mà Roots gọi là “Sức Khỏe Toàn Diện”. Sức Khỏe Toàn Diện dựa vào cộng đồng, hướng tới cộng đồng và trao quyền cho cộng đồng. Sức Khỏe Toàn Diện bao gồm các dịch vụ y tế, xã hội, việc làm, dinh dưỡng và giáo dục toàn diện, đáp ứng về mặt văn hóa cùng với sự tham gia chính sách công do cộng đồng lãnh đạo. Sức Khỏe Toàn Diện nhằm mục đích trao quyền cho các hội viên Roots giải quyết và thay đổi các điều kiện ảnh hưởng đến sức khỏe thể chất và tinh thần của cá nhân, gia đình và cộng đồng nơi họ sống và làm việc.

Bác Sĩ Noha còn là nhà lãnh đạo y tế và sức khỏe công cộng ngoài vai trò của bà tại Roots. Bà phục vụ với vai trò Phó Chủ Tịch của Hội Đồng Quản Trị Alameda Alliance for Health (Alliance). Bà thích làm việc với Alliance vì chúng tôi cung cấp dịch vụ cá nhân cho các hội viên và nhà cung cấp. Trong vai trò lãnh đạo này, Bác Sĩ Noha không chỉ đưa lăng kính nhà cung cấp mà còn đưa lăng kính cộng đồng vào dịch vụ chăm sóc sức khỏe của Alliance.

Trong thời gian rảnh, Bác Sĩ Noha thích nấu ăn, hoạt động ngoài trời và đi dạo để hít thở không khí trong lành. Bà là một người mẹ tự hào của ba (3) cậu con trai và tận hưởng từng giây phút của việc làm mẹ.

CHĂM SÓC SỨC KHỎE – CÂU CHUYỆN VỀ BÁC SĨ NOHA ABOELATA



Alliance rất vinh dự khi được Bác Sĩ Noha chăm sóc cho các hội viên của chúng tôi và giữ vai trò lãnh đạo trong Hội Đồng Quản Trị của Alliance. Khát vọng của bà trong việc cải thiện dịch vụ chăm sóc sức khỏe, trao quyền làm việc và tác động đến cộng đồng là vô giá đối với Alliance, các hội viên, đối tác nhà cung cấp và cộng đồng của chúng tôi.

Chúng tôi rất mong được tiếp tục phối hợp với Bác Sĩ Aboelata và Roots trong công tác tìm kiếm những cách hiệu quả nhất để phục vụ tất cả mọi người.

Quý vị muốn tìm hiểu thêm về Bác Sĩ Aboelata? Vui lòng truy cập trang web của chúng tôi để xem thông điệp cá nhân và chi tiết từ Bác Sĩ Aboelata tại www.alamedaalliance.org.

Quý vị cũng có thể kết nối với chúng tôi trên Facebook, Instagram hoặc X (trước đây gọi là Twitter) để xem video.



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Hội viên Alliance có thể chọn Trung Tâm Y Tế Cộng Đồng Roots làm phòng khám của mình bằng cách gọi:

Ban Dịch Vụ Hội Viên Alliance
Thứ Hai – Thứ Sáu, 8 giờ sáng – 5 giờ chiều
Số Điện Thoại: **1.510.747.4567**
Số Điện Thoại Miễn Phí: **1.877.932.2738**
Người khiếm thính và khiếm ngôn (CRS/TTY):
711/1.800.735.2929

Roots Main Clinic
9925 International Blvd.
Oakland, CA 94603
Thứ Hai – Thứ Sáu, 9 giờ sáng – 5 giờ chiều
Số Điện Thoại: **1.510.777.1177**

Roots cung cấp dịch vụ trên khắp Vùng Vịnh. Để biết thêm thông tin và các địa điểm, vui lòng truy cập rootsclinic.org.

ALLIANCE BỔ NHIỆM MATTHEW WOODRUFF LÀM GIÁM ĐỐC



Matthew Woodruff trở thành Giám Đốc Điều Hành (Chief Executive Officer, CEO) mới của Alliance vào ngày 1 tháng 6 năm 2023. Cựu CEO của

Alliance, Scott Coffin đã giữ vai trò này trong gần một thập kỷ và nghỉ hưu vào ngày 31 tháng 5 năm 2023. Ông Coffin bắt đầu giữ chức CEO từ đầu năm 2015, lãnh đạo tổ chức vượt ra khỏi sự kiểm soát của tiểu bang, chuyển đổi hoạt động để đạt trạng thái tốt, gặt hái nhiều thành công và trao lại tổ chức cho ông Woodruff lãnh đạo trong trạng thái hoạt động tốt.

Ngày nay, Alliance có gần 500 nhân viên và báo cáo doanh thu hơn \$1.3 tỷ hàng năm, duy trì các chứng nhận (chứng chỉ) chất lượng quốc gia, đáp ứng việc tuân thủ theo quy định (tuân thủ pháp luật) và có hơn \$200 triệu dự trữ tài chính. Dưới sự lãnh đạo của ông Coffin, sự thành công của Alliance đã được các cơ quan quản lý tiểu bang và liên bang công nhận nhờ tính hiệu quả trong hoạt động và cải thiện nhanh chóng điểm chất lượng. Alliance đã chuyển từ tổ chức có điểm chất lượng thấp thứ ba sang tổ chức chăm sóc có quản lý cao thứ tư trên toàn tiểu bang.

Trong tám (8) năm qua, Alliance đã tạo ra một loạt chương trình khuyến khích chăm sóc ban đầu và thí điểm để quản lý các trường hợp y tế phức tạp. Chương trình này đã trao hơn \$84 triệu cho các nhà cung cấp địa phương để cải thiện chất lượng chăm sóc cho người lớn và trẻ em. Để hỗ trợ nhu cầu của người lớn tuổi, trẻ em và gia đình, ông Coffin đã tạo dựng các mối quan hệ mới với Ban Giám Sát Quận Alameda (Alameda County Board of Supervisors), các nhà lãnh đạo Cơ Quan Quận Alameda (Alameda County Agency) và các nhà lãnh đạo của các tổ chức dựa vào cộng đồng để mở rộng khả năng tiếp cận các dịch vụ y tế. Ông Coffin đã cam kết giải quyết khoảng cách trong chăm sóc sức khỏe và những yếu tố xã hội ảnh hưởng đến sức khỏe của những người không được chăm sóc đầy đủ để cải thiện cuộc sống của họ, từ đó thúc đẩy tổ chức triển khai các chương trình sức khỏe dân số. Trong năm cuối cùng dưới sự lãnh đạo của ông Coffin, Alliance đã thực hiện thành công giai đoạn đầu tiên của chương trình CalAIM, bao gồm Quản Lý Chăm Sóc Tăng Cường (Enhanced Care Management, ECM), Hỗ Trợ từ Cộng Đồng (Community Support, CS) và Cấy Ghép Nội Tạng Quan Trọng (Major Organ Transplants, MOT).

Với hơn 27 năm kinh nghiệm với tư cách là người lãnh đạo dịch vụ chăm sóc sức khỏe, ông Woodruff được biết đến là chuyên gia quốc gia và người dẫn đầu ngành trong việc điều hành các Chương Trình Chăm Sóc Có Quản Lý của Medicare Advantage và Medi-Cal. Ông Woodruff đã nhận được Giải Thưởng Dịch Vụ Xuất Sắc của Bộ Trưởng Bộ Y Tế Và Dịch Vụ Nhân Sinh Hoa Kỳ vì cống hiến của mình trong việc phát triển quy trình đấu thầu hiệu hành của Medicare.

Là người Mỹ gốc Mexico thế hệ thứ ba, ông Woodruff lớn lên ở Vùng Vịnh, tốt nghiệp trường St. Mary's College of Moraga, hiện sống cùng vợ và hai (2) con ở Vùng Vịnh Phía Đông.

C ĐIỀU HÀNH KHI SCOTT COFFIN NGHỈ HƯU

Rebecca Gebhart, Chủ Tịch Hội Đồng Quản Trị của Alliance cho biết: “Hội Đồng Quản Trị của Alliance đánh giá cao phương pháp làm việc mang tính đồng cảm, đặt hội viên là ưu tiên hàng đầu của Matt và kiến thức sâu rộng của ông về cách thức vận hành của Medi-Cal. Với kinh nghiệm hàng chục năm với Medicare, ông ấy đủ khả năng dẫn dắt khi chúng tôi chuyển sang lĩnh vực kinh doanh đó. Hội Đồng Quản Trị tin tưởng rằng Matt sẽ là một CEO thành công và sẽ tiếp nối thành tích đáng kinh ngạc mà Alliance đã đạt được dưới sự lãnh đạo của Scott Coffin”.

Bác Sĩ Noha Aboelata, Phó Chủ Tịch Hội Đồng Quản Trị của Alliance bổ sung thêm: “Kinh nghiệm của Matt với Alliance sẽ đặc biệt có giá trị trong việc giúp chúng tôi điều hướng những thay đổi mang tính chuyển đổi trong chương trình CalAIM của tiểu bang được thiết kế nhằm cung cấp phương pháp tiếp cận sức khỏe tổng thể công bằng, phối hợp và lấy con người làm trung tâm cho hội viên Medi-Cal của chúng tôi”.

Bắt đầu từ năm 2015, ông Woodruff đã phục vụ trong nhóm điều hành của ông Coffin với tư cách là Giám Đốc Vận Hành (Chief Operating Officer, COO) tại Alliance. Trong vai trò này, ông Woodruff đã lãnh đạo các hoạt động hàng ngày của Alliance và củng cố các mối quan hệ đối tác nội bộ và bên ngoài của tổ chức. Dưới sự lãnh đạo của ông, Alliance đã đạt được sự công nhận trên toàn quốc, đạt được vị thế Trung Tâm Xuất Sắc vì sự hài lòng của nhân viên, sự hài lòng của hội viên và mức độ dịch vụ tuyệt vời dành cho các hội viên của mình. Công việc của ông Woodruff nhằm phát triển mối quan hệ bền chặt với mạng lưới nhà cung cấp của Alliance đã mang lại tỷ lệ hài lòng cao hơn với các nhà cung cấp trong cộng đồng của chúng tôi, đạt mức kỷ lục vào năm 2022 và tăng 28% so với năm 2015.

Khi ông Coffin thông báo nghỉ hưu vào năm 2022, Bác Sĩ Evan Seevak, thành viên và cựu Chủ Tịch Hội Đồng Quản Trị kiêm Chủ Tịch Ủy Ban Tìm Kiếm CEO của Alliance cho biết: “Trong quá trình tuyển dụng CEO, đã có rất nhiều ứng viên xuất sắc nhưng cuối cùng, Matt là ứng viên nổi bật nhất và được Ủy Ban Tìm Kiếm CEO của Alliance đề bạt nhiều nhất. Trong quá trình phỏng vấn, Matt đã thể hiện kiến thức sâu rộng của mình về Alliance, Dịch Vụ Chăm Sóc Có Quản Lý của Medi-Cal, và Medicare, cũng như các hội viên, nhà cung cấp và cộng đồng địa phương của chúng tôi. Chúng tôi rất vui khi Matt tiếp nhận vai trò mới”.

“Alliance đã hoàn thành quá trình thay đổi thành công trong tám (8) năm qua và tổ chức sẽ tiếp tục duy trì vị thế tốt trong nhiều năm tới trong tương lai. Vào năm tới, chương trình Medi-Cal của Quận Alameda sẽ thay đổi thành Mô Hình Do Quận Tổ Chức cùng với một số dịch vụ Medi-Cal mới giúp giải quyết các yếu tố xã hội quyết định sức khỏe, bao gồm các dịch vụ hỗ trợ cho người lớn tuổi và ốm yếu, cũng như các dịch vụ giải quyết các vấn đề khác nhau về mất an ninh lương thực và nhà ở. Alliance đã tiên phong và đầu tư vào một loạt chương trình thí điểm nhằm khắc phục sự cách biệt về sức khỏe, bao gồm Recipe4Health, Whole Person Care và Health Homes, đồng thời sẽ triển khai một chương trình thí điểm mới giúp những cư dân từng bị giam giữ (bỏ tù) phối hợp với các dịch vụ tái hòa nhập. Tôi hoàn toàn tin tưởng vào khả năng lãnh đạo của Matt và cam kết của ông trong việc hoàn thành sứ mệnh và tầm nhìn của Alliance, đồng thời tiếp tục tăng cường sự hợp tác tại địa phương với các đối tác trong mạng lưới an toàn của chúng tôi” Scott Coffin, cựu CEO của Alliance cho biết.

ALLIANCE BỔ NHIỆM CHỦ TỊCH, PHÓ CHỦ TỊCH HỘI ĐỒNG QUẢN TRỊ MỚI VÀ CHÀO ĐÓN HAI (2) THÀNH VIÊN HỘI ĐỒNG QUẢN TRỊ MỚI

Alliance xin thông báo bà Rebecca Gebhart đã được bổ nhiệm làm Chủ tịch Hội Đồng Quản Trị của Alliance. Hội đồng này là bộ phận điều hành của Alliance, chương trình chăm sóc sức khỏe có quản lý hàng đầu của Medi-Cal. Họ phục vụ hơn 80% người lớn và trẻ em trong chương trình Medi-Cal tại Quận Alameda.

Scott Coffin, cựu CEO của Alliance cho biết: "Alliance vẫn cam kết cung cấp đầy đủ các dịch vụ chăm sóc sức khỏe tốt nhất cho tất cả mọi người và đã không ngừng cố gắng cải thiện chất lượng cuộc sống cho cư dân của Quận Alameda kể từ năm 1996. Với tư cách là những nhà lãnh đạo cộng đồng và dịch vụ chăm sóc sức khỏe hoạt động lâu năm, Hội Đồng Quản Trị đưa ra những quan điểm có giá trị để tư vấn và điều chỉnh tốt hơn sứ mệnh và tầm nhìn, nhằm mở rộng các dịch vụ của chúng ta để tiếp cận nhiều người hơn và cải thiện hệ thống chăm sóc sức khỏe tại địa phương thông qua hội nhập có chiến lược".

Bà Gebhart cho biết: "Tôi rất vinh dự được đảm nhận vai trò Chủ tịch Hội Đồng Quản Trị của Alliance và hợp tác với các đồng nghiệp của tôi trong Hội Đồng để thúc đẩy sứ mệnh của chương trình trong việc cải thiện sức khỏe tinh thần và thể chất của các hội viên".

Bà Gebhart từng là thành viên Hội Đồng Quản Trị kể từ tháng 5 năm 2016, có hơn 20 năm kinh nghiệm trong lĩnh vực tài chính chăm sóc sức khỏe và trước đây là Giám Đốc Tài Chính tại Cơ Quan Dịch Vụ Chăm Sóc Sức Khỏe (Health Care Services Agency, HCSA) của Quận Alameda trước khi nghỉ hưu. Bà Gebhart cũng từng là Trợ Lý Giám Đốc của HCSA, giám sát tất cả các hoạt động tài chính của cơ quan trị giá \$1 tỷ bao gồm Sức Khỏe Hành Vi, Quản Trị/Sức Khỏe của Người Thuộc Diện Khó Khăn, Sức Khỏe Công Cộng và Sức Khỏe Môi Trường. Bác Sĩ Evan Seevak từng là Phó Chủ tịch từ năm 2017 đến 2019, sau đó giữ chức Chủ tịch từ năm 2019 đến năm 2022. Bác Sĩ Seevak hiện vẫn đang là thành viên Hội Đồng Quản Trị và được ghi nhận cũng như đánh giá cao trong hơn 11 năm phục vụ.

Alliance cũng vui mừng thông báo về việc bổ nhiệm Bác Sĩ Noha Aboelata làm Phó Chủ tịch Hội Đồng Quản Trị. Bác sĩ Aboelata là người sáng lập và là CEO của Trung Tâm Y Tế Cộng Đồng Roots, đồng thời là nhà lãnh đạo cũng như người hỗ trợ dịch vụ chăm sóc sức khỏe tận tụy, cam kết xóa bỏ sự cách biệt về sức khỏe giữa những người có thu nhập thấp tại Đông Oakland và cộng đồng lớn hơn của Quận Alameda. Bác Sĩ Aboelata đã phục vụ trong Hội Đồng Quản Trị của Alliance từ năm 2018 và trong suốt sự nghiệp của mình, bà đã xây dựng được một phương pháp toàn diện, tập trung vào việc tăng cường khả năng tiếp cận và dịch vụ chăm sóc nhất quán bằng cách kết nối bệnh nhân với nhiều nguồn hỗ trợ chăm sóc sức khỏe tinh thần và thể chất.

Alliance cũng bổ nhiệm hai (2) thành viên Hội Đồng Quản Trị mới:

Giám sát viên Lena Tam, thành viên mới được bầu của Hội Đồng Giám Sát Quận Alameda, đã gia nhập Alliance với tư cách là thành viên Hội Đồng Quản Trị mới. Giám sát viên Tam là một nhà lãnh đạo cộng đồng và nhân viên y tế công cộng lâu năm, từng giữ chức Phó Thị Trưởng Thành Phố Alameda. Trong vai trò đó, bà đã đảm bảo nhà ở cho người cao tuổi có thu nhập thấp và làm việc để tăng cường các dịch vụ mạng lưới an toàn cho cư dân Alameda. Bà cũng từng là Chủ tịch của Hội Đồng Chăm Sóc Sức Khỏe Thành Phố Alameda. Tại đây, bà đã làm việc không ngừng nghỉ để duy trì hoạt động của Bệnh Viện Alameda và đảm bảo bệnh viện này tiếp tục cung cấp các dịch vụ cấp cứu cho cộng đồng.

Bà Jody Moore, cư dân của Alameda và là mẹ có hai (2) con, đã tham gia Hội Đồng Quản Trị của Alliance với tư cách là Thành Viên Người Tiêu Dùng. Với vai trò là phụ huynh của trẻ có nhu cầu đặc biệt, bà Moore đã dành nhiều năm để ủng hộ các dịch vụ hỗ trợ người khuyết tật. Bà Moore từng tham gia Ủy Ban về Khuyết Tật của Alameda và giữ chức Phó Chủ tịch trong vài năm. Vào năm 2011, bà đã thành lập nhóm Mạng Lưới Cộng Đồng Người Tự Kỷ Alameda và dành phần lớn thời gian của mình để hỗ trợ các sự kiện nâng cao nhận thức về các vấn đề ảnh hưởng đến người khuyết tật.

ALLIANCE THÔNG BÁO GIÁM ĐỐC BÌNH ĐẲNG Y TẾ MỚI



Alliance thông báo rằng ông Lao Paul Vang sẽ đảm nhận vai trò mới là Giám Đốc Bình Đẳng Y Tế của chương trình bảo hiểm sức khỏe. Ông Vang chịu trách nhiệm thực hiện các chính sách để đảm bảo công tác bình đẳng y tế (mức độ y tế cao cho mọi người) được ưu tiên và giải quyết trong toàn tổ chức và từng cộng đồng mà Alliance phục vụ. Ông chịu trách nhiệm triển khai tầm nhìn bao quát về tính đa dạng, bình đẳng và hòa nhập, lấy nhân viên, hội viên, cộng đồng và đối tác nhà cung cấp của Alliance làm trung tâm. Với tư cách là Giám Đốc Bình Đẳng Y Tế, ông Vang phối hợp chặt chẽ với các nhà lãnh đạo cộng đồng để hoàn thiện chiến lược quản lý sức khỏe cư dân của Alliance bằng cách xác định những cách giảm thiểu các yếu tố xã hội quyết định sức khỏe.

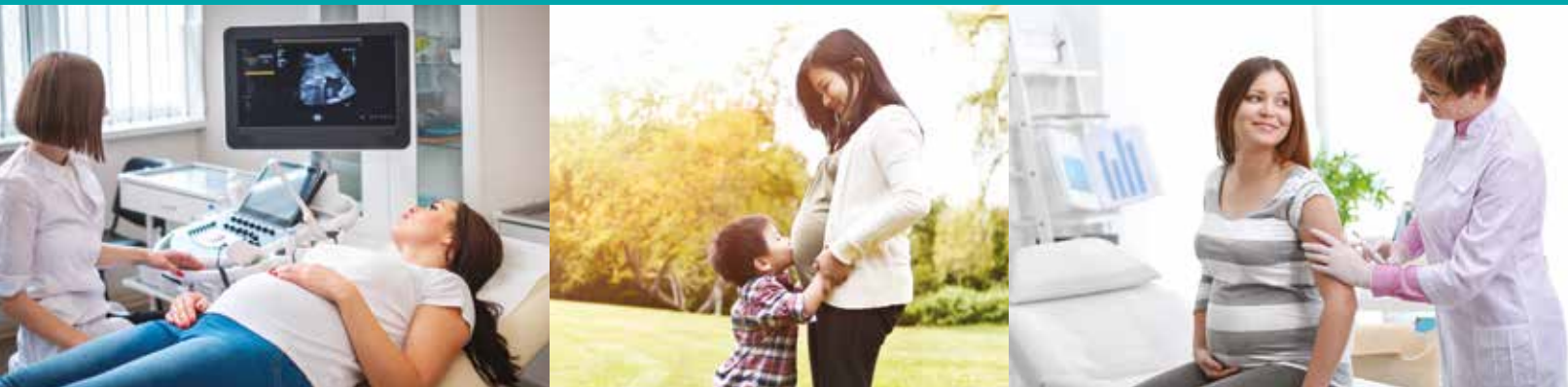
Ông Vang có nhiều kinh nghiệm trong lĩnh vực hành chính công và công tác phúc lợi nhân sinh. Ông đã xây dựng và thực hiện các chương trình có quy mô lớn về nhân quyền và bình đẳng trong chăm sóc sức khỏe, đa dạng toàn cầu, bình đẳng chủng tộc-giới tính và hòa nhập xã hội trong suốt sự nghiệp của mình. Trước khi gia nhập Alliance, ông Vang đã giám sát các hoạt động an

toàn công cộng cho một khu học chánh lớn. Ông đã thiết kế các phương pháp tiếp cận mới để ngăn chặn tội phạm và bạo lực học đường, đồng thời phát triển các chính sách và chiến lược toàn diện về công bằng chủng tộc để loại bỏ sự phân biệt chủng tộc trong cơ sở (có tổ chức) khỏi hệ thống. Ông Vang cũng từng là Giám Đốc Nhân Quyền và Bình Đẳng Chăm Sóc Sức Khỏe của Tổ Chức Y Tế Thế Giới tại Tây Phi, cũng như Giám Đốc Nhân Quyền và Đa Dạng của Phái Bộ Liên Hợp Quốc tại Liberia, Tây Phi.

Scott Coffin, cựu CEO của Alliance cho biết: "Để đạt được các mục tiêu bình đẳng y tế, chúng ta phải thay đổi tổ chức của mình, cũng như cách phục vụ những cư dân đáng quý của Quận Alameda. Việc bổ sung một nhà lãnh đạo điều hành tận tụy trong công tác phúc lợi nhân sinh vào hệ thống Alliance là điều cần thiết để tiếp cận nhiều người hơn. Ông Vang đã dành phần lớn sự nghiệp của mình để giải quyết tình trạng bất bình đẳng trong chăm sóc sức khỏe cho các cộng đồng yếu thế trên phạm vi toàn cầu và chúng tôi mong muốn được làm việc với ông Vang để mở rộng sứ mệnh và củng cố công việc hàng ngày của mình để phục vụ cộng đồng trong mạng lưới an toàn của chúng tôi".

Ông Vang cho biết: "Tôi rất vui được đảm nhận vai trò quan trọng này tại Alliance, cũng như phối hợp với các nhân viên và nhà lãnh đạo tận tụy của chúng ta để giải quyết tình trạng bất bình đẳng về sức khỏe của hội viên, đồng thời giúp mang lại sự thay đổi có ý nghĩa và lâu dài, cả trong tổ chức của chúng ta và trong toàn bộ cộng đồng lớn hơn của Quận Alameda".

EM BÉ CẦN THỜI GIAN ĐỂ LỚN LÊN



Em bé sẽ phát triển trong suốt thai kỳ. Ví dụ: não, phổi và gan phát triển đầy đủ trong những tuần cuối của thai kỳ. Sinh non là tình trạng em bé được sinh ra quá sớm, trước tuần thứ 37 của thai kỳ. Từ năm 2017-2019, khoảng 9% trẻ sơ sinh ở Quận Alameda là trẻ sinh non. Trẻ sinh quá sớm (đặc biệt là trước 32 tuần) có thể gặp nhiều lo ngại hơn về sức khỏe hoặc cần phải nằm viện lâu hơn.

Ngăn ngừa sinh non là một thách thức vì nhiều nguyên nhân có thể phức tạp hoặc chưa được hiểu rõ.

Tuy nhiên, những biện pháp sau đây có thể giúp giảm nguy cơ sinh non:

- Tránh đồ uống có cồn và chất gây nghiện.
- Nhận chăm sóc tiền sản ngay khi quý vị nghĩ rằng mình có thể đã mang thai và tiếp tục nhận chăm sóc trong suốt thai kỳ.
- Nhận biết các dấu hiệu cảnh báo chuyển dạ. Nếu quý vị cho rằng mình đang chuyển dạ sinh non, hãy đến gặp nhà cung cấp chăm sóc sức khỏe ngay lập tức.
- Thực hành các cách để quản lý căng thẳng.
Để được trợ giúp, hãy tìm nhà cung cấp chăm sóc sức khỏe hành vi trong mạng lưới Alliance bằng cách gọi số điện thoại miễn phí **1.855.856.0577**.
Quý vị cũng có thể trao đổi với tư vấn viên tại Đường Dây Nóng Quốc Gia Về Sức Khỏe Tâm Thần Người Mẹ theo số điện thoại miễn phí **1.833.943.5746**.
- Cai thuốc lá.
Để được trợ giúp bỏ hút thuốc, vui lòng gọi đến Đường Dây Trợ Giúp Kick It California theo số điện thoại miễn phí **1.800.778.8440**.
Tìm thêm nguồn hỗ trợ trên trang “Cai Thuốc Lá” tại www.alamedaalliance.org/live-healthy-library.
Quý vị cũng có thể gửi cho chúng tôi **Mẫu Yêu Cầu Các Chương Trình và Tài Liệu Sống Khỏe** có trên trang **20** hoặc gọi cho Ban Chương Trình Y Tế Alliance theo số **1.510.747.4577**.
- Trao đổi với bác sĩ của quý vị hoặc nhà cung cấp chăm sóc sức khỏe khác về việc sử dụng phương pháp điều trị bằng progesterone nếu quý vị đã từng sinh non trước đó.
- Các lần mang thai phải cách nhau ít nhất 18 tháng.

Nếu quý vị đang mang thai hoặc mới sinh và cần được hỗ trợ thêm, các chương trình **Khởi Đầu Mạnh Mẽ của Quận Alameda** có thể giúp đỡ. Chương trình cung cấp các nhóm, lớp học và lần thăm khám riêng. Để tìm hiểu thêm, vui lòng gọi cho Sở Y Tế Công Cộng Quận Alameda – Bộ Phận Sức Khỏe Người Mẹ, Người Cha, Trẻ Em và Trẻ Vị Thành Niên theo số **1.510.667.4333**.

Tìm hiểu về các lớp học, chương trình và tài liệu trên trang “Mang Thai và Em Bé” tại www.alamedaalliance.org/live-healthy-library. Quý vị cũng có thể gửi cho chúng tôi **Mẫu Yêu Cầu Các Chương Trình và Tài Liệu Sống Khỏe** có trên trang **20** hoặc gọi cho Ban Chương Trình Y Tế Alliance theo số **1.510.747.4577**.

Bài viết phỏng theo: Trung Tâm Kiểm Soát và Phòng Ngừa Dịch Bệnh: www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

NHẬN CUỘC HẸN THĂM KHÁM SỨC KHỎE BAN ĐẦU (IHA)!

Quý vị là hội viên Alliance mới? Một trong những điều đầu tiên quý vị nên làm là gặp nhà cung cấp chăm sóc chính (Primary Care Provider, PCP), bác sĩ hoặc y tá chăm sóc sức khỏe cho quý vị. Cuộc thăm khám đầu tiên này được gọi là Cuộc Hẹn Thăm Khám Sức Khỏe Ban Đầu (Initial Health Appointment, IHA). Tốt nhất là quý vị nên lên lịch cho IHA của mình trong vòng bốn (4) tháng kể từ khi tham gia Alliance.

Trong IHA, quý vị:

- Chia sẻ mọi lo ngại về sức khỏe hiện tại và tiền sử sức khỏe trước đây của quý vị.
- Khám tổng quát.
- Tìm hiểu về vắc-xin hoặc sàng lọc quý vị có thể cần.
- Nhận các nguồn hỗ trợ khác từ PCP của quý vị.

Thăm khám IHA là bước đầu tiên để đảm bảo sức khỏe tốt lâu dài và bắt đầu mối quan hệ tốt với PCP của quý vị. Gọi cho PCP của quý vị để lên lịch hẹn.

Nếu quý vị có thắc mắc về IHA hoặc PCP của mình, vui lòng gọi:

Ban Dịch Vụ Hội Viên Alliance

Thứ Hai đến Thứ Sáu, 8 giờ sáng – 5 giờ chiều

Số Điện Thoại: **1.510.747.4567**

Số Điện Thoại Miễn Phí: **1.877.932.2738**

Số điện thoại dành cho người khiếm thính và khiếm ngôn: **711/1.800.735.2929**



CÁC CHỈ SỐ HUYẾT ÁP

Huyết áp là tác động lên thành mạch máu theo từng nhịp tim. Những mạch này mang máu từ tim đến các bộ phận khác của cơ thể. Khi huyết áp của quý vị ở mức cao, nguy cơ mắc các vấn đề như bệnh tim và đột quỵ sẽ tăng lên. Tin vui là quý vị có thể kiểm soát huyết áp của mình.

Để giúp giữ huyết áp ở mức khỏe mạnh, hãy làm theo những thói quen lành mạnh sau:



Nắm rõ các chỉ số của quý vị. Hãy hỏi bác sĩ xem chỉ số huyết áp của quý vị là bao nhiêu và điều đó có ý nghĩa gì đối với quý vị. Nếu huyết áp của quý vị quá cao, hãy tuân thủ kế hoạch điều trị của bác sĩ.



Vận động. Thử đi bộ, khiêu vũ hoặc thử hoạt động yêu thích của quý vị. Quý vị chỉ cần vận động 30 phút mỗi ngày, năm (5) ngày một tuần. Hãy nhớ rằng, quý vị không phải thực hiện tất cả các cách cùng một lúc.



Ăn thực phẩm lành mạnh. Bổ sung thêm trái cây và rau củ vào bữa ăn của quý vị. Hạn chế thực phẩm chứa muối, chất béo và đường.



Hạn chế đồ uống có cồn. Đối với nam giới, không nên uống quá hai (2) ly mỗi ngày. Đối với nữ giới, không nên uống quá một (1) ly mỗi ngày.



Không hút thuốc. Nếu quý vị hút thuốc, hãy làm việc với bác sĩ để lập kế hoạch bỏ hút thuốc hoặc gọi cho Đường Dây Trợ Giúp Kick It California theo số điện thoại miễn phí **1.800.778.8440**.



Quản lý căng thẳng. Tìm những cách lành mạnh để giúp quý vị thư giãn. Quý vị có thể thử hít thở sâu, giãn cơ hoặc thiền.

KHÁM SỨC KHỎE CHO TRẺ SƠ SINH (LÚC SINH – 30 THÁNG TUỔI)



Trẻ nhỏ lớn nhanh nên cần đến thăm khám bác sĩ thường xuyên để kiểm tra sức khỏe (còn gọi là khám sức khỏe cho trẻ em). Trong các buổi thăm khám này, bác sĩ sẽ kiểm tra xem con quý vị đang phát triển như thế nào và có thể cung cấp các dịch vụ sàng lọc và vắc-xin phòng ngừa. Quý vị cũng có thể chia sẻ bất kỳ thắc mắc hoặc mối lo ngại nào của quý vị về sức khỏe và sự phát triển của con mình.

Việc theo dõi rất nhiều cuộc hẹn thăm khám có thể là thách thức. Biểu đồ bên dưới hiển thị thời điểm khuyến nghị cho những buổi thăm khám này. Bác sĩ của con quý vị sẽ có thể giúp quý vị lên lịch tất cả các buổi thăm khám cần thiết. Quý vị có thể cắt biểu đồ này ra và giữ lại như một lời nhắc về thời điểm quý vị được lên lịch đến thăm khám với bác sĩ của con mình.



0 ĐẾN 12 THÁNG TUỔI

	3-5 ngày tuổi	1 tháng tuổi	2 tháng tuổi	4 tháng tuổi	6 tháng tuổi	9 tháng tuổi	12 tháng tuổi
NGÀY							

15 ĐẾN 30 THÁNG TUỔI

	15 tháng tuổi	18 tháng tuổi	24 tháng tuổi	30 tháng tuổi
NGÀY				

Hãy gọi cho bác sĩ của con quý vị ngay hôm nay để lấy hẹn khám sức khỏe cho trẻ em.

Nếu quý vị có thắc mắc, vui lòng gọi:

Ban Dịch Vụ Hội Viên Alliance

Thứ Hai đến Thứ Sáu, 8 giờ sáng – 5 giờ chiều

Số Điện Thoại: **1.510.747.4567**

Số Điện Thoại Miễn Phí: **1.877.932.2738**

Số điện thoại dành cho người khiếm thính và khiếm ngôn: **711/1.800.735.2929**

QUYỀN LỢI CHUYÊN CHỜ CỦA QUÝ VỊ

Hội viên Medi-Cal của Alliance có thể được chuyên chở miễn phí đến các cuộc hẹn thăm khám y tế và dịch vụ được bao trả.

Hai (2) loại dịch vụ chuyên chở được Alliance bao trả:

1. Dịch vụ chuyên chở y tế không khẩn cấp (Non-Emergency Medical Transportation, NEMT)
2. Dịch vụ chuyên chở không phải y tế (Non-Medical Transportation, NMT)

DỊCH VỤ CHUYÊN CHỜ Y TẾ KHÔNG KHẨN CẤP (NEMT) LÀ GÌ?

Dịch vụ chuyên chở y tế không khẩn cấp (NEMT) sử dụng xe cứu thương, xe tải van có cáng, xe tải van chở xe lăn hoặc phương tiện đưa đón đường hàng không. NEMT không sử dụng xe hơi, xe buýt, hoặc taxi.

Quý vị được quyền sử dụng NEMT khi không thể đến cuộc hẹn y tế, nha khoa, sức khỏe tâm thần hoặc điều trị rối loạn do sử dụng chất gây nghiện bằng xe hơi, xe buýt, xe lửa, hoặc taxi, vì lý do thể chất hay y tế, và Alliance sẽ chi trả cho việc điều trị tình trạng y tế hoặc thể chất của quý vị.

Trước khi nhận NEMT, quý vị cần yêu cầu dịch vụ thông qua bác sĩ của mình. Bác sĩ của quý vị sẽ chỉ định loại phương tiện chuyên chở phù hợp để đáp ứng tình trạng y tế của quý vị. Bác sĩ của quý vị phải điền vào mẫu Tuyên Bố Chứng Nhận của Bác Sĩ (Physician Certification Statement, PCS) để yêu cầu loại phương tiện chuyên chở quý vị cần.

Để lấy mẫu này, bác sĩ của quý vị có thể:

- Truy cập trang web của Alliance tại www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
- Gọi cho Ban Dịch Vụ Nhà Cung Cấp Alliance theo số **1.510.747.4510**

Alliance phải chấp thuận trước yêu cầu NEMT trước cuộc hẹn được lên lịch của quý vị. Sau khi được chấp thuận, đơn chấp thuận sẽ có hiệu lực tối đa **12 tháng**, tùy thuộc vào nhu cầu y tế. Ngoài ra, không có giới hạn về số lượng chuyến đi quý vị có thể nhận được. Bác sĩ của quý vị sẽ cần đánh giá lại nhu cầu y tế của quý vị đối với dịch vụ chuyên chở y tế không khẩn cấp và chấp thuận lại ít nhất **12 tháng** một lần.





DỊCH VỤ CHUYÊN CHỜ KHÔNG PHẢI Y TẾ (NMT) LÀ GÌ?

Dịch vụ chuyên chờ không phải y tế (NMT) sử dụng ô tô, taxi, xe buýt hoặc phương tiện công cộng hoặc tư nhân khác để đến cuộc hẹn khám y tế của quý vị.

Quý vị có thể sử dụng NMT khi quý vị:

- Đi đến và trở về từ một cuộc hẹn khám y tế
- Mua thuốc theo toa và vật tư y tế

SỬ DỤNG QUYỀN LỢI CHUYÊN CHỜ CỦA QUÝ VỊ

Hãy chuẩn bị sẵn sàng cho chuyến đi của quý vị. Để đến cuộc hẹn đúng giờ, hãy đảm bảo rằng quý vị chuẩn bị sẵn sàng và chờ sẵn tại địa điểm đã sắp xếp trước vào thời gian đã lên lịch.

CÁCH ĐỂ NHẬN NEMT HOẶC NMT

Gọi trước ít nhất ba (3) ngày làm việc để lên lịch cho chuyến đi của quý vị.

Cung cấp thông tin chuyến đi của quý vị, bao gồm:

- Địa điểm đón
- Địa điểm đến
- Thời gian diễn ra cuộc hẹn
- Lý do hẹn thăm khám

Để yêu cầu NMT, vui lòng gọi cho Đường Dây Chuyên Chờ của Alliance theo số điện thoại miễn phí **1.866.791.4158**.

Nếu quý vị cần trợ giúp lên lịch cho chuyến đi của mình, vui lòng gọi:

Ban Dịch Vụ Hội Viên Alliance

Thứ Hai đến Thứ Sáu, 8 giờ sáng – 5 giờ chiều

Số Điện Thoại: **1.510.747.4567**

Số Điện Thoại Miễn Phí: **1.877.932.2738**

Số điện thoại dành cho người khiếm thính và khiếm ngôn: **711/1.800.735.2929**

NHỮNG SỐ ĐIỆN THOẠI QUAN TRỌNG

Dịch Vụ	Số Điện Thoại Liên Hệ
Cấp Cứu	911
Kiểm Soát Chất Độc	1.800.222.1222
Trung Tâm Medi-Cal của Cơ Quan Dịch Vụ Xã Hội Quận Alameda	1.800.698.1118 hoặc 1.510.777.2300
Ghi Danh/Thay Đổi Chương Trình Medi-Cal	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Đường Dây Liên Hệ Chính	1.510.747.4500
Ban Dịch Vụ Hội Viên Thứ 2 – Thứ 6, 8 giờ sáng – 5 giờ chiều	1.510.747.4567
Số Điện Thoại Miễn Phí	1.877.932.2738
Số điện thoại dành cho người khiếm thính và khiếm ngôn (CRS/TTY)	711/1.800.735.2929

DỊCH VỤ CHĂM SÓC

Dịch Vụ Chăm Sóc Sức Khỏe Hành Vi	
Alameda Alliance for Health	1.855.856.0577
Cơ Quan Dịch Vụ Chăm Sóc Sức Khỏe Hành Vi Quận Alameda (Alameda County Behavioral Health Care Services, ACCESS)	1.800.491.9099
Dịch Vụ Chăm Sóc Nha Khoa	
Hội Viên Medi-Cal: Nha Khoa Medi-Cal	1.800.322.6384
Hội Viên Dịch Vụ Chăm Sóc Theo Nhóm: Vui lòng gọi Cơ Quan Công Quyền Quản Lý Dịch Vụ Hỗ Trợ Tại Gia (In-Home Supportive Service, IHSS)	1.510.577.3552
Dịch Vụ Chăm Sóc Nhãn Khoa	
Hội Viên Medi-Cal: MARCH Vision Care	1.844.336.2724
Hội Viên Dịch Vụ Chăm Sóc Theo Nhóm: Vui lòng gọi Cơ Quan Công Quyền Quản Lý Dịch Vụ Hỗ Trợ Tại Gia (IHSS)	1.510.577.3552
Đường Dây Y Tá Tư Vấn	
Hội Viên Medi-Cal	1.888.433.1876
Hội Viên Dịch Vụ Chăm Sóc Theo Nhóm	1.855.383.7873

GIỮ LIÊN LẠC VỚI CHÚNG TÔI VÀ THAM GIA TRÒ CHUYỆN!



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[@alamedaalliance](https://youtube.com/alamedaalliance)

THÔNG BÁO KHÔNG PHÂN BIỆT ĐỐI XỬ VÀ TIẾP CẬN NGÔN NGỮ

Phân biệt đối xử là hành vi trái pháp luật. Alliance tuân thủ các luật dân quyền của tiểu bang và liên bang. Alliance không phân biệt đối xử trái pháp luật, loại trừ hay đối xử khác biệt với mọi người vì lý do giới tính, chủng tộc, màu da, tôn giáo, tổ tiên, nguồn gốc quốc gia, nhận dạng sắc tộc, tuổi tác, tình trạng khuyết tật trí tuệ, tình trạng khuyết tật thể chất, bệnh trạng, thông tin di truyền, tình trạng hôn nhân, giới, bản dạng giới hay khuynh hướng tính dục.

English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (Tiếng Tây Ban Nha)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (Tiếng Trung)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Tiếng Việt)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

Tagalog

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyonang ito.

Alameda Alliance for Health

Các Chương Trình và Tài Liệu Chăm Sóc Sức Khỏe



Mẫu Yêu Cầu của Hội Viên – Alameda Alliance for Health (Alliance) cung cấp chương trình giáo dục y tế miễn phí. Chúng tôi mong muốn quý vị chịu trách nhiệm về sức khỏe của mình bằng cách nắm rõ những thông tin phù hợp nhất có thể. Vui lòng chọn các chủ đề mà quý vị muốn chúng tôi gửi cho quý vị. Quý vị cũng có thể yêu cầu tờ thông tin ở các định dạng khác. Quý vị có thể xem thêm nhiều tờ thông tin tại www.alamedaalliance.org.



GIỚI THIỆU CÁC LỚP HỌC VÀ CHƯƠNG TRÌNH

- Bệnh Suyễn
- Hỗ Trợ Nuôi Con Bằng Sữa Mẹ
- Hồi Sức Tim Phổi (Cardiopulmonary Resuscitation, CPR)/Sơ Cứu
- Bệnh Tiểu Đường
- Chương Trình Phòng Ngừa Bệnh Tiểu Đường (*tiền tiểu đường*)
- Ăn Uống Lành Mạnh, Tập Thể Dục và Cân Nặng
- Sức Khỏe Tim Mạch
- Nuôi Dạy Con Cái
- Mang Thai và Sinh Con
- Cai Thuốc Lá (*vui lòng yêu cầu Đường Dây Tư Vấn Bỏ Thuốc Lá cho Người Châu Á gọi cho tôi*)



ID Y KHOA

Chọn một phương án:

- Vòng Đeo Tay Vòng Đeo Cổ
- Bệnh Suyễn
 - Trẻ Em Người Lớn
- Bệnh Tiểu Đường
 - Trẻ Em Người Lớn



TÀI LIỆU VĂN BẢN

- Chỉ Thị Trước (*giấy ủy quyền về y tế*)
- Sử Dụng Rượu Bia và Chất Kích Thích Khác
- Bệnh Suyễn
- Đau Lưng
- Ngừa Thai
- Bệnh Phổi Tắc Nghẽn Mạn Tính (Chronic Obstructive Pulmonary Disease, COPD)
- Bệnh Tiểu Đường
- Bạo Hành Gia Đình
- Ăn Uống Lành Mạnh, Tập Thể Dục và Cân Nặng
 - Trẻ Em Người Lớn
- Sức Khỏe Tim
- Nuôi Dạy Con Cái
- Thai Nghén
- Chăm Sóc Phòng Ngừa
- Cai Thuốc Lá
- An Toàn
 - Trẻ Em Người Lớn
- Sức Khoẻ Tình Dục
- Căng Thẳng và Trầm Cảm
 - Trẻ Em Người Lớn

Tên (bản thân): _____

Số ID Hội Viên Alliance: _____

Tên Con (nếu có): _____

Số ID Hội Viên của Con: _____

Tuổi của Con: _____

Địa Chỉ: _____

Thành Phố: _____ Mã Bưu Chính: _____

Ngôn Ngữ Viết: _____

Ngôn Ngữ Giao Tiếp: _____

Các tài liệu được yêu cầu sẽ được gửi qua đường bưu điện cho quý vị. Alliance có thể liên hệ với quý vị bằng cách nào?

Vui lòng đánh dấu tất cả các phương án phù hợp:

Điện Thoại: _____

Email: _____

Tin Nhắn Văn Bản: _____



Để yêu cầu, vui lòng điền vào biểu mẫu này trên cổng thông tin hội viên tại www.alamedaalliance.org hoặc gửi biểu mẫu này đến:

Ban Chương Trình Y Tế Alliance • 1240 South Loop Road, Alameda, CA 94502

Số Điện Thoại: **1.510.747.4577** • **Số Điện Thoại Miễn Phí: 1.855.891.9169**

Người khiếm thính và khiếm ngôn (CRS/TTY): **711/1.800.735.2929**

MEMBER CONNECT

Tag-init/Taglagas 2023

ALAMEDA
Alliance
FOR HEALTH

kami ang COUNTY NG ALAMEDA

Tumutulong sa Mga Tao sa Ating Komunidad Mula pa Noong 1996



SPOTLIGHT NG PROVIDER: PAGSASAMA NG PANANAW NG KOMUNIDAD SA PANGANGALAGANG PANGKALUSUGAN – ANG KUWENTO NI DR. NOHA ABOELATA

Si Dr. Noha Aboelata, MD, na kilalabilang “Dr. Noha” ng kanyang mga pasyente, katrabaho, at kaibigan, ay isang tunay na tagapagsulong ng ating komunidad. Inilalaan ni Dr. Noha ang kanyang karera sa pagtulong na matugunan at matanggal ang mga pagkakaiba sa kalusugan. Nakatuon siyang makatulong na mapabuti ang kalusugan ng mga komunidad na kulang sa representasyon, at nangunguna siya sa kanyang larangan. Si Dr. Noha ay isang family physician at tagapagtatag ng Roots Community Health Center (Roots).

www.alamedaalliance.org

San Leandro, California 94578
PO Box 3789

ALAMEDA
Alliance
FOR HEALTH

Si Dr. Noha, na ipinanganak sa Oakland, California, ay nag-aral sa mga pampublikong paaralan sa Oakland at nagtapos siya ng kanyang medical doctorate sa Howard University School of Medicine.

(Ipinagpatuloy sa pahina 2)

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Alliance for Health

SPOTLIGHT NG PROVIDER: PAGSASAMA NG PANANAW NG KOMUNIDAD ANG KUWENTO NI DR. NOHA ABOELATA (IPINAGPATULOY MULA SA PAHIN



Itinatag ang Roots noong 2008 at layunin nitong mapaunlad ang mga naapektuhan ng hindi pagkakapantay-pantay sa sistema at kahirapan. Ito ay nagagawa nito sa pamamagitan ng medikal na pangangalaga at pangangalaga sa kalusugan ng pag-uugali, pag-navigate sa kalusugan, mga negosyo ng manggagawa, pabahay, outreach, at adbokasiya.

Nang matapos ang kanyang residency sa Southern California, bumalik si Dr. Noha sa Oakland upang paglingkuran ang kanyang komunidad at itinatag niya ang Roots sa East Oakland. Sa ilalim ng pamumuno ni Dr. Noha, nagsimula ang Roots bilang boluntaryong pagsisikap ng dalawang tao na naging multi-campus at multi-county na nonprofit na may mahigit 200 full-time na tauhang naglilingkod sa mahigit 10,000 pasyente.

Ang kalusugan ay hindi lang kawalan ng sakit. Ang pangangalaga ay higit pa sa exam room at tanggapan ng doktor. Naniniwala ang Roots sa kalusugan para sa buong katauhan at naglalayon itong mapabuti ang kagalingan ng buong indibidwal nang higit pa sa mga medikal na serbisyo. Naunawaan ito ni Dr. Noha at pinangunahan niya ang paglalaan ng model para sa pagpapabuti ng kagalingan na tinatawag ng Roots na “Whole Health.” Ang Whole Health ay nakabatay sa komunidad, humihimok sa komunidad, at nanghihikayat sa komunidad. Kasama sa Whole Health ang mga medikal, panlipunan, pantrabaho, pangnutrisyon, at pang-edukasyong serbisyo na nakakatugon sa kultura at pangmalawakan, at pakikibahagi sa pampublikong patakaran na pinapangunahan ng komunidad. Nilalayan ng Whole Health na mahikayat ang mga miyembro ng Roots na tugunan at baguhin ang mga kundisyong nakakaapekto sa kapakanan ng mga indibidwal, pamilya, at komunidad kung saan sila nakatira at nagtatrabaho.

Si Dr. Noha ay isa ring medikal na pinuno at pinuno sa pampublikong kalusugan bukod pa sa kanyang tungkulin sa Roots. Naglingkod si Dr. Noha bilang Pangalawang Tagapangulo sa Lupon ng Mga Gobernador ng Alameda Alliance for Health (Alliance). Nae-enjoy niya ang pagtatrabaho sa Alliance dahil nagbibigay kami ng personal na serbisyo sa mga miyembro at provider. Sa pampamunuang tungkulin na ito, hindi lang pananaw ng provider ang ibinibigay ni Dr. Noha kundi pati na rin pananaw ng komunidad sa pangangalagang pangkalusugan para sa Alliance.

Sa kanyang libreng oras, nae-enjoy ni Dr. Noha ang pagluluto, paglabas-labas, at paglalakad-lakad upang makalanghap ng sariwang hangin. Isa siyang nagpupuring ina ng tatlong (3) anak na lalaki at mahal niya ang bawat sandali nito.



Ikinalulugod ng Alliance ang pagmamalasakit ni Dr. Noha para sa aming mga miyembro at ang kanyang paglilingkod bilang pinuno sa Lupon ng Mga Gobernador ng Alliance. Ang kanyang pagtuon sa pagpapahusay ng pangangalagang pangkalusugan, paghikayat sa trabaho, at epekto sa komunidad ay napakahalaga sa Alliance, aming mga miyembro, partner na provider, at komunidad.

Umaasa kami sa tuloy-tuloy na pagsisikap kasama si Dr. Aboelata at ang Roots sa paghahanap ng pinakamagagandang paraan upang mapaglingkuran ang lahat.

Gusto mo bang makilala pa si Dr. Aboelata? Mangyaring bisitahin ang aming website upang mapanood ang isang personal na mensahe mula kay Dr. Aboelata sa www.alamedaalliance.org.

Maaari ka ring makipag-ugnayan sa amin sa Facebook, Instagram, o X (na dating kilala bilang Twitter) upang makita ang video.



www.facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://www.instagram.com/alamedaallianceforhealth)

Maaaring piliin ng mga miyembro ng Alliance ang Roots Community Health Center bilang kanilang klinika sa pamamagitan ng pagtawag sa:

Departamento ng Mga Serbisyo sa Miyembro ng Alliance

Lunes – Biyernes, 8 am – 5 pm

Numero ng Telepono: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

Mga taong may mga kapansanan sa pandinig at pagsasalita

(CRS/TTY): **711/1.800.735.2929**

Roots Main Clinic

9925 International Blvd.

Oakland, CA 94603

Lunes – Biyernes, 9 am – 5 pm

Numero ng Telepono:

1.510.777.1177

Nagbibigay ang Roots ng mga serbisyo sa buong Bay Area. Para sa higit pang impormasyon at mga lokasyon, mangyaring bisitahin ang rootsclinic.org.

HINIRANG NG ALLIANCE SI MATTHEW WOODRUFF BILANG CH



Si Matthew Woodruff ang naging bagong Chief Executive Officer (CEO) ng Alliance noong Hunyo 1, 2023. Naglingkod ang CEO ng Alliance na si Scott Coffin sa tungkuling ito sa loob ng halos isang dekada at nagretiro siya noong Mayo 31, 2023. Nagsimulang maglingkod si G. Coffin bilang CEO sa unang bahagi ng 2015, inalis niya sa kontrol ng estado ang organisasyon, pinaganda niya ang status ng mga pagpapatakbo, nakaranas siya ng maraming tagumpay, at iniwan niya ang organisasyon sa mabuting pangangasiwa sa ilalim ng pamumuno ni G. Woodruff.

Ngayon, ang Alliance ay may halos 500 tauhan at mayroong \$1.3 bilyon na kita taon-taon, nagpapanatili ng mga pambansang accreditation sa kalidad (mga credit), nakakasunod sa regulasyon (pagsunod sa mga batas), at may mahigit \$200 milyong financial reserve. Sa ilalim ng pamumuno ng G. Coffin, ang tagumpay ng Alliance ay kinilala ng mga pang-estado at pederal na tagapangasiwa para sa pagiging mabisa ng mga pagpapatakbo nito at mabilis na pagtaas ng mga score ng kalidad. Umakyat ang Alliance mula sa pangatlong pinakamabababang score ng kalidad sa pang-apat na pinakamataas na organisasyon ng pinapamahalaang pangangalaga sa buong estado.

Sa loob ng nakalipas na walong (8) taon, gumawa ang Alliance ng maraming programang insentibo sa pangunahing pangangalaga at pilot upang mapamahalaan ang mga kumplikadong medikal na kaso. Nagbigay ang programang ito ng mahigit \$84 milyon sa mga lokal na provider upang mapahusay ang kalidad ng pangangalaga para sa mga nasa hustong gulang at bata. Upang masuportahan ang mga pangangailangan ng mga nakatatandang nasa hustong gulang, bata, at pamilya, bumuo si G. Coffin ng mga bagong ugnayan sa Lupon ng Mga Superbisor ng County ng Alameda, mga pinuno sa Ahensya ng County ng Alameda, at mga pinuno sa mga organisasyong nakabase sa komunidad upang mapalawak ang access sa mga serbisyong pangkalusugan. Ang paninindigan ni G. Coffin sa pagtugon sa mga kakulangan sa pangangalaga at panlipunang salik na nakakaapekto sa kalusugan ng mga taong kulang sa pagsisilbi upang makatulong na magkaroon ng positibong epekto sa kanilang buhay ay nag-udyok sa organisasyon na maglunsad ng mga programang pangkalusugan ng populasyon. Sa huling taon ng pamumuno ni G. Coffin, matagumpay na ipinatupad ng Alliance ang unang yugto ng programang CalAIM, kasama ang Pamamahala sa Pinahusay na Pangangalaga (Enhanced Care Management, ECM), Mga Suporta sa Komunidad (Community Supports, CS), at Mga Pag-transplant ng Pangunahing Organ (Major Organ Transplants, MOT).

Si G. Woodruff, na may 27 taong karanasan bilang pinuno sa pangangalagang pangkalusugan, ay kilala bilang eksperto sa buong bansa at nangunguna sa industriya sa mga pagpapatakbo para sa Mga Plano sa Pinapamahalaang Pangangalaga ng Medicare Advantage at Medi-Cal. Natanggap ni G. Woodruff ang Award para sa Mahusay na Serbisyo ng Kalihim ng Departamento ng Mga Serbisyong Pangkalusugan at Pantao ng U.S. dahil sa kanyang pagsisikap sa paggawa sa kasalukuyang proseso ng bidding ng Medicare.

Bilang isang ikatlong henerasyong Mexican American, si G. Woodruff ay lumaki sa Bay Area, nagtapos sa St. Mary's College of Moraga, at naninirahan kasama ang kanyang asawa at dalawang (2) anak sa East Bay.

CHIEF EXECUTIVE OFFICER SA PAGRETIRO NI SCOTT COFFIN

“Pinahahalagahan ng Lupon ng Mga Gobernador ng Alliance ang mahabagin at nagbibigay-prioridad sa miyembro na pamamaraan ni Matt sa kanyang pagsisikap at kanyang malalim na kaalaman sa pagpapatakbo ng Medi-Cal. Dahil sa ilang dekadang karanasan niya sa Medicare, angkop siyang mamuno sa atin sa pagsulong natin sa ganoong uri ng negosyo,” ayon sa Tagapangulo ng Lupon ng Mga Gobernador ng Alliance na si Rebecca Gebhart. “Naniniwala ang Lupon na si Matt ay magtatagumpay bilang CEO at ipagpapatuloy niya ang kamangha-manghang pagtatagumpay na naabot ng Alliance sa ilalim ng pamumuno ni Scott Coffin.”

“Ang karanasan ni Matt sa Alliance ay partikular na magiging mahalaga sa pagtulong sa atin sa pangangasiwa sa malalaking pagbabago sa programang CalAIM ng estado na idinisenyo na magbigay ng makatarungan, naaayon, at nakatuon sa tao na pamamaraan sa pangkalahatang kalusugan para sa ating mga benepisyaryo ng Medi-Cal,” dagdag ng Pangalawang Tagapangulo ng Lupon ng Mga Gobernador ng Alliance na si Dr. Noha Aboelata.

Mula noong 2015, naglingkod si G. Woodruff sa pang-ehekutibong pangkat ni G. Coffin bilang Chief Operating Officer (COO) sa Alliance. Sa tungkuling ito, pinangunahan ni G. Woodruff ang mga pang-araw-araw na pagpapatakbo ng Alliance at pinagtibay niya ang mga panloob at panlabas na partnership ng organisasyon. Sa ilalim ng kanyang pamumuno, nakilala ang Alliance sa buong bansa, at naabot nito ang pagiging Center of Excellence dahil sa pambihirang kasiyahan ng empleyado, kasiyahan ng miyembro, at napakahusay na antas ng serbisyo sa mga miyembro nito. Ang pagsisikap ni G. Woodruff na makabuo ng matitibay na ugnayan sa network ng provider sa Alliance ay nagresulta sa mas magagandang rate ng kasiyahan sa ating mga provider sa komunidad, na umabot sa antas ng talaan noong 2022 at tumaas nang 28% mula noong 2015.

Nang ianunsyo ni G. Coffin ang kanyang pagreretiro noong 2022, *“nagkaroon ng maraming mahusay na kandidato sa pag-recruit ng CEO, ngunit sa huli, si Matt ang namukod-tangi, at siya ang nangunang rekomendasyon ng Komite sa Paghahanap ng CEO ng Alliance,”* ayon sa miyembro at dating Tagapangulo ng Lupon ng Mga Gobernador ng Alliance at Tagapangulo para sa Komite sa Paghahanap ng CEO na si Dr. Evan Seevak. *“Sa proseso ng panayam, naipakita ni Matt ang kanyang malalim na kaalaman tungkol sa Alliance, Pinapamahalaang Pangangalaga ng Medi-Cal, at Medicare, at ating mga miyembro, provider, at ating lokal na komunidad. Nasasabik kami sa pagganap ni Matt sa kanyang bagong tungkulin.”*

“Nakumpleto ng Alliance ang isang matagumpay na turnaround sa nakalipas na 8 taon at magpapatuloy ang magandang status ng organisasyon sa loob ng maraming taon sa hinaharap. Ang programang Medi-Cal ng County ng Alameda ay magiging isang Modelo na Inorganisa ng County na may ilang bagong serbisyo ng Medi-Cal na tumutugon sa mga panlipunang salik ng kalusugan, kabilang ang mga pansuportang serbisyo para sa mga nakatatanda at mahinang nasa hustong gulang, at mga serbisyo na tumutugon sa iba't ibang kawalan ng seguridad sa pagkain at pabahay. Ang Alliance ay nagsimula at namuhunan sa maraming pilot na programa upang malutas ang mga kawalan ng pagkakapantay-pantay sa kalusugan, kabilang ang Recipe4Health, Whole Person Care, Health Homes, at maglulunsad ito ng bagong pilot upang matulungan ang mga dating nakulong (nabilanggo) na maikoordina sa mga serbisyo sa re-entry. Ganap akong nagtitiwala sa pamumuno ni Matt at sa kanyang paninindigan na tuparin ang layunin at mithiin ng Alliance, at patuloy na patatagin ang lokal na pakikipagtulungan sa ating mga safety-net na partner,” ayon sa dating CEO ng Alliance na si Scott Coffin.

HINIRANG NG ALLIANCE ANG BAGONG TAGAPANGULO AT PANGALAWANG TAGAPANGULO NG LUPON, AT TINANGGAP NITO ANG DALAWANG (2) BAGONG MIYEMBRO NG LUPON

Inanunsyo ng Alliance na si Gng. Rebecca Gebhart ang hinirang na Tagapangulo ng Lupon ng Mga Gobernador ng Alliance. Ang lupon ay ang nangangasiwang lupon ng Alliance, na ang nangungunang planong pangkalusugan sa pinapamahalaang pangangalaga ng Medi-Cal. Naglilingkod sila sa mahigit 80% ng mga nasa hustong gulang at batang nasa programa ng Medi-Cal sa County ng Alameda.

“Nananatiling nakatuon ang Alliance sa pagbibigay sa pinakamahuhusay na serbisyo sa pangangalagang pangkalusugan sa lahat, at pinagsisikapan na nitong pagandahin ang kalidad ng pamumuhay para sa mga residente ng County ng Alameda mula pa noong 1996,” sabi ni Scott Coffin, na dating CEO ng Alliance. “Bilang mga dati nang pinuno sa pangangalagang pangkalusugan at komunidad, makakapagbigay ang Lupon ng Mga Gobernador ng mga makabuluhang opinyon na makakapagbigay ng gabay at direksyon sa ating layunin at hangarin upang mas maraming tao ang maabot ang ating mga serbisyo, at mapahusay ang lokal na sistema ng pangangalagang pangkalusugan sa pamamagitan ng madiskarteng integration.”

“Ikinararangal kong maglingkod bilang Tagapangulo ng Lupon ng Mga Gobernador ng Alliance at makipagtulungan sa aking mga kasamahan sa Lupon upang maisulong ang layunin ng plano na mapabuti ang kalusugan at kapakanan ng ating mga miyembro,” sabi ni Gng. Gebhart.

Si Gng. Gebhart, na naglilingkod na bilang miyembro ng Lupon mula pa noong Mayo 2016, ay may mahigit sa 20 taong karanasan sa pananalapi sa pangangalagang pangkalusugan, at dating naglingkod bilang Director ng Pananalapi sa Ahensya ng Mga Serbisyo sa Pangangalagang Pangkalusugan ng County ng Alameda (Health Care Services Agency, HCSA) bago siya nagretiro. Naglingkod si Gng. Gebhart bilang Assistant Director ng HCSA, at sinubaybayan niya ang lahat ng operasyon sa pananalapi para sa \$1 bilyon na ahensya na binubuo ng Kalusugang Nauugnay sa Pag-uugali, Pangangasiwa/Kalusugan ng Mga Indigent, Pamublikong Kalusugan, at Kalusugang Nauugnay sa Kapaligiran. Naglingkod si Dr. Evan Seevak bilang Pangalawang Tagapangulo mula 2017 hanggang 2019, at bilang Tagapangulo mula 2019 hanggang 2022. Nananatili si Dr. Seevak bilang miyembro ng Lupon ng Mga Gobernador, at kinikilala at pinasasalamat siya para sa mahigit 11 taon ng serbisyo.

Ikinagagalak din ng Alliance na ianunsyo ang pagtatalaga kay Dr. Noha Aboelata bilang Pangalawang Tagapangulo ng Lupon Si Dr. Aboelata ang tagapagtatag at CEO ng Roots Community Health Center, at isa siyang masigasig na pinuno sa pangangalagang pangkalusugan at tagapagsulong na naglalayong alisin ang hindi pagkakapantay-pantay sa kalusugan sa mga indibidwal na may mababang kita sa East Oakland at sa mas malawak na komunidad ng County ng Alameda. Naglilingkod na si Dr. Aboelata sa Lupon ng Alliance mula pa noong 2018 at sa kabuuan ng kanyang karera, bumuo siya ng pangkalahatang pamamaraan na nakatuon sa pagiging mas naa-access at hindi pabago-bagong pangangalaga sa pamamagitan ng pag-uugnay ng mga pasyente sa iba't ibang resource na sumusuporta sa kanilang kalusugan at pangkalahatang kagalingan.

Hinirang din ng Alliance ang dalawang (2) bagong miyembro ng Lupon

Sumali ang Superbisor na si Lena Tam, ang kamakailang ihinalal na miyembro ng Lupon ng Mga Superbisor ng County ng Alameda sa Alliance bilang bagong miyembro ng Lupon. Ang Superbisor na si Tam ay matagal nang pinuno sa komunidad at manggagawa sa pamublikong kalusugan na dating naglingkod bilang Pangalawang Alkalde ng Lungsod ng Alameda. Sa tungkuling iyon, binigyan niya ng pabahay ang mga senior citizen na may mababang kita at nagsikap siya na mapahusay ang mga safety net na serbisyo para sa mga residente ng Alameda. Naglingkod din siya bilang Presidente ng Lupon ng Pangangalagang Pangkalusugan ng Lungsod ng Alameda kung saan walang humpay siyang nagsikap upang mapanatiling bukas ang Alameda Hospital at matiyak na patuloy itong nagbibigay ng mga pang-emergency na serbisyo sa komunidad.

Sumali si Bb. Jody Moore, na isang residente ng Alameda at may dalawang (2) anak, sa Lupon ng Alliance bilang Consumer na Miyembro. Bilang magulang ng isang batang may mga espesyal na pangangakailangan, marami nang taon ang inilaan ni Bb. Moore upang maitaguyod ang mga serbisyong sumusuporta sa mga taong may mga kapansanan. Dati nang nanungkulan si Bb. Moore sa Komisyon sa Kapansanan ng Alameda, at naglingkod siya bilang Pangalawang Tagapangulo nang ilang taon. Noong 2011, itinatag niya ang grupong The Alameda Autism Community Network at inilaan niya ang karamihan sa kanyang oras upang suportahan ang mga event na nagbibigay ng kabatiran tungkol sa mga isyung nakakaapekto sa mga taong may mga kapansanan.

INANUNSYO NG ALLIANCE ANG BAGONG TAGAPANGULO NG PAGKAKAPANTAY-PANTAY SA KALUSUGAN



Inanunsyo ng Alliance na gagampanan ni G. Lao Paul Vang ang bagong tungkulin bilang Tagapangulo ng Pagkakapantay-pantay sa Kalusugan ng planong pangkalusugan. Tungkulin ni G. Vang na magpatupad ng mga patakarang titiyak na mabibigyang prioridad ang pagkakapantay-pantay sa kalusugan (mataas na antas ng kalusugan ng lahat ng tao) at matutugunan ito sa buong organisasyon at sa bawat isa sa mga komunidad na pinaglilingkuran ng Alliance. Responsibilidad niyang magpatupad ng pangkalahatang hangarin sa pagkakaiba-iba, pagkakapantay-pantay, at pagsasama na nakatuon sa mga tauhan, miyembro, komunidad, at partner sa komunidad ng Alliance. Bilang Tagapangulo ng Pagkakapantay-pantay sa Kalusugan, nakikipagtulungan din si G. Vang sa mga pinuno sa komunidad upang mapahusay ang diskarte ng Alliance sa kalusugan ng populasyon sa pamamagitan ng pagtukoy ng mga paraan upang maibsan ang mga pantukoy ng kalusugan sa lipunan.

Si G. Vang ay may malawak na karanasan sa pampublikong administrasyon at mga usaping pantao. Nakagawa at nakapagpatupad si G. Vang ng pangmalawakang pagkakapantay-pantay sa mga karapatang pantao at pangangalagang pangkalusugan, pagkakaiba-iba sa buong mundo, pagkakapantay-pantay ng mga lahi at kasarian, at mga programa upang mapabilang sa lipunan sa buong karera niya.

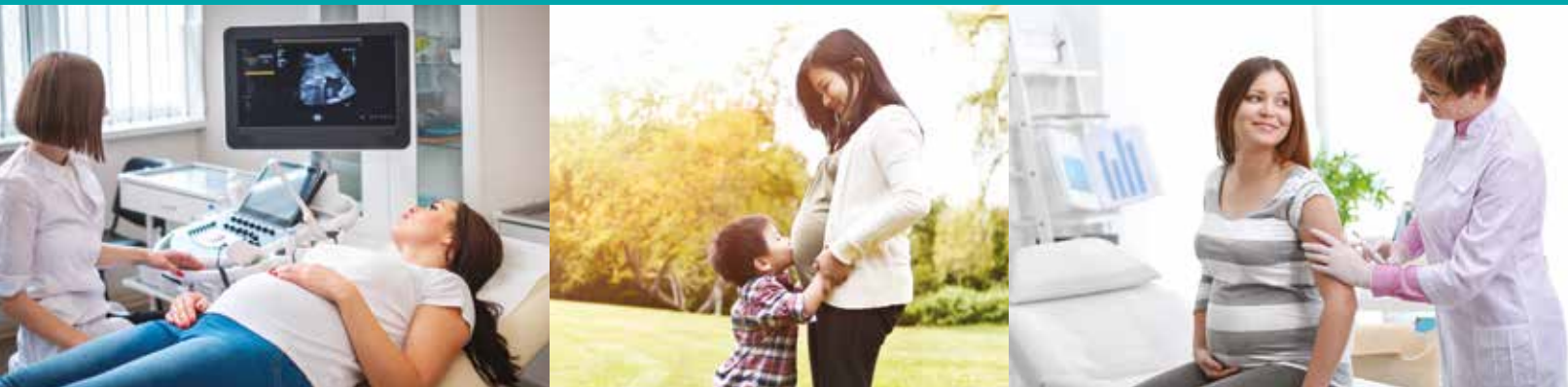
Bago sumali sa Alliance, pinangasiwaan ni G. Vang ang mga pagpapatakbo sa pampublikong seguridad para sa isang malaking distrito ng paaralan. Nagdisenyo siya ng mga bagong pamamaraan sa pagpigil sa krimen at karahasan sa paaralan at bumuo siya ng mga komprehensibong patakarang at diskarte sa pagkakapantay-pantay ng mga lahi upang maalisan ang pang-institusyong (organizado) racism sa mga sistema. Naglingkod rin si G. Vang bilang Chief Human Rights and Healthcare Equity Officer ng World Health Organization sa West Africa, at bilang Chief Human Rights and Diversity Officer para sa United Nations Mission sa Liberia, West Africa.

“Upang makamit ang ating mga layunin sa pagkakapantay-pantay sa kalusugan, kailangan ng pagbabago sa ating organisasyon at sa paraan ng paglilingkod natin sa mga minamahal nating residente ng County ng Alameda. Mahalaga ang pagdaragdag ng masigasig pang-ehekutibong pinunong pantao sa pamilya ng Alliance upang maabot ang mas maraming tao,” ayon kay Scott Coffin, na dating CEO ng Alliance.

“Matagal na panahon ang inilaan ni G. Vang sa pagtugon sa mga hindi pagkakapantay-pantay sa pangangalagang pangkalusugan para sa mga marginalized na komunidad sa buong mundo, kaya naman nasasabik na kaming makasama siya sa pagsusulong ng aming layunin at sa pagpapahusay pa sa ginagawa namin sa araw-araw upang mapaglingkuran ang ating safety net na komunidad.”

“Nasasabik akong gampanan ang mahalagang tungkulin na ito sa Alliance at makipagtulungan sa ating masigasig na tauhan at pinuno upang matugunan ang mga hindi pagkakapantay-pantay sa kalusugan, at maghatid ng makabuluhan at pangmatagalang pagbabago sa loob ng ating organisasyon at sa mas malawak na komunidad ng County ng Alameda,” ayon kay G. Vang.

KAILANGANG LUMAKI NG MGA SANGGOL



Lumalaki ang isang sanggol sa panahon ng pagbubuntis. Halimbawa, ganap na nabubuo ang utak, mga baga, at atay sa mga huling linggo ng pagbubuntis. Ang preterm birth ay kapag ipinanganak nang masyadong maaga ang isang sanggol, bago ang 37 linggo ng pagbubuntis. Mula 2017-2019, humigit-kumulang 9% sa mga sanggol na ipinanganak sa County ng Alameda ang ipinanganak nang masyadong maaga. Ang mga sanggol na ipinanganak nang masyadong maaga (lalo na bago ang 32 linggo) ay maaaring magkaroon ng higit pang alalahanin sa kalusugan o kailangang manatili sa ospital nang mas matagal.

Mahirap ang pag-iwas sa preterm birth dahil maraming sanhi ang maaaring kumplikado o hindi nauunawaan nang mabuti. Gayunpaman, ang mga hakbang na ito ay makakatulong na mabawasan ang panganib ng preterm birth:

- Iwasan ang alak at mga ipinagbabawal na gamot.
- Magpatingin para sa prenatal na pangangalaga kapag sa palagay mo ay maaaring buntis ka at sa panahon ng pagbubuntis.
- Alamin ang mga palatandaan ng labor. Kung sa palagay mo ay nakakaranas ka ng preterm labor, magpatingin kaagad sa provider ng pangangalagang pangkalusugan.
- Magsagawa ng mga paraan upang makontrol ang iyong stress.
Para sa tulong, maghanap ng provider ng pangangalagang pangkalusugan na nauugnay sa pag-uugali sa network ng Alliance sa pamamagitan ng pagtawag nang toll-free sa **1.855.856.0577**.
Maaari ka ring makipag-usap sa isang tagapayo sa Pambansang Hotline sa Kalusugan sa Pag-iisip ng Ina nang toll-free sa **1.833.943.5746**.
- Huminto sa paninigarilyo.
Para sa tulong sa paghinto, mangyaring tawagan ang Helpline ng Kick It California nang toll-free sa **1.800.300.8086**.
Maghanap ng higit pang resource sa page na “Huminto sa Paninigarilyo” sa **www.alamedaalliance.org/live-healthy-library**. Maaari ka ring magpadala sa amin ng **Form ng Kahilingan sa Mga Programa at Materyal para sa Kagalingan** na matatagpuan sa pahina **20**, o tumawag sa Mga Programang Pangkalusugan ng Alliance sa **1.510.747.4577**.
- Makipag-usap sa iyong doktor o ibang provider ng pangangalagang pangkalusugan tungkol sa paggamit ng progesterone treatment, kung dati ka nang nakaranas ng preterm birth.
- Maghintay nang hindi bababa sa 18 buwan sa pagitan ng mga pagbubuntis.

Kung ikaw ay buntis o kamakailang nanganak at kailangan mo ng higit pang suporta, maaaring makatulong ang mga programa ng **Alameda County Starting Out Strong**. Nagbibigay sila ng mga panggrupong pagpapatingin, klase, at pang-indibidwal na pagpapatingin. Upang malaman pa, mangyaring tawagan ang Departamento ng Pampublikong Kalusugan ng County ng Alameda – Yunit para sa Kalusugan ng Ina, Ama, Bata, at Adolescent sa **1.510.667.4333**.

Alamin ang tungkol sa mga klase, programa, at materyal sa page na “Pagbubuntis at Sanggol” sa **www.alamedaalliance.org/live-healthy-library**. Maaari ka ring magpadala sa amin ng **Form ng Kahilingan sa Mga Programa at Materyal para sa Kagalingan** na matatagpuan sa pahina **20**, o tumawag sa Mga Programang Pangkalusugan ng Alliance sa **1.510.747.4577**.

Hinango ang artikulo mula sa: Mga Sentro para sa Pagkontrol at Pagpigil sa Sakit:
www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

MAGTAKDA NG IYONG PAUNANG APPOINTMENT PARA SA KALUSUGAN (INITIAL HEALTH APPOINTMENT, IHA)!

Isa ka bang bagong miyembro ng Alliance? Ang isa sa mga unang bagay na dapat mong gawin ay magpatingin sa iyong provider ng pangunahing pangangalaga (primary care provider, PCP), isang doktor o nars na nag-aalaga sa iyong kalusugan. Ang unang pagbisitang ito ay tinatawag na Paunang Appointment para sa Kalusugan (Initial Health Appointment, IHA). Pinakamainam na iiskedyul ang iyong IHA sa loob ng apat (4) na buwan mula nang sumali sa Alliance.

Sa panahon ng IHA, ikaw ay:

- Magbabahagi ng iyong mga kasalukuyang alalahanin sa kalusugan at kasaysayan ng kalusugan sa nakaraan.
- Magsasagawa ng pisikal na pagsusuri.
- May malalaman tungkol sa anumang bakuna o screening na maaaring kailangan mo.
- Makakakuha ng iba pang resource mula sa iyong PCP.

Ang mga pagpatingin sa IHA ay ang unang hakbang sa pagtiyak ng pangmatagalang mabuting kalusugan at pagsisimula ng magandang ugnayan sa iyong PCP. Tawagan ang iyong PCP upang magpaiskedyul ng iyong appointment.

Kung mayroon kang mga tanong tungkol sa IHA o iyong PCP, mangyaring tumawag sa:

Departamento ng Mga Serbisyo sa Miyembro ng Alliance

Lunes – Biyernes, 8 am – 5 pm

Numero ng Telepono: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

Mga taong may mga kapansanan sa pandinig at pagsasalita: **711/1.800.735.2929**



MAHALAGA ANG PRESYON NG DUGO

Ang presyon ng dugo ay ang puwersang tinatanggap ng mga paligid ng mga daluyan ng dugo sa bawat pagtibok ng puso. Inihahatid ng mga daluyang ito ang dugo mula sa iyong puso patungo sa iba pang bahagi ng iyong katawan. Kapag nanatiling mataas ang iyong presyon ng dugo, tataas ang iyong panganib na magkaroon ng mga problema tulad ng sakit sa puso at stroke. Ang mabuting balita ay maaari kang magsikap na makontrol ang iyong presyon ng dugo.

Upang makatulong na mapanatili ang iyong presyon ng dugo sa mabuting antas, sundin ang mabubuting gawi na ito:



Alamin ang iyong mga antas.

Itanong sa iyong doktor kung ano ang mga antas ng iyong presyon ng dugo at kung ano ang ibig sabihin nito. Kung masyadong mataas ang iyong presyon ng dugo, sundin ang plano sa paggamot ng iyong doktor.



Gumalaw-galaw. Subukang maglakad, sumayaw, o gawin ang iyong paboritong aktibidad. Ang kailangan mo lang ay 30 minuto sa isang araw, limang (5) araw sa isang linggo. Tandaan, hindi mo ito kailangang gawin nang minsanan.



Kumain ng masusustansyang pagkain.

Magdagdag ng mas maraming prutas at gulay sa iyong mga pagkain. Limitahan ang mga pagkaing may asin, taba, at asukal.



Limitahan ang pag-inom ng alak.

Para sa kalalakihan, hindi hihigit sa dalawang (2) inumin bawat araw ang inirerekomenda. Para sa kababaihan, hindi hihigit sa isang (1) inumin bawat araw ang inirerekomenda.



Huwag manigarilyo. Kung naninigariyo ka, makipagtulungan sa iyong doktor upang gumawa ng plano sa paghinto o tawagan ang Helpline ng Kick It California nang toll-free sa **1.800.300.8086**.



Kontrolin ang stress. Maghanap ng mabubuting paraan upang matulungan kang mag-relax. Maaari mong subukan ang malalim na paghinga, pag-uunat, o pagmumuni-muni.

MGA PAGPAPATINGIN HABANG WALANG SAKIT PARA SA IYONG BAGONG SILANG NA SANGGOL (KAPANGANAKAN – 30 BUWAN)



Mabilis lumaki ang mas maliliit na bata, kaya kailangan nilang magpatingin sa kanilang doktor nang madalas para sa mga checkup (na tinatawag ding mga pagpapatingin para sa batang walang sakit). Sa panahon ng mga pagpapatingin na ito, titingnan ng doktor kung ano ang kalagayan sa paglaki ng iyong anak at maaari siyang magbigay ng mga screening at bakuna na pang-iwas sa sakit. Maaari ka ring magbahagi ng anumang tanong o alalahanin mo tungkol sa kalusugan at paglaki ng iyong anak.

Maaaring mahirap subaybayan ang napakaraming appointment. Ipinapakita ng chart sa ibaba ang inirerekomendang panahon para sa mga pagpapatingin na ito. Matutulungan ka ng doktor ng iyong anak na iiskedyul ang lahat ng pagpapatingin na kailangan ng iyong anak. Maaari mong gupitin ang chart na ito at itabi ito bilang paalala kapag nakaiskedyul ang pagpapatingin ng iyong anak sa kanyang doktor.



0 HANGGANG 12 BUWANG GULANG

	3-5 araw	1 buwan	2 buwan	4 buwan	6 buwan	9 buwan	12 buwan
PETSA							

15 HANGGANG 30 BUWANG GULANG

	15 buwan	18 buwan	24 buwan	30 buwan
PETSA				

Tumawag sa doktor ng iyong anak ngayon upang magpaiskedyul ng pagpapatingin para sa batang walang sakit.

Kung mayroon kang anumang tanong, mangyaring tumawag sa:

Departamento ng Mga Serbisyo sa Miyembro ng Alliance

Lunes – Biyernes, 8 am – 5 pm

Numero ng Telepono: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

Mga taong may mga kapansanan sa pandinig at pagsasalita: **711/1.800.735.2929**

IYONG BENEPISYO SA TRANSPORTASYON

Maaaring makakuha ng libreng transportasyon ang mga miyembro ng Alliance Medi-Cal papunta sa mga medikal na appointment at saklaw na serbisyo.

Dalawang (2) uri ng mga serbisyo sa transportasyon ang sinasaklaw ng Alliance:

1. Hindi pang-emergency na medikal na transportasyon (Non-emergency medical transportation, NEMT)
2. Hindi medikal na transportasyon (Non-medical transportation, NMT)

ANO ANG HINDI PANG-EMERGENCY NA MEDIKAL NA TRANSPORTASYON (NON-EMERGENCY MEDICAL TRANSPORTATION, NEMT)?

Ang hindi pang-emergency na medikal na transportasyon (non-emergency medical transportation, NEMT) ay isang ambulansya, litter van, wheelchair van, o transportasyon sa himpapawid. Ang NEMT ay hindi gumagamit ng kotse, bus, o taxi.

May karapatan kang gumamit ng NEMT kapag wala kang pisikal o medikal na kakayahang makapunta sa iyong appointment kaugnay ng medikal, dental, kalusugan ng pag-iisip, o paggamit ng ipinagbabawal na gamot sa pamamagitan ng kotse, bus, tren, o taxi, at babayaran ng Alliance ang paggamot sa iyong medikal o pisikal na kundisyon.

Bago makakuha ng NEMT, kailangan mong hilingin ang serbisyo sa pamamagitan ng iyong doktor. Itatalaga ng iyong doktor ang uri ng transportasyong makakatugon sa iyong mga medikal na kundisyon. Dapat sagutan ng iyong doktor ang isang form ng Pahayag ng Certification ng Doktor (Physician Certification Statement, PCS) upang hilingin ang uri ng transportasyong kailangan mo.

Upang ma-access ang form na ito, ang iyong doktor ay maaaring:

- Bumisita sa website ng Alliance sa www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
- Tumawag sa Departamento ng Mga Serbisyo ng Provider ng Alliance sa **1.510.747.4510**

Ang iyong kahilingan para sa NEMT ay dapat na paunang naaprubahan ng Alliance bago ang iyong nakaiskedyul na appointment. Once approved, the approval is good for up to **12 months** depending on the medical need. Bukod pa rito, walang limitasyon sa bilang ng mga biyaheng maari mong makuha. Kakailanganin ng iyong doktor na tasahin ulit ang medikal na pangangailangan mo sa hindi pang-emergency na medikal na transportasyon, at aprubahan ulit ito bawat **12 buwan**.





ANO ANG HINDI MEDIKAL NA TRANSPORTASYON (NON-MEDICAL TRANSPORTATION, NMT)?

Ang hindi medikal na transportasyon (non-medical transportation, NMT) ay gumagamit ng kotse, taxi, bus, o iba pang pampubliko o pribadong paraan ng pagbiyahe papunta sa iyong medikal na appointment.

Maaari mong gamitin ang NMT kapag ikaw ay:

- Magbibiyahe papunta at mula sa isang medikal na appointment
- Kukuha ng mga inireresetang gamot at medikal na supply

PAGGAMIT NG IYONG BENEPISYO SA TRANSPORTASYON

Maging handa para sa iyong sasakyan. Upang makatulong sa iyong sasakyan na maihatid ka sa tamang oras, tiyaking handa ka na at naghihintay ka sa paunang nakatakdang lokasyon sa nakaikedyul na oras.

PAANO MAKAKUHA NG NEMT O NMT

Maagang tumawag nang hindi bababa sa tatlong (3) araw ng negosyo upang iiskedyul ang iyong pagbiyahe.

Ihanda ang iyong impormasyon sa pagbiyahe kasama ang:

- Lokasyon sa pagsundo
- Lokasyon sa paghatid
- Oras ng appointment
- Dahilan ng appointment

Upang humiling ng NMT, mangyaring tawagan ang Transportation Line ng Alliance nang toll-free sa **1.866.791.4158**.

Kung kailangan mo ng tulong sa pag-iiskedyul ng iyong pagbiyahe, mangyaring tumawag sa:

Departamento ng Mga Serbisyo sa Miyembro ng Alliance

Lunes – Biyernes, 8 am – 5 pm

Numero ng Telepono: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

Mga taong may mga kapansanan sa pandinig at pagsasalita: **711/1.800.735.2929**

MAHAHALAGANG NUMERO NG TELEPONO

Serbisyo	Numero sa Pakikipag-ugnayan
Emergency	911
Poison Control	1.800.222.1222
Medi-Cal Center ng Mga Serbisiyong Panlipunan ng County ng Alameda	1.800.698.1118 o 1.510.777.2300
Pagpapatala/Mga Pagbabago sa Plano sa Medi-Cal	1.800.430.4263

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

Pangunahing Linya	1.510.747.4500
Departamento ng Mga Serbisyo sa Miyembro Lunes – Biyernes, 8 am – 5 pm	1.510.747.4567
Toll-Free	1.877.932.2738
Mga taong may kapansanan sa pandinig at pagsasalita (CRS/TTY)	711/1.800.735.2929

MGA SERBISYO SA PANGANGALAGA

Mga Serbisyo sa Pangangalagang Pangkalusugan na Nauugnay sa Pag-uugali

Alameda Alliance for Health	1.855.856.0577
Alameda County Behavioral Health Care Services (ACCESS)	1.800.491.9099

Mga Serbisyo sa Pangangalaga ng Ngipin

Mga Miyembro ng Medi-Cal: Medi-Cal Dental	1.800.322.6384
Mga Miyembro ng Group Care: Tumawag sa Public Authority para sa Mga Pansuportang Serbisyo sa Bahay (In-Home Supportive Services, IHSS)	1.510.577.3552

Mga Serbisyo sa Pangangalaga ng Paningin

Mga Miyembro ng Medi-Cal: MARCH Vision Care	1.844.336.2724
Mga Miyembro ng Group Care: Tumawag sa Public Authority para sa Mga Pansuportang Serbisyo sa Bahay (In-Home Supportive Services, IHSS)	1.510.577.3552

Linya para sa Payo ng Nurse

Mga Miyembro ng Medi-Cal	1.888.433.1876
Mga Miyembro ng Group Care	1.855.383.7873

MAKIPAG-UGNAYAN SA AMIN AT SUMALI SA PAG-UUSAP!



facebook.com/alamedaallianceforhealth



[@alamedaalliance](https://twitter.com/alamedaalliance)



[@alamedaallianceforhealth](https://instagram.com/alamedaallianceforhealth)



[@alameda-alliance-for-health](https://linkedin.com/company/alameda-alliance-for-health)



[@alamedaalliance](https://youtube.com/alamedaalliance)

ABISO SA HINDI PANDIDISKRIMINA AT ACCESS SA WIKA

Labag sa batas ang pandidiskrimina. Sumusunod ang Alliance sa mga batas sa mga karapatang sibil ng estado at pederal. Ang Alliance ay walang dinidiskrimina, ibinubukod, o pinapakitunguhan nang iba sa karaniwang pagtrato nito nang labag sa batas batay sa kasarian, lahi, kulay, relihiyon, ninuno, pinagmulang bansa, kinikilalang pangkat etniko, edad, kapansanan sa pag-iisip, pisikal na kapansanan, medikal na kundisyon, genetic na impormasyon, status sa pag-aasawa, kasarian, kinikilalang kasarian, o sekswal na oryentasyon.

English

ATTENTION: If you need help in your language call **1.877.932.2738** (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.877.932.2738** (TTY: **1.800.735.2929**). These services are at no cost.

Mensaje en Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

Tagalog

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyong ito.

Mga Programa at Materyales para sa Kalusugan ng Katawan at Pag-iisip



Form sa Kahilingan ng Miyembro – Nagbibigay ang Alameda Alliance for Health (Alliance) ng edukasyong pangkalusugan nang libre. Gusto naming ikaw ang mamahala sa iyong kalusugan sa pamamagitan ng pagkakaroon ng pinakabagong impormasyon, hangga't posible. Piliin ang mga paksang gusto mong ipadala namin sa iyo. Puwede mo ring hingin ang mga handout sa ibang format. Maraming handout sa www.alamedaalliance.org.



MGA REFERRAL SA MGA KLASE AT PROGRAMA

- Hika
- Suporta sa Pagpapasuso
- CPR/First Aid
- Diabetes
- Programa para sa Pag-iwas sa Diabetes (*prediabetes*)
- Mainam na Pagkain, Pag-eehersisyo, at Timbang
- Kalusugan ng Puso
- Pagiging Magulang
- Pagbubuntis at Panganganak
- Paghinto sa Paninigarilyo (*hilingin sa Kick It California na tawagan ako*)



MEDICAL ID

- Pumili ng isa: Pulseras Kuwintas
- Hika
 - Bata
 - Nasa Hustong Gulang
 - Diabetes
 - Bata
 - Nasa Hustong Gulang



MGA NAKASULAT NA MATERYALES

- Paunang Direktiba (*medikal na power of attorney*)
- Pag-inom ng Alak at Paggamit ng Iba Pang Substance
- Hika
- Pananakit ng Likod
- Pagkontrol sa Pagbubuntis
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Karahasan sa Bahay
- Mainam na Pagkain, Pag-eehersisyo, at Timbang
 - Bata
 - Nasa Hustong Gulang
- Kalusugan ng Puso
- Pagiging Magulang
- Pagbubuntis
- Pangangalagang Pang-iwas sa Sakit
- Paghinto sa Paninigarilyo
- Kaligtasan
 - Bata
 - Nasa Hustong Gulang
- Sekswal na Kalusugan
- Stress at Depresyon
 - Bata
 - Nasa Hustong Gulang

Pangalan (sarili): _____
 Numero ng ID ng Miyembro ng Alliance: _____
 Pangalan ng Bata (kung naaangkop): _____
 Numero ng ID ng Miyembro ng Bata: _____
 Edad ng Bata: _____
 Address: _____
 Lungsod: _____ Zip Code: _____

Ginagamit na Wika sa Pagsulat: _____
 Ginagamit na Wika sa Pagsasalita: _____
Ipapadala sa iyo ang mga hiniling na materyales. Paano makikipag-ugnayan sa iyo ang Alliance?
 Lagyan ng check ang lahat ng naaangkop:
 Telepono: _____
 Email: _____
 Text: _____



Para mag-order, sagutan ang form na ito sa portal para sa miyembro sa www.alamedaalliance.org o ipadala ang form na ito sa:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

Numero ng Telepono: 1.510.747.4577 • Toll-Free: 1.855.891.9169

Mga taong may mga kapansanan sa pandinig at pagsasalita (CRS/TTY): 711/1.800.735.2929

صيف/خريف 2023



مقاطعة Alameda

نساعد الناس في مجتمعنا منذ عام 1996



تسليط الضوء على مقدم الخدمة: الرعاية الصحية من المنظور المجتمعي - قصة الدكتورة NOHA ABOELATA

الدكتورة Noha Aboelata، الحاصلة على دكتوراه في الطب، والمعروفة باسم "دكتورة Noha" بين مرضاها وزملائها وأصدقائها، هي مناصرة صادقة لمجتمعنا. تركز الدكتورة Noha حياتها المهنية للمساعدة في التصدي للتفاوتات بالخدمات الصحية والقضاء عليها. فهي شغوفة بالمساهمة في تحسين صحة المجتمعات المهمشة، وهي رائدة في مجالها. الدكتورة Noha هي طبيبة أسرة ومؤسسة مركز (Roots) Roots Community Health Center.

ولدت الدكتورة Noha ونشأت في Oakland بولاية California، والتحق بمدارس Oakland العامة ثم حصلت على درجة الدكتوراه في الطب من كلية الطب بجامعة Howard University.

(يتبع في صفحة 2)

www.alamedalliance.org

San Leandro, California 94578
PO Box 3789

ALAMEDA
Alliance
FOR HEALTH

بعد انتهائها من عملها كطبيبة مقيمة في جنوب California، عادت الدكتورة Noha إلى وطنها في Oakland لخدمة مجتمعها وأسست مركز Roots في

شرق Oakland. تحت قيادة الدكتورة Noha، بدأ مركز Roots كمؤسسة تطوعية تتكون من شخصين وتطور ليصبح منظمة غير ربحية متعددة الفروع وبمقاطعات عديدة وتضم أكثر من 200 موظف يعملون بدوام كامل في خدمة أكثر من 10000 مريض.

إن الصحة ليست مجرد عدم الإصابة بمرض بل أكثر من ذلك. والرعاية لا تقتصر على غرفة الفحص وزيارة الطبيب. يؤمن مركز Roots بأهمية صحة الإنسان في مجملها ويهدف إلى تحسين عافية الفرد بأسرها بجانب الخدمات الطبية. لقد أدركت الدكتورة Noha ذلك وكانت رائدة في تقديم نموذج لتحسين العافية أطلق عليه مركز Roots اسم "Whole Health". إن برنامج Whole Health قائم على المجتمع، ويقوده المجتمع، ويهدف إلى تمكين المجتمع. يشمل برنامج Whole Health الخدمات الطبية والاجتماعية والتوظيفية والغذائية والتعليمية المراعية للاعتبارات الثقافية والشاملة، والمشاركة في السياسة العامة التي يقودها المجتمع. يهدف برنامج Whole Health إلى تمكين أعضاء مركز Roots من التصدي للظروف التي تؤثر على سلامة الأفراد والأسر والمجتمعات التي يعيشون ويعملون فيها مع تغيير هذه الظروف.

تُعد الدكتورة Noha رائدة أيضًا في مجال الطب والصحة العامة علاوة على دورها في مركز Roots. تشغل الدكتورة Noha منصب نائبة رئيس مجلس إدارة Alameda Alliance for Health (Alliance). فهي تستمتع بالعمل مع Alliance لأننا نقدم خدمة شخصية للأعضاء ومقدمي الخدمات. في ظل هذا الدور القيادي، لا تقدم الدكتورة Noha الرعاية الصحية لدى Alliance من منظور مقدم الخدمة فحسب، بل تقدمها أيضًا من المنظور المجتمعي.

في أوقات فراغها، تستمتع الدكتورة Noha بالطهي والتنزه في الخارج والمشى لتنفس بعض الهواء النقي. فهي أم فخورة لثلاثة (3) أبناء وتستمتع بكل ثانية من حياتها معهم.



تأسس مركز Roots في عام 2008 وتتمثل مهمته في الارتقاء بأولئك المتأثرين بحالة الفقر وعدم المساواة النظامية. وهو يحقق ذلك من خلال الرعاية الصحية الطبية والسلوكية، وتوفير سهولة الوصول للخدمات الصحية، ومؤسسات القوى العاملة، والإسكان، والتوعية، والدعم.



تتشرف Alliance برعاية الدكتورة Noha لأعضائنا والعمل كقائدة في مجلس إدارة Alliance. إن شغفها بتحسين الرعاية الصحية وتمكين العمل والتأثير المجتمعي لا يقدر بثمن لشركة Alliance وأعضائنا وشركاء مقدمي الخدمة والمجتمع. ونتطلع إلى العمل المستمر مع الدكتورة Noha Aboelata ومركز Roots لإيجاد أفضل السبل لخدمة الجميع. هل تريد معرفة المزيد عن الدكتورة Noha Aboelata؟ تفضل بزيارة موقعنا الإلكتروني لمشاهدة رسالة شخصية عن قرب من الدكتورة Noha Aboelata على www.alamedaalliance.org. يمكنك أيضًا التواصل معنا على Facebook أو Instagram أو X (المعروف سابقًا باسم Twitter) لمشاهدة الفيديو.



@alamedaallianceforhealth



@alamedaalliance



www.facebook.com/alamedaallianceforhealth

يمكن لأعضاء Alliance اختيار مركز Roots Community Health Center ليكون عيادتهم عن طريق الاتصال بـ:

Roots Main Clinic
9925 International Blvd.
Oakland, CA 94603

من الاثنين إلى الجمعة، من الساعة 9 صباحًا إلى 5 مساءً
رقم الهاتف: **1.510.777.1177**

إدارة خدمات أعضاء Alliance من الاثنين إلى الجمعة،
من الساعة 8 صباحًا إلى 5 مساءً
رقم الهاتف: **1.510.747.4567**

رقم الهاتف المجاني: **1.877.932.2738**
الأشخاص الذين يعانون إعاقات في السمع والتحدث
(CRS/TTY): **711/1.800.735.2929**

يقدم مركز Roots الخدمات في جميع أنحاء منطقة الخليج (Bay Area). لمعرفة مزيد من المعلومات والمواقع، يُرجى زيارة الموقع الإلكتروني rootclinic.org.

شركة ALLIANCE تعين MATTHEW WOODRUFF في بصرمة الر

أصبح Matthew Woodruff الرئيس التنفيذي الجديد لشركة Alliance في (Chief Executive Officer, CEO)

1 يونيو 2023. شغل Scott Coffin، الرئيس التنفيذي السابق لشركة Alliance، هذا المنصب لمدة تقرب من عشر سنوات وتقاعد في 31 مايو 2023. بدأ السيد Coffin العمل كرئيس تنفيذي في أوائل عام 2015، وقاد المنظمة لتتوسع خارج الولاية، وجعلها تحظى بأكملها بمكانة جيدة، وحقق العديد من النجاحات، وترك المنظمة في أيدي أمينة تحت قيادة السيد Woodruff.

وفي الوقت الحالي، توظف شركة Alliance ما يقرب من 500 موظف وتحقق إيرادات تزيد عن 1.3 مليار دولار سنويًا، وتحافظ على اعتمادات الجودة المحلية (المشار إليها بالاعتمادات)، وتفي بالامتثال التنظيمي (الالتزام بالقوانين)، ولديها أكثر من 200 مليون دولار من الاحتياطي المالي. وتحت قيادة السيد Coffin، تم الاعتراف بنجاح Alliance من قبل الهيئات التنظيمية الفيدرالية والولائية لكفاءة أعمالها والتحسين السريع في درجات الجودة. انتقلت Alliance من ثالث أدنى درجات الجودة إلى رابع أعلى منظمة رعاية مُدارة على مستوى الولاية.

على مدى السنوات الثماني (8) الماضية، أنشأت Alliance سلسلة من برامج تحفيز الرعاية الأولية والبرامج التجريبية لإدارة الحالات

الطبية المعقدة. قدم هذا البرنامج أكثر من 84 مليون دولار لمقدمي الخدمات المحليين لتحسين جودة الرعاية للبالغين والأطفال. ولدعم احتياجات كبار السن والأطفال والأسر، أقام السيد Coffin علاقات جديدة مع مجلس المشرفين في مقاطعة Alameda، وقادة هيئة مقاطعة Alameda، وقادة المنظمات المجتمعية لتوسيع نطاق الوصول إلى الخدمات الصحية. إن التزام السيد Coffin بالتصدي للثغرات الموجودة في نظام الرعاية والعوامل الاجتماعية التي تؤثر على صحة الأفراد، الذين لا يتم منحهم الخدمات الكافية، للمساعدة في إحداث تأثير إيجابي على حياتهم، دفع المنظمة إلى إطلاق برامج صحة السكان. في العام الأخير من قيادة السيد Coffin، نجحت Alliance في تنفيذ المرحلة الأولى من برنامج Medi-Cal المتطور والمبتكر في (California Advancing and Innovating Medi-Cal, CalAIM)، بما في ذلك إدارة الرعاية المحسنة (Enhanced Care Management, ECM)، ودعم المجتمع (Community Supports, CS)، وزراعة الأعضاء الرئيسية (Major Organ Transplants, MOT).

ولتمتعته بأكثر من 27 عامًا من الخبرة كقائد في مجال الرعاية الصحية، يُعرف السيد Woodruff بأنه خبير وطني ورائد في هذا المجال فيما يتعلق بالعمليات التابعة لخطة Medicare Advantage وخطة الرعاية المُدارة من Medi-Cal. حصل السيد Woodruff على جائزة وزير الصحة والخدمات الإنسانية الأمريكية لجهوده المتميزة بعمله في تطوير عملية طرح المناقصات الحالية لدى Medicare.



وبصفته أمريكيًا من الجيل الثالث لأصل مكسيكي، نشأ السيد Woodruff في منطقة الخليج (Bay Area)، وتخرج في كلية St. Mary's College في Moraga، ويعيش مع زوجته وطفليه (2) في منطقة الخليج الشرقي (East Bay).

لسيلرد انيفتلي دعد تقار SCOTT COFFIN

قالت *Rebecca Gebhart*، رئيسة مجلس إدارة *Alliance*: "يُقدر مجلس إدارة *Alliance* نهج *Matt* المتعاطف الذي يضع الأعضاء أولاً في عمله ومعرفته الكبيرة بطريقة عمل *Medi-Cal*. إن خبرته التي تمتد لعقود لدى *Medicare* تضعه في مكانة جيدة لقيادتنا بينما نباشر هذا النوع من الأعمال". وأشارت قائلة "إن المجلس واثق بأن *Matt* سينجح في منصب الرئيس التنفيذي وسيواصل سجل الإنجازات المذهل الذي حققته *Alliance* تحت قيادة *Scott Coffin*".

وأضافت الدكتورة *Noha Aboelata*، نائبة رئيس مجلس إدارة *Alliance*، قائلة: "ستكون تجربة *Matt* مع شركة *Alliance* ذات قيمة خاصة في مساعدتنا على اجتياز التغييرات التحولية في برنامج *CalAIM* التابع للولاية والمصمم لتوفير نهج عادل ومنسق ويتمحور حول الفرد لتوفير خدمات الصحة العامة لأعضائنا في *Medi-Cal*".

ابتداءً من عام 2015، عمل السيد *Woodruff* ضمن الفريق التنفيذي للسيد *Coffin* بصفته الرئيس التنفيذي للعمليات (*Chief Operating Officer, COO*) لدى *Alliance*. وفي هذا الدور، قاد السيد *Woodruff* العمليات اليومية لشركة *Alliance* وعزز شراكات المنظمة الداخلية والخارجية. وفي ظل قيادته، حصلت *Alliance* على الاعتراف الوطني، ووصلت لدرجة مركز التميز لنجاحها في توفير رضا الموظفين الفائق، ورضا الأعضاء، ومستوى خدمة مدهل لأعضائها. إن سعي السيد *Woodruff* في تطوير علاقات قوية مع شبكة مقدمي خدمات *Alliance* أدى إلى تحسين معدلات الرضا مع مقدمي الخدمة المجتمعية لدينا، حيث وصل إلى مستوى قياسي في عام 2022 وزيادة بنسبة 28% منذ عام 2015.

عندما أعلن السيد *Coffin* عن تقاعده في عام 2022، قال الدكتور *Evan Seevak*، عضو ورئيس سابق لمجلس إدارة *Alliance* ورئيس لجنة البحث عن الرؤساء التنفيذيين: "كان تعيين الرئيس التنفيذي يضم عددًا كبيرًا من المرشحين المتميزين، ولكن في النهاية، تفوق *Matt*، وكان أهم مرشح لدى لجنة البحث عن الرؤساء التنفيذيين بشركة *Alliance*" وفي أثناء المقابلة الشخصية، أظهر *Matt* معرفته الكبيرة بشركة *Alliance*، والرعاية المُدارة من *Medi-Cal*، و *Medicare*، وأعضائنا، ومقدمي الخدمات، ومجتمعنا المحلي. نحن متحمسون لتولي *Matt* منصبه الجديد."

قال *Scott Coffin*، الرئيس التنفيذي السابق لشركة *Alliance*: "لقد حققت *Alliance* إنجازًا ناجحًا في السنوات الثماني (8) الماضية وستستمر المنظمة في وضع جيد لسنوات عديدة في المستقبل. سيتحول برنامج *Medi-Cal* في مقاطعة *Alameda* إلى نموذج منظم على مستوى المقاطعة مع العديد من خدمات *Medi-Cal* الجديدة التي تعالج المحددات الاجتماعية للصحة، بما في ذلك الخدمات الداعمة لكبار السن والبالغين المصابين بأمراض مزمنة أو إعاقات، والخدمات التي توفر علاجًا لمجموعة متنوعة من حالات انعدام الأمن الغذائي والسكني. لقد كان لشركة *Alliance* دور رائد في سلسلة من البرامج التجريبية التي استثمرت فيها للتغلب على الفوارق بالخدمات الصحية، بما في ذلك برنامج *Recipe4Health*، و *Whole Person Care*، و *Health Homes*، وستطلق برنامجًا تجريبيًا جديدًا لمساعدة السكان المحتجزين سابقًا (الذين دخلوا السجن) على تنسيق خدمات إعادة الاندماج بالمجتمع. إنني أثق تمامًا بقيادة *Matt* والتزامه بتحقيق مهمة *Alliance* ورؤيتها، ومواصلة تعزيز التعاون المحلي مع شركائنا في شبكة الأمان الاجتماعي".

تعين ALLIANCE رئيسًا جديدًا لمجلس الإدارة، ونائبًا للرئيس، وترحب بعضوين (2) جديدين من أعضاء مجلس الإدارة

أعلنت Alliance عن تعيين السيدة Rebecca Gebhart رئيسة مجلس إدارة Alliance. مجلس الإدارة هو الهيئة الإدارية لشركة Alliance، وهي الخطة الرائدة للرعاية الصحية المُدارة من Medi-Cal. فإنهم يخدمون أكثر من 80% من البالغين والأطفال في برنامج Medi-Cal في مقاطعة Alameda.

قال *Scott Coffin*، الرئيس التنفيذي السابق لشركة Alliance: " ما زالت شركة Alliance ملتزمة تمامًا بإدارة أفضل خدمات الرعاية الصحية للجميع وتوسعي باستمرار لتحسين مستوى الحياة لسكان مقاطعة Alameda منذ عام 1996". وأضاف قائلاً "يقدم أعضاء مجلس الإدارة، باعتبارهم قادة في مجال الرعاية الصحية والمجتمع منذ فترة طويلة، وجهات نظر قيمة لتقديم المشورة وتحقيق المواءمة بشكل أفضل مع مهمتنا ورؤيتنا، لتوسيع نطاق خدماتنا للوصول إلى المزيد من الأشخاص، وتحسين نظام الرعاية الصحية المحلي من خلال التكامل الاستراتيجي".

قالت السيدة *Gebhart*: "يشرفني أن أتولى منصب رئيس مجلس إدارة Alliance وأن أعمل مع زملائي في مجلس الإدارة للمساعدة في إحراز تقدم في تحقيق مهمة الخطة لتحسين صحة وسلامة أعضائنا".

عملت السيدة Gebhart بمنصب عضو في مجلس الإدارة منذ مايو 2016، وهي تتمتع بخبرة تزيد عن 20 عامًا في مجال تمويل الرعاية الصحية وعملت سابقًا بمنصب مديرة الشؤون المالية في هيئة خدمات الرعاية الصحية (Health Care Services Agency, HCSA) في مقاطعة Alameda قبل تقاعدها. وعملت السيدة Gebhart أيضًا بمنصب مدير مساعد لدى هيئة خدمات الرعاية الصحية، حيث أشرفت على جميع العمليات المالية للهيئة البالغة قيمتها واحد مليار دولار والتي تتكون من خدمات خاصة بالصحة السلوكية، والإدارة/الرعاية الصحية لأصحاب الدخل المنخفض، والصحة العامة، والصحة البيئية. شغل الدكتور Evan Seevak منصب نائب الرئيس من عام 2017 إلى عام 2019، وشغل منصب الرئيس من عام 2019 حتى عام 2022. وما زال الدكتور Seevak عضوًا في مجلس الإدارة وهو يحظى بالاعتراف والتقدير لخدمته التي استمرت لأكثر من 11 عامًا.

كان من دواعي سرور شركة Alliance أيضًا أن تعلن عن تعيين الدكتورة Noha Aboelata نائبة لرئيس مجلس الإدارة. الدكتورة Noha Aboelata هي المؤسس والرئيس التنفيذي لمركز Roots Community Health Center وهي قائدة متخصصة في الرعاية الصحية ومناصرة تأخذ على عاتقها مهمة القضاء على الفوارق بالخدمات الصحية بين الأفراد ذوي الدخل المنخفض في شرق Oakland والمجتمع بشكل أوسع في مقاطعة Alameda. وعملت الدكتورة Noha Aboelata في مجلس إدارة Alliance منذ عام 2018، وقد قامت طوال حياتها المهنية ببناء نهج شامل يركز على تعزيز إمكانية الوصول للخدمات الصحية والرعاية المستمرة من خلال ربط المرضى بمجموعة من الموارد التي تدعم صحتهم وعافيتهم بشكل عام.

قامت شركة Alliance أيضًا بتعيين عضوين (2) جديدين في مجلس الإدارة:

المشرفة Lena Tam وهي العضوة المنتخبة مؤخرًا في مجلس المشرفين في مقاطعة Alameda، انضمت إلى Alliance كعضوة جديدة في مجلس الإدارة. المشرفة Lena Tam هي قائدة مجتمعية منذ فترة طويلة وعاملة في مجال الصحة العامة وقد شغلت سابقًا منصب نائب رئيس بلدية مدينة Alameda. ومن خلال هذا شغلها هذا المنصب، قامت بتأمين السكن لكبار السن من ذوي الدخل المنخفض وعملت على تعزيز خدمات شبكة الأمان المجتمعي لسكان Alameda. وشغلت أيضًا منصب رئيس مجلس الرعاية الصحية لمدينة Alameda حيث عملت بلا كلل لإبقاء مستشفى Alameda مفتوحًا مع الحرص على استمرار تقديم خدمات الطوارئ للمجتمع.

انضمت السيدة Jody Moore، إحدى سكان Alameda وأم لطفلين (2)، إلى مجلس إدارة Alliance، حيث شغلت منصب العضو الخبير بالخدمات المقدمة. وبصفتها أمًا لطفل من ذوي الاحتياجات الخاصة، كرست السيدة Jody Moore سنوات عديدة من حياتها للخدمات التي تدعم الأشخاص ذوي الإعاقة. عملت السيدة Jody Moore سابقًا في لجنة Alameda المعنية بالأشخاص ذوي الإعاقة وشغلت منصب نائبة الرئيس لعدة سنوات. في عام 2011، أسست مجموعة Alameda Autism Community Network وخصصت الكثير من وقتها لدعم الأحداث التي تعمل على نشر الوعي بالقضايا التي تؤثر على الأشخاص ذوي الإعاقة.

تعلن ALLIANCE عن رئيس جديد (HEALTH EQUITY) لقسم العدالة بالخدمات الصحية

أعلنت Alliance أن السيد Lao Paul Vang قد تولى منصبًا جديدًا كرئيس قسم العدالة بالخدمات الصحية (Health Equity) التابع للخطة الصحية. يتولى السيد Vang مسؤولية تنفيذ السياسات للتأكد من إعطاء الأولوية للعدالة بالخدمات الصحية (المستوى الصحي المرتفع لجميع الأفراد) وتناولها في جميع أنحاء المنظمة وكل مجتمع من المجتمعات التي تخدمها شركة Alliance. فهو مسؤول عن تنفيذ رؤية شاملة للتنوع والمساواة والإدماج وهذا هو المحور الذي يتركز حوله موظفو شركة Alliance وأعضاؤها والمجتمع وشركاؤها مقدمو الخدمات. بصفته رئيس قسم العدالة بالخدمات الصحية (Health Equity)، يعمل السيد Vang بشكل وثيق مع قادة المجتمع لتحسين استراتيجية صحة السكان بشركة Alliance من خلال تحديد طرق لتخفيف المحددات الاجتماعية للخدمات الصحية.



يتمتع السيد Vang بخبرة واسعة في الإدارة العامة والشؤون الإنسانية. لقد أنشأ ونفذ برامج واسعة النطاق في مجال حقوق الإنسان والعدالة في الخدمات الصحية، والتنوع العالمي، والمساواة العرقية والجنسانية، والاندماج المجتمعي طوال حياته المهنية. وقبل انضمامه إلى Alliance، أشرف السيد Vang على عمليات السلامة العامة لمنطقة تعليمية كبيرة. لقد وضع مناهج جديدة لمنع الجريمة والعنف المدرسي

ووضع سياسات واستراتيجيات شاملة للمساواة العرقية لمنع وجود العنصرية المؤسسية (المنظمة) في الأنظمة. كما شغل السيد Vang سابقًا منصب كبير مسؤولي حقوق الإنسان والمساواة في مجال الرعاية الصحية بمنظمة الصحة العالمية في غرب إفريقيا بالإضافة إلى منصب كبير مسؤولي حقوق الإنسان والتنوع في بعثة الأمم المتحدة في ليبيريا بغرب إفريقيا.

قال *Scott Coffin*، الرئيس التنفيذي السابق لشركة *Alliance*: "إن تحقيق أهدافنا المتعلقة بالمساواة في مجال الصحة يتطلب تغييرًا في منظماتنا وفي الطريقة التي نقدم بها الخدمات لسكان مقاطعة *Alameda* الكرام. إن انضمام المسؤول التنفيذي المهتم بالشأن الإنساني لعائلة شركة *Alliance* أمر ضروري للوصول إلى المزيد من الأفراد." وأضاف قائلاً: "لقد قضى السيد *Vang* معظم حياته المهنية في حل مشكلات عدم المساواة في مجال الرعاية الصحية للمجتمعات المهمشة على المستوى العالمي ونتطلع إلى مواصلة عمله في توسيع مهمتنا وتعزيز العمل الذي نقوم به يوميًا لخدمة شبكة أمان مجتمعنا."

قال السيد *Vang*: "أنا متحمس لتولي هذا المنصب المهم في *Alliance* والشراكة مع موظفينا وقادتنا المتفانين لحل مشكلات عدم المساواة في خدمات الصحة للأعضاء وللمساعدة في تقديم تغيير هادف ودائم، سواء داخل منظماتنا أو بمجتمع مقاطعة *Alameda* الأوسع نطاقًا."

يحتاج الأطفال إلى وقت للنمو



تنمو الأجنة خلال فترة الحمل بأكملها. على سبيل المثال، ينمو الدماغ والرئتان والكبد بشكل كامل خلال الأسابيع الأخيرة من الحمل. تحدث الولادة المبكرة عندما يولد الطفل في وقت مبكر جدًا قبل الأسبوع رقم 37 من الحمل. وُلِدَ، في الفترة من 2017 إلى 2019، حوالي 9% من أطفال مقاطعة Alameda بمرحلة مبكرة جدًا. قد يعاني الأطفال المولودون بمرحلة مبكرة جدًا (وخاصة قبل الأسبوع رقم 32 من الحمل) من مشكلات صحية أكثر أو يكونون بحاجة إلى البقاء في المستشفى لفترة أطول. تمثل الوقاية من الولادة المبكرة مشكلة كبيرة لأن العديد من الأسباب قد تكون معقدة أو غير مفهومة بشكل جيد. ومع ذلك، يمكن أن يساعد اتباع الخطوات التالية في تقليل خطر الولادة المبكرة:

تجنب تعاطي الكحول والمخدرات.

الحصول على رعاية ما قبل الولادة بمجرد أن تعتقدي أنك حامل وطوال فترة الحمل.

معرفة علامات إنذار حدوث الولادة. إذا كنتِ تعتقدين أنكِ تواجهين عملية ولادة مبكرة، فاستشيري مقدم رعاية صحية فورًا.

ممارسة طرق لإدارة التوتر أثناء الحمل.

للحصول على المساعدة، ابحثي عن موفر الرعاية الصحية السلوكية داخل شبكة Alliance من خلال الاتصال على الرقم المجاني على **1.855.856.0577**.

يمكنك أيضًا التحدث إلى أحد المستشارين على الخط الساخن المجاني الوطني لصحة الأمهات النفسية (Maternal Mental Health National) على رقم **1.833.943.5746**.

الإقلاع عن التدخين.

للمساعدة في الإقلاع عن التدخين، يرجى الاتصال بخط المساعدة المجاني الخاص ببرنامج Kick It California على الرقم **1.800.300.8086**.

يمكنك العثور على مزيد من الموارد على صفحة "الإقلاع عن التدخين" على الموقع الإلكتروني

www.alamedaalliance.org/live-healthy-library. يمكنك أيضًا أن ترسلي لنا **استمارة طلب بشأن برنامج**

الصحة والمواد (Wellness Programs & Materials Request Form) الموجودة في الصفحة 20، أو الاتصال

ببرنامج Alliance Health Programs على الرقم **1.510.747.4577**.

التحدث مع طبيبك أو موفر رعاية صحية آخر بشأن استخدام علاج البروجسترون، إذا كنتِ تعرضتِ إلى ولادة مبكرة من قبل. الانتظار 18 شهرًا على الأقل بين كل حالة حمل.

إذا كنتِ حاملًا أو أنجبتِ مؤخرًا وتحتاجين إلى المزيد من الدعم، فقد تتمكنين من برنامج **Alameda County Starting Out Strong** من تقديم المساعدة. إنها توفر مجموعات وفصول وزيارات فردية. لمعرفة المزيد، يرجى الاتصال بإدارة الصحة العامة في مقاطعة Alameda - قسم صحة الأمهات والآباء والأطفال والمراهقين على رقم **1.510.667.4333**.

اطلعي على الفصول والبرامج والمواد على صفحة "الحمل والطفل" على الموقع الإلكتروني

www.alamedaalliance.org/live-healthy-library. يمكنك أيضًا أن ترسلي لنا **استمارة طلب بشأن برامج**

الصحة والمواد (Wellness Programs & Materials Request Form) الموجودة في الصفحة 20 أو الاتصال ببرنامج

Alliance Health Programs على الرقم **1.510.747.4577**.

المقالة مقتبسة من: مراكز مكافحة الأمراض والوقاية منها: www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

الحصول على الموعد الأولي للرعاية الصحية (IHA)!

هل أنتِ عضوة جديدة في Alliance؟ أحد أول الأمور التي يجب عليكِ فعلها هو مقابلة مقدم الرعاية الأولية (PCP)، طبيب أو ممرضة تعتني بصحتك. تسمى الزيارة الأولى بالموعد الأولي للرعاية الصحية (IHA). من الأفضل تحديد الموعد الأولي للرعاية الصحية خلال أربعة (4) شهور من انضمامك إلى Alliance.

خلال الموعد الأولي للرعاية الصحية، فإنك:

تشاركين استفساراتك الصحية الحالية وتاريخك الصحي السابق.

تخضعين لفحص بدني.

تتعرفين على أي لقاءات أو فحوصات قد تحتاجينها.

تحصلين على موارد أخرى من مقدم الرعاية الأولية المسؤول عنك.

تعد زيارات الموعد الأولي للرعاية الصحية الخطوة الأولى في ضمان التمتع بصحة جيدة لفترة طويلة وبدء تكوين علاقة جيدة مع مقدم الرعاية الأولية المسؤول عنك. اتصلي بمقدم الرعاية الأولية المسؤول عنك لتحديد موعدك.

إذا كانت لديك استفسارات عن الموعد الأولي للرعاية الصحية أو مقدم الرعاية الأولية، يرجى التواصل مع:

إدارة خدمات أعضاء Alliance

من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 5 مساءً

رقم الهاتف: **1.510.747.4567**

الرقم المجاني: **1.877.932.2738**

الأشخاص الذين يعانون إعاقات في السمع والتحدث: **1.800.735.2929/711**



مستوى ضغط الدم هو أمر مهم للغاية

ضغط الدم هو القوة الموجهة إلى جدران الأوعية الدموية مع كل نبضة قلب. تحمل هذه الأوعية الدم من قلبك إلى أعضاء أخرى في جسمك. عندما يبقى ضغط الدم لديك مرتفعًا، يزداد خطر إصابتك بمشكلات، مثل أمراض القلب والسكتة الدماغية. والأمر الجيد هو أنه يمكنك النجاح في التحكم بضغط دمك. للمساعدة في الحفاظ على ضغط الدم في المعدل الصحي، اتبعي العادات الصحية التالية:



الحركة. جربي ممارسة التمشية أو الرقص أو نشاطك المفضل. كل ما تحتاجينه هو الحركة لـ 30 دقيقة في اليوم، لمدة خمسة (5) أيام في الأسبوع. وتذكري أنه ليس لزامًا عليك أن تقضي المدة كلها في مرة واحدة.



اعرف قياساتك. اطلبي من الطبيب معرفة قياسات ضغط الدم لديك وما تعنيه بالنسبة لك. إذا كان ضغط الدم لديك مرتفعًا جدًا، فاتبعي خطة علاج الطبيب.



التقليل من تناول الكحوليات. بالنسبة للرجال، لا يوصى بأكثر من مشروبين (2) في اليوم. بالنسبة للنساء، لا يوصى بأكثر من مشروب واحد (1) في اليوم.



تناول الطعام الصحي. أضيفي المزيد من الفاكهة والخضراوات لوجباتك. مع تقليل الأطعمة التي تحتوي على الملح والدهون والسكر.



تحكم في التوتر. ابحثي عن طرق صحية لتساعدك على الاسترخاء. يمكنك تجربة تمارين التنفس العميق أو التمدد أو التأمل.



الإقلاع عن التدخين. إذا كنت تدخين، فتعاوني مع طبيبك لوضع خطة للإقلاع عن التدخين أو اتصلي بخط المساعدة المجاني لبرنامج Kick It California على الرقم **1.800.300.8086**

زيارات المتابعة لمولودك الجديد (من الولادة وحتى عمر 30 شهرًا)



ينمو الأطفال الصغار بسرعة، لذلك يحتاجون إلى زيارة الطبيب كثيرًا لإجراء الفحوصات الشاملة (تسمى أيضًا بزيارات متابعة صحة الطفل). خلال هذه الزيارات، سيتحقق الطبيب من طريقة نمو طفلك وقد يقترح لقاحات أو فحوصات وقائية. يمكنك أيضًا مشاركة أي استفسارات أو مخاوف لديك بشأن صحة طفلك ونموه.

قد يكون من الصعب متابعة الذهاب للعديد من المواعيد الطبية. يوضح الرسم البياني أدناه التوقيت الموصى به لهذه الزيارات. سيتمكن طبيب طفلك من مساعدتك في تحديد موعد لجميع الزيارات التي يحتاجها طفلك. يمكن قص هذا المخطط والاحتفاظ به كأداة تذكير لموعد الزيارات الطبية المقررة لطفلك.



من الولادة إلى عمر 12 شهرًا

من 3 إلى 5 أيام	الشهر 1	الشهر 2	الشهر 4	الشهر 6	الشهر 9	الشهر 12

التاريخ

من عمر 15 شهر إلى 30 شهرًا

الشهر 15	الشهر 18	الشهر 24	الشهر 30

التاريخ

اتصلي بطبيب طفلك الآن لتحديد موعد زيارة طبية لمتابعة صحة الطفل.

إذا كانت لديك أي أسئلة، يرجى التواصل مع:

إدارة خدمات أعضاء Alliance

من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 5 مساءً

رقم الهاتف: **1.510.747.4567**

الرقم المجاني: **1.877.932.2738**

الأشخاص الذين يعانون إعاقات في السمع والتحدث: **1.800.735.2929/711**

ميزة خدمة النقل المقدمة لك

يمكن لأعضاء برنامج Medi-Cal بشركة Alliance الحصول على وسيلة نقل مجانية للوصول إلى مواعيدهم الطبية وإلى أماكن الخدمات المشمولة بالتغطية.

تغطي Alliance نوعين (2) من خدمات النقل:

1. النقل الطبي غير الطارئ (Non-medical transportation, NEMT)

2. النقل غير الطبي (Non-medical transportation, NMT)

ما هو النقل الطبي غير الطارئ (NEMT)؟

يستخدم النقل الطبي غير الطارئ (NEMT) سيارة إسعاف، أو شاحنة مزودة بنقالة، أو شاحنة مزودة برافعة للكرسي المتحرك، أو النقل الجوي. لا يستخدم النقل الطبي غير الطارئ (NEMT) سيارة خاصة أو حافلة أو سيارة أجرة. يحق لك استخدام النقل الطبي غير الطارئ (NEMT) عندما لا تتمكن جسديًا أو طبيًا من الوصول إلى الموعد الطبي أو موعد رعاية الأسنان أو الرعاية النفسية أو مواعيد اضطرابات تعاطي المخدرات، بالسيارة أو الحافلة أو القطار أو سيارة الأجرة، وتدفع شركة Alliance تكاليف علاج حالتك الطبية أو البدنية.

قبل الحصول على خدمة النقل الطبي غير الطارئ (NEMT)، عليك طلب الخدمة من خلال طبيبك. سيصف لك طبيبك نوع وسيلة النقل المناسبة لحالتك الطبية. يجب على طبيبك ملء نموذج بيان شهادة الطبيب (Physician Certification Statement, PCS) لطلب نوع وسيلة النقل التي تحتاجها.

للوصول إلى هذا النموذج، يمكن لطبيبك:

زيارة الموقع الإلكتروني لـ Alliance على

www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services

الاتصال بإدارة خدمات مقدمي الرعاية بشركة Alliance على رقم **1.510.747.4510**

يجب أن يحصل طلبك للحصول على خدمة النقل الطبي غير الطارئ (NEMT)، على موافقة مسبقة من Alliance قبل موعدك المحدد. وبمجرد الموافقة عليه، تكون الموافقة سارية لمدة تصل إلى **12 شهرًا**، وفقًا للحاجة الطبية. بالإضافة إلى ذلك، لا توجد حدود لعدد الانتقالات التي يمكنك الحصول عليها. سيتعين على طبيبك إعادة تقييم مدى احتياجك الطبي إلى خدمة النقل الطبي غير الطارئ وإعادة الموافقة على حالتك كل **12 شهرًا** على الأقل.





ما هو النقل غير الطبي (NMT)؟

يستخدم النقل غير الطبي (NMT) سيارة خاصة أو سيارة أجرة أو حافلة أو أي وسيلة نقل عامة أو خاصة أخرى للوصول إلى موعدك الطبي.

يمكنك استخدام خدمة النقل غير الطبي (NMT) عند:

الذهاب إلى موعد طبي والعودة منه
استلام الأدوية الموصوفة والمستلزمات الطبية

استخدام ميزة النقل المقدمة لك

كن مستعداً لوسيلة انتقالك. للمساعدة في وصول وسيلة انتقالك إلى موعدك في الوقت المحدد، احرص على استعدادك وانتظارك في المكان والوقت المحددين سابقاً.

طريقة الحصول على خدمة النقل الطبي غير الطارئ (NEMT) أو خدمة النقل غير الطبي (NMT)

اتصل قبل ثلاثة (3) أيام عمل على الأقل لتحديد موعد مشاركتك.

جهز معلومات مشاركتك، بما في ذلك:

مكان الانتظار
جهة الوصول
وقت الموعد
سبب الموعد

لطلب خدمة النقل الطبي غير الطارئ (NEMT)، يرجى الاتصال على الرقم المجاني لخط خدمة النقل لشركة Alliance على رقم **1.866.791.4158**.

إذا كنت بحاجة إلى المساعدة في تحديد موعد مشاركتك، يرجى التواصل مع:

إدارة خدمات أعضاء Alliance

من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 5 مساءً

رقم الهاتف: **1.510.747.4567**

الرقم المجاني: **1.877.932.2738**

الأشخاص الذين يعانون إعاقات في السمع والتحدث: **1.800.735.2929/711**

أرقام هواتف مهمة

رقم جهة الاتصال	الخدمة
911	الطوارئ
1.800.222.1222	مركز مكافحة التسمم
1.510.777.2300 أو 1.800.698.1118	مركز Medi-Cal للخدمات الاجتماعية في مقاطعة Alameda
1.800.430.4263	التسجيل/التغييرات في خطة Medi-Cal

ALAMEDA ALLIANCE FOR HEALTH (ALLIANCE)

1.510.747.4500	الخط الرئيسي
1.510.747.4567	إدارة خدمات الأعضاء من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 5 مساءً
1.877.932.2738	رقم الهاتف المجاني
711/1.800.735.2929	الأشخاص الذين يعانون إعاقات في السمع والتحدث (CRS/TTY)

خدمات الرعاية الصحية

خدمات رعاية الصحة السلوكية	
1.855.856.0577	Alameda Alliance for Health
1.800.491.9099	خدمات رعاية الصحة السلوكية بمقاطعة Alameda (ACCESS)
خدمات رعاية الأسنان	
1.800.322.6384	أعضاء Medi-Cal: برنامج Medi-Cal للعناية بالأسنان
1.510.577.3552	أعضاء Group Care: يرجى الاتصال بالسلطة العامة لخدمات الدعم المنزلية (IHSS)
خدمات الرعاية البصرية	
1.844.336.2724	أعضاء Medi-Cal: مركز MARCH للرعاية البصرية
1.510.577.3552	أعضاء Group Care: يرجى الاتصال بالسلطة العامة لخدمات الدعم المنزلية (IHSS)
خط استشارة التمريض	
1.888.433.1876	أعضاء Medi-Cal
1.855.383.7873	أعضاء Group Care

ابقِ على اتصال بنا وتواصل معنا!



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@alamedaalliance



@alameda-alliance-for-health

إشعار عدم التمييز والوصول اللغوي

يُعد التمييز أمرًا مخالفًا للقانون. تتبع شركة Alliance قوانين الحقوق المدنية الفيدرالية والحكومية. لا تمارس شركة Alliance التمييز ضد الأشخاص أو تستبعدهم ولا تعاملهم بشكل مختلف بصورة غير قانونية بسبب الجنس أو العرق أو اللون أو الدين أو النسب أو الأصل القومي أو هوية الجماعة العرقية أو العمر أو الإعاقة الذهنية أو الإعاقة الجسدية أو الحالة الصحية أو المعلومات الوراثية أو الحالة الاجتماعية أو النوع أو الهوية الجنسية أو الميول الجنسية.

الإنجليزية

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل بالرقم **1.877.932.2738** (خدمة الهاتف النصي: **1.800.735.2929**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والمكتوبة بخط كبير. اتصل بالرقم **1.877.932.2738** (خدمة الهاتف النصي: **1.800.735.2929**). هذه الخدمات مجانية.

(الإسبانية) Mensaje en Español

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1.877.932.2738** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.877.932.2738** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

简体中文标语 (الصينية)

请注意：如果您需要以您的母语提供帮助，请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 **1.877.932.2738** (TTY: **1.800.735.2929**)。这些服务都是免费的。

Khẩu Hiệu Tiếng Việt (الفيتنامية)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.877.932.2738** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

التاغالوغية

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1.877.932.2738** (TTY: **1.800.735.2929**). Libre ang mga serbisyonang ito.



Alameda Alliance for Health برامج الصحة والمواد

نموذج طلب الأعضاء - توفر شركة (Alliance) Alameda Alliance for Health التعليم الصحي مجانًا. نريدك أن تتولى مسؤولية صحتك من خلال معرفة أفضل المعلومات الممكنة. يرجى تحديد الموضوعات التي تريد منا إرسالها لك. يمكنك أيضًا طلب النشرات بتنسيقات أخرى. يمكن العثور على العديد من النشرات على الموقع الإلكتروني www.alamedaalliance.org

المواد المكتوبة



التوجيه المُسبق (التوكيل الطبي)
تعاطي الكحول والمواد الأخرى
الربو
ألم الظهر
تحديد النسل
مرض الانسداد الرئوي المزمن
(Chronic Obstructive Pulmonary Disease, COPD)
مرض السكري
العنف الأسري
تناول الأكل الصحي وممارسة التمارين والوزن الصحي
الطفل البالغ
صحة القلب
تربية الأطفال
الحمل
الرعاية الوقائية
الإقلاع عن التدخين
الأمان
الطفل البالغ
الصحة الجنسية
الضغط والاكئاب
الطفل البالغ

المحاضرات وإحالات البرامج



الربو
دعم الرضاعة الطبيعية
إنعاش القلب والرئتين
(Cardio Pulmonary Resuscitation, CPR)
الإسعافات الأولية
مرض السكري
برنامج الوقاية من مرض السكري (مقدمات الإصابة بمرض السكري)
تناول الأكل الصحي وممارسة التمارين والوزن الصحي
صحة القلب
تربية الأطفال
الحمل والولادة
الإقلاع عن التدخين
(يرجى الطلب من برنامج Kick It California
التواصل معي)
معرف طبي
اختر واحدًا:
الربو



سوار قلادة

الطفل البالغ
مرض السكري
الطفل البالغ

الاسم (الشخص نفسه): _____
رقم معرف عضو Alliance: _____
اسم الطفل (إن وُجد): _____
رقم معرف عضوية الطفل: _____
عمر الطفل: _____
العنوان: _____
المدينة: _____
الرمز البريدي: _____
اللغة المكتوبة: _____
اللغة المنطوقة: _____
سيتم إرسال المواد المطلوبة إليك بالبريد. كيف يمكن لـ Alliance التواصل معك؟
يرجى وضع علامة على كل ما ينطبق:
الهاتف: _____
البريد الإلكتروني: _____
الرسائل النصية: _____

ALAMEDA
Alliance
FOR HEALTH

للطلب، يرجى إكمال هذا النموذج على بوابة الأعضاء الإلكترونية
على www.alamedaalliance.org أو إرسال هذا النموذج بالبريد إلى:

Alliance Health Programs • 1240 South Loop Road, Alameda, CA 94502

رقم الهاتف: 1.510.747.4577 • الرقم المجاني: 1.855.891.9169

الأشخاص الذين يعانون إعاقات في السمع والتحدث (CRS/TTY): 711/1.800.735.2929

PROVIDER PULSE

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- WE WANT TO HEAR FROM YOU!

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES



Matthew Woodruff became the new Chief Executive Officer (CEO) of Alameda Alliance for Health (Alliance) on Thursday, June 1, 2023. Former Alliance CEO Scott Coffin

served in this role for close to a decade and retired on Wednesday, May 31, 2023. Mr. Coffin began serving as CEO in early 2015, led the organization out of state conservatorship, transformed the operations into sustainability, experienced many successes, and left the organization in good hands under the leadership of Mr. Woodruff.

Today, the Alliance employs almost 500 staff and reports more than \$1.3 billion in revenue annually, maintains national quality accreditations, meets regulatory compliance, and has over \$200 million in financial reserves. Under Mr. Coffin’s leadership, the Alliance’s success was recognized by state and federal regulators for the efficiency of its operations and rapid improvement of quality scores. The Alliance moved from the third-lowest quality scores to the fourth-highest managed care organization statewide.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

(CONTINUED FROM PAGE 1)



Over the last eight years, the Alliance has created a series of primary care incentive programs and pilots for complex case management, providing more than \$84 million to local providers to improve the quality of care for adults and children enrolled in the Medi-Cal program.

To support the needs of older adults, children, and families, Mr. Coffin forged new relationships with the Alameda County Board of Supervisors, Alameda County Agency leaders, and leaders of community-based organizations to expand access to health services. Mr. Coffin's commitment to addressing health disparities and social determinants of health for underserved people to help have a positive impact on their lives has driven the organization to launch population health programs. In the last year of Mr. Coffin's leadership, the Alliance successfully implemented the first phase of the CalAIM program, including Enhanced Care Management (ECM), Community Supports (CS), and Major Organ Transplants (MOT).

Having more than 27 years of experience as a health care leader, Mr. Woodruff is recognized as a national expert and industry leader in operations for Medicare Advantage and Medi-Cal Managed Care Plans. Mr. Woodruff received the U.S. Department of Health and Human Services Secretary's Award for Distinguished Service for his work in developing the current Medicare competitive bidding process.

"The Alliance Board of Governors appreciates Matt's empathic, member-first approach to his work and his deep knowledge of how Medi-Cal operates. His decades of Medicare experience position him well to lead us as we move into that line of business," said Rebecca Gebhart, Chair of the Alliance Board of Governors. *"The Board is confident that Matt will be a successful CEO and will continue the incredible track record of achievement that the Alliance has had under Scott Coffin's leadership."*

"Matt's experience with the Alliance will be particularly valuable in helping us navigate the transformational changes in the state CalAIM program designed to provide an equitable, coordinated, and person-centered approach to overall health for our Medi-Cal beneficiaries," added Dr. Noha Aboelata, Vice Chair of the Alliance Board of Governors.

THE ALLIANCE NAMES MATTHEW WOODRUFF AS CHIEF EXECUTIVE OFFICER AS SCOTT COFFIN RETIRES

(CONTINUED FROM PAGE 2)

Beginning in 2015, Mr. Woodruff served on Mr. Coffin's executive team as the Chief Operating Officer (COO) at the Alliance. In this role, Mr. Woodruff led the Alliance's day-to-day operations and strengthened the organization's internal and external partnerships. Under his leadership, the Alliance attained national recognition, achieving Center of Excellence status for superior employee satisfaction, member satisfaction, and exceptional level of service to its members. Mr. Woodruff's work to strengthen relationships with the organization's provider network led to satisfaction rates with contracted community providers reaching a record level in 2022 and increasing by 28 percentage points since 2015.

When Mr. Coffin announced his retirement in 2022, *"the CEO recruitment had a large number of outstanding candidates but in the end, Matt stood out, and was the top recommendation of the Alliance CEO Search Committee,"* said Dr. Evan Seevak, a member and former Chair of the Alliance Board of Governors and Chairperson for the CEO Search Committee. *"In the interview process, Matt demonstrated his deep knowledge of the Alliance, Medi-Cal Managed Care, and Medicare, and our members, providers, and our local community. We are excited to have Matt step into his new role."*

"The Alliance has completed a successful turnaround in the last eight years and the company will continue in good standing for many years into the future. The Alameda County Medi-Cal program will change into a County-Organized Model with several new Medi-Cal services addressing social determinants of health, including supportive services for older and fragile adults, and services that address a variety of food and housing insecurities. The Alliance has pioneered and invested in a series of pilot programs to overcome health disparities, including Recipe4Health, Whole Person Care, and Health Homes, and will be launching a new pilot to help formerly incarcerated residents coordinate re-entry services. I have full confidence in Matt's leadership and his commitment to fulfill the mission and vision of the Alliance, and to continue strengthening the local collaboration with our safety-net partners," said former CEO of the Alliance, Scott Coffin.

As a third-generation Mexican American, Mr. Woodruff was raised in the Bay Area, is a graduate of St. Mary's College of Moraga, and lives with his wife and two (2) kids in the East Bay.



THE ALLIANCE NAMES NEW BOARD CHAIR, VICE CHAIR, AND WELCOMES TWO (2) NEW BOARD MEMBERS

The Alliance announced that Mrs. Rebecca Gebhart has been named Chair of the Alliance Board of Governors. The board is the governing body of the Alliance, which is the leading Medi-Cal managed care health plan serving more than 80% of the adults and children in the Medi-Cal program in Alameda County.

"The Alliance remains fully committed to administering the best health care services to all and has continually strived to improve the quality of living for Alameda County residents since 1996," said Scott Coffin, former Alliance CEO. "As long-time health care and community leaders, the Board of Governors provide valuable perspectives to advise and better align to our mission and vision, to expand our services to reach more people, and to improve the local health care system through strategic integration."

"I am honored to take on the role as Chair of the Alliance Board of Governors and work with my colleagues on the Board to help move the plan's mission forward in improving the health and well-being of our members," said Mrs. Gebhart.

Mrs. Gebhart, who has served as a Board member since May 2016, has over 20 years of health care finance experience and previously served as the Finance Director at Alameda County's Health Care Services Agency (HCSA) before retiring. Mrs. Gebhart also served as the HCSA Assistant Director, overseeing all financial operations for the \$1 billion agency consisting of Behavioral Health, Administration/Indigent Health, Public Health, and Environmental Health. Dr. Evan Seevak served as the Vice Chair from 2017 to 2019, and as the Chairperson from 2019 through 2022. Dr. Seevak remains a member of the Board of Governors and is recognized and appreciated for more than 11 years of service.

The Alliance was also happy to announce the appointment of Dr. Noha Aboelata as Vice Chair of the Board. Dr. Aboelata is the founder and CEO of Roots Community Health Center and is a dedicated health care leader and advocate

committed to eliminating health disparities among low-income individuals in East Oakland and the broader community of Alameda County. Dr. Aboelata has served on the Alliance Board since 2018 and throughout her career has built a holistic approach that focuses on enhancing accessibility and consistent care by connecting patients to a range of resources that support their health and overall wellness.

The Alliance also named two (2) new Board members:

Supervisor Lena Tam, the recently elected member of the Alameda County Board of Supervisors, joined the Alliance as a new Board member. Supervisor Tam is a longstanding community leader and public servant who previously served as Vice Mayor of the City of Alameda where she secured housing for low-income seniors and worked to enhance safety net services for Alameda residents. She also served as the President of the City of Alameda Health Care Board where she worked tirelessly to keep Alameda Hospital open and ensure it continues to provide emergency services to the community.

Ms. Jody Moore, an Alameda resident and mother of two (2) children, joined the Alliance Board, serving in the Consumer Member seat. As a parent to a child with special needs, Ms. Moore has dedicated many years to advocating for services that support people with disabilities. Ms. Moore previously sat on Alameda's Commission on Disability and served as Vice Chair for several years. In 2011, she founded the group The Alameda Autism Community Network and has dedicated much of her time to supporting events that bring awareness to issues impacting people with disabilities.

THE ALLIANCE ANNOUNCES NEW CHIEF OF HEALTH EQUITY



The Alliance announced that Mr. Lao Paul Vang has assumed a new role as the health plan's Chief of Health Equity.

In this critical role that reports to the CEO, Mr. Vang is charged with implementing policies to ensure that health

equity is prioritized and addressed throughout the organization and each of the communities served by the Alliance. He is responsible for implementing an overarching vision of diversity, equity, and inclusion that centers Alliance staff, members, community, and provider partners. As Chief of Health Equity, Mr. Vang works closely with community leaders to refine the Alliance's population health strategy by identifying ways to mitigate social determinants of health.

Mr. Vang has extensive experience in public administration and humanitarian affairs. He has created and implemented large-scale human rights and health care equity, global diversity, racial-gender equity, and social inclusion programs throughout his career. Before joining the Alliance, Mr. Vang oversaw public safety operations for a large school district in Washington State where he designed proactive approaches to preventing crime and school violence and developed comprehensive racial equity policies and strategies to dismantle institutional racism and system inequity.

Mr. Vang also previously served as the World Health Organization's Chief Human Rights and Healthcare Equity Officer in West Africa as well as the Chief Human Rights and Diversity Officer for the United Nations Mission in Liberia, West Africa.

"Attaining our health equity goals requires change in our organization, and change in the way we serve the valued residents of Alameda County. The addition of a dedicated humanitarian executive leader into the Alliance family is essential to reach more people," said Scott Coffin, former Alliance CEO. "Mr. Vang has spent much of his career dedicated to addressing health care inequities for marginalized communities on a global scale, and we're looking forward to having him work to expand our mission and reinforce the work that we do each day to serve our safety net community."

"I am excited to take on this important role at the Alliance and partner with our dedicated staff and leaders to address member health inequities, and to help deliver meaningful and lasting change, both within our organization and throughout the broader Alameda County community," said Mr. Lao Paul Vang.



PROVIDER SPOTLIGHT: DEFINING WHAT IT MEANS TO BE A SERVANT LEADER – DR. KELLEY MEADE’S STORY

Dr. Kelley Meade is passionate about helping people access health care and services. As a trained pediatrician, Dr. Meade’s special interests include managing asthma and supporting healthy lifestyles for our youngest members.

Dr. Meade earned her medical degree in the Midwest at the Rosalind Franklin University of Medicine and Science, Chicago Medical School. She completed her residency in pediatrics on the East Coast at the Boston University School of Medicine, Boston Medical Center.

Dr. Meade is a Bay Area native with deep roots in the Oakland and Berkeley community. In 1995, Dr. Meade came home to the Bay Area to work at UCSF Benioff Children’s Hospital Oakland (BCH Oakland). This was a full circle moment as this was the very place where her tonsils were removed as a young girl.

At UCSF BCH Oakland, Dr. Meade has served as the interim Chief Medical Officer, and today she is the Associate Dean of Academic and Clinical Affairs. Dr. Meade partners with the leadership at the UCSF School of Medicine, supporting faculty members with their work on patient care, research, training, and advocacy. Even with her busy schedule, Dr. Meade visits the Pediatric Primary Care Clinic at least once a week to care for her patients. Dr. Meade and her clinic received a grant from the Alliance to coordinate with school districts to enhance pediatric asthma care.

Dr. Meade is the true definition of a “servant leader.” She is passionate about providing care to our youngest members and improving health systems for the greater good. Dr. Meade engages with her patients and their families to find the best ways to manage their health needs. Giving back to the



community is part of her leadership style, and she is committed to the health care of children and young adults.

In her spare time, Dr. Meade enjoys cooking for her family. She also likes being in or near any body of water for recreational activities such as kayaking.

The Alliance is honored that Dr. Meade cares for our youngest members and serves on our Board of Governors and Strategic Planning Committee, helping guide, oversee, and contribute to the administration of our organization. Her knowledge, experience, and profound work are invaluable to the Alliance, our members, provider partners, and our community.

We look forward to working with Dr. Meade in finding the best ways to serve all members.

Do you want to learn more about Dr. Meade? Please visit our website to watch an up-close and personal message from Dr. Meade at www.alamedaalliance.org.

You can also connect with us on Facebook, Instagram, or X (formerly known as Twitter) to view the video.



TAKING STEPS TOWARD IMPROVING ACCESS TO HOUSING IN ALAMEDA COUNTY

Research studies have shown that being unhoused is linked to health inequities such as shorter life expectancy, higher mortality rates, and greater use of hospital services. In California, on any given day, more than 150,000 people may experience homelessness, resulting in adverse social conditions. These social conditions can include food insecurity, safety, substance use, sanitation, and communicable diseases, to name a few, that exacerbate poor health outcomes.



In our own backyard, the 2022 Homeless Point-In-Time (PIT) Count, indicates 9,747 individuals were found to be unhoused in Alameda County, representing an increase of 1,725 individuals or 22% from 2019. Over the last few years, many local, regional, and state efforts have focused on finding solutions that will assist some of the most vulnerable people in our communities. That includes the Department of Health Care Services' (DHCS) Housing and Homeless Incentive Program (HHIP), which began earlier this year and will continue through December 2023. HHIP aims to improve health outcomes and access to whole-person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. Along with other Medi-Cal managed care plans throughout the state, the Alliance is participating in the HHIP, which allows the network of Alameda County safety net providers to earn significant funding to build capacity and to keep more people housed.

In partnership with Alameda County Health Care Services Agency (HCSA) and Anthem Blue Cross, the Alliance recently submitted an investment

plan to the State of California that was informed and supported by Alameda County's Continuum of Care (CoC) program, which works to provide housing to individuals and families experiencing homelessness. As part of the investment plan, the Alliance will invest approximately \$26.5 million over the next several months to local efforts focused on addressing homelessness and housing insecurity. The investment plan includes targeted funding that will lead to minimizing housing gaps for Alameda County Medi-Cal members. Over the next year, the Alliance will allocate funding through community-based organizations to build capacity for housing, recuperative care, and community supports designed to meet the social needs that impact the health of Medi-Cal members. The funding will also support operating funds to help make housing units for our highest-need members, increase the number of medically frail beds for members with high medical needs and impairments who are experiencing homelessness, assist with coordination efforts that will increase successful transitions into recuperative care, and help maximize the use of available resources.

TAKING STEPS TOWARD IMPROVING ACCESS TO HOUSING IN ALAMEDA COUNTY

(CONTINUED FROM PAGE 7)



Additional investments include significant funding to support permanent housing opportunities for older, medically frail individuals who are experiencing homelessness and partnering with local organizations to support capacity-building efforts for housing units dedicated to serving our members. To better understand the landscape of our local unhoused community, the Alliance is supporting the 2024 Alameda County PIT Count that will enhance efforts to get a deeper understanding of the health needs of people experiencing homelessness. Our partnership with the Alameda County's Health Care for the Homeless program is expanding to better support the Street Health Program – which provides outreach and engagement, health care services, and connections to available housing resources to residents throughout the county. Investments are being made to improve data infrastructure and to support programs and interventions that focus on populations that are disproportionately experiencing or at risk of homelessness.

Throughout the development of this effort, the Alliance has aligned with the strategic priorities of our local Continuum of Care, including the Alameda County Health Care Services Agency's Home Together 2025 Community Plan to improve and address health outcomes for Alliance members. We will also continue to align with additional Alliance initiatives, work on building our capacity and partnerships to connect our members to needed housing services, and build upon existing priorities that have been established by our local community. While we know these efforts are tremendous undertakings for safety net leaders, we remain committed to addressing housing insecurity through a variety of partnerships across Alameda County to improve the health and well-being of all residents.

ADDRESSING FOOD INSECURITY WITH RECIPE4HEALTH



During the past year, the Alliance has worked diligently to meet the requirements needed to implement major components of the Department of Health Care Services' (DHCS) CalAIM initiative.

We are proud to have successfully launched new Enhanced Care Management (ECM) and Community Supports (CS) services, and the transition of Major Organ Transplants (MOT) into Alameda County's Medi-Cal managed care program. These essential services, along with other CalAIM initiatives, are helping improve the health outcomes of our members, particularly those with the most complex health care needs.

In 2022, the Alliance introduced six (6) Community Supports services, including housing transition and tenancy services, recuperative care, asthma remediation, and medically tailored meals/food. These services, while not medical in nature, are major factors in social determinants of health that are helping our members avoid hospital stays, reduce visits to the emergency department, and improve their overall well-being.

In September 2022, the Alliance launched the Recipe4Health program as part of our medically tailored meals/food program. Recipe4Health is a "Food as Medicine" program administered by the Alameda County Health Care Services Agency (HCSA) as part of the ALL IN program. Recipe4Health aims to address social drivers of health among residents

by prescribing patients nutrient-dense produce and connecting them to local support groups that bring members together and include physical activity, healthy food demonstrations, stress reduction, and social connection over the course of several months.

Through our partnership with Alameda County, eligible Alliance members have access to food prescriptions that include up to 12 weeks of a wide selection of healthy vegetable alternatives. We are proud to note that the food prescriptions are filled by Dig Deep Farms, a social enterprise founded in 2010 by the Deputy Sheriffs' Activities League, the Alameda County Sheriff's Office, and local urban farms that creates green economy jobs for justice-involved individuals.

ADDRESSING FOOD INSECURITY WITH RECIPE4HEALTH

(CONTINUED FROM PAGE 9)

We know that the lack of access to healthy foods is associated with poor health outcomes, which can lead to higher health care costs. A study funded by the U.S. Department of Health and Human Services found that unhealthy eating habits cost the U.S. health care system about \$50 billion per year due to heart disease, stroke, and type 2 diabetes. As a safety net provider, our mission is to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high-quality and accessible services, and the Recipe4Health program does just that. Through this important partnership, we hope to address the poor health outcomes that are associated with food insecurity that our members face regularly. The Alliance is committed to supporting the needs of our most complex and vulnerable patients, assisting with the management of chronic health conditions, and reducing hospitalizations.



Patients who qualify for this service must meet at least one (1) of the following criteria to be eligible:

- Have chronic condition(s), such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk prenatal conditions, and chronic or disabling mental/behavioral health disorders.
- Are being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement.
- Have intensive care coordination needs.

Since 2020, the Alliance has financially invested in the Recipe4Health program and partnered to help launch and expand Food as Medicine efforts at local clinics throughout Alameda County. Through this partnership, thousands of patients throughout Alameda County have been screened for food insecurity and have been offered healthy food interventions in combination with group behavioral support that has led to improved health outcomes. The integration of Recipe4Health into the Alliance's Community Supports medically tailored meals/food program will address the nutritional needs of the Alameda County community while reducing barriers associated with food insecurity. If you have any questions about this medically supportive meals/food service, please contact the Alliance Community Supports team at CSDept@alamedaalliance.org.

THE LAUNCH OF 2023 CALAIM INITIATIVES



Population Health Management

The Alliance launched several components of the Department of Health Care Services' (DHCS) CalAIM initiative, including Enhanced Care Management (ECM), Community Supports (CS), and the transition of Major Organ Transplants (MOT) into Medi-Cal managed care. These programs, along with other CalAIM initiatives, help managed care health plans (MCP) improve outcomes for the millions of Californians served by Medi-Cal, particularly those with the most complex health care needs. On Sunday, January 1, 2023, DHCS launched another major CalAIM initiative, Population Health Management (PHM). PHM requires all Medi-Cal MCPs – including the Alliance – to develop and maintain a system for person-centered population health management. PHM establishes a comprehensive, accountable plan of action that addresses member needs and preferences across a continuum of care. PHM assists health plans to build trust and meaningfully engage their members. Additionally, it will gather, share, and assess timely and accurate data on member preferences and needs to help identify effective and efficient opportunities for interventions; as well as identify gaps in care.

While many of the other CalAIM initiatives are focused on the most vulnerable Medi-Cal members, PHM requires plans to prioritize prevention strategies and identify health-related issues before they become bigger problems. PHM focuses on connecting members to public health, social services, and supports that will help them stay healthy, as well as providing case management, care coordination, and transitions for members who need additional care. PHM helps managed care plans to focus on identifying and mitigating social determinants of health with the ultimate goal of reducing disparities across all member populations. DHCS proposed developing a platform at the individual member level to expand access to medical, behavioral, and social services data. By using this new platform, and leveraging the social health information exchange and community health record systems that were previously established by our local safety net partners, we successfully set up an effective PHM program that addresses our members' needs and ultimately improves their health outcomes.

THE LAUNCH OF 2023 CALAIM INITIATIVES

(CONTINUED FROM PAGE 11)



Upcoming Major CalAIM Reforms

Another major CalAIM reform initiative, the institutional long-term care (LTC) carve-in, launched on Sunday, January 1, 2023, and now care in nursing homes and other institutional settings is provided as a benefit through the Alliance. Previously, Alliance members who were admitted to long-term care institutions were disenrolled after spending more than 60 days there and enrolled in fee-for-service (FFS) Medi-Cal. Since January 1, the Alliance has been responsible for members who need ongoing skilled care services and for members living in LTC facilities. This population remains enrolled with the Alliance and has access to our case management services, ensuring that members have access to high-quality care and other navigation services. We work closely with our contracted LTC facilities and many of our community-based partners to provide care and ongoing support for these members. Approximately 1,800 members living in institutional settings were enrolled in the Alliance on Sunday, January 1, 2023.

The new LTC managed care benefit aligns with the Medi-Cal Populations of Focus (PoFs), which are eligible for our Enhanced Care Management (ECM) benefit and Community Supports (CS) services. These new PoFs include nursing facility residents who may be candidates for transitioning back to the community and individuals at risk for institutionalization. In addition, the benefit includes people who are eligible for long-term services in their homes and have the ability to live safely with wrap-around support. With the support of our case management teams and community-based partners, we are committed to providing these important services that will help members avoid institutionalization while helping others safely transition into the community.

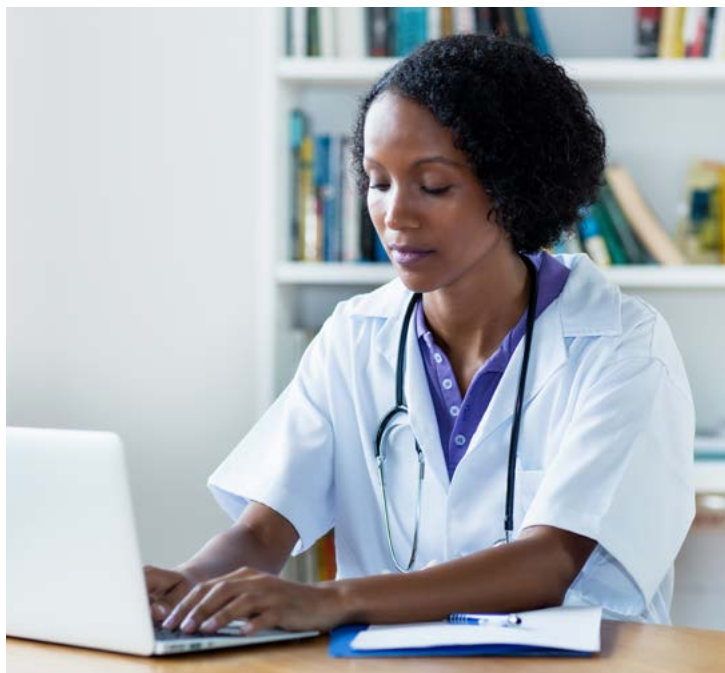
While many of these major reforms are a huge undertaking by managed care health plans across the state, the Alliance remains committed to improving care integration and ensuring that members have full access to person-centered services and supports that are needed to maintain their health and well-being.

IMPORTANT NOTICE ABOUT PROVIDER SUBMISSION OF CLINICAL INFORMATION

Every prior authorization (PA) request is reviewed to determine the medical necessity of the requested service or item. To ensure that we can adhere to our regulatory-mandated turnaround times, we are asking for your help in ensuring all applicable supporting documentation is submitted with the PA request form. This will help our members receive their services promptly. Incomplete submissions may cause a delay in processing.

When submitting a PA request for a service or item, such as durable medical equipment (DME), please include the following information:

- Submit the primary diagnosis for care in the first position.
- Include all applicable information that supports the medical necessity for the requested service/ or DME (e.g., MD office notes, consultation notes, labs, diagnostic results, etc.).
- Include a clear and legible medical order from the clinician for the requested service as noted in the management/care plan documented in the submitted clinical notes.



Please see below for examples:

Diagnostic medical imaging requests, such as an MRI of the chest:

- Include pertinent clinical notes of the chief complaint that has prompted the requested diagnostic imaging (e.g., shortness of breath, cough, or wheezing).
- Send progress notes that include the clinical history and physical exam centered on the chief complaint such as:
 - Duration of symptoms
 - Treatment tried and/or failed
 - Comorbidities if pertinent
 - Pertinent physical findings in the most recent physical exam (PE)
 - Management plan that discusses the diagnostic medical imaging requested and plan of action related to requested imaging

DME requests, such as a wheelchair:

- Include clinical notes that support the medical necessity for the member to have a wheelchair.
- If the PA request is a replacement, please state why a new wheelchair is needed:
 - Lost or stolen, if possible, include a police report.
 - Broken – Verify if our DME vendor, California Home Medical Equipment (CHME), has been called and if repairs can be made. In many instances, DME can be repaired. For more information, please call CHME at **1.650.357.8550** or fax **1.650.931.8928**.

If you have any questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

FRAUD, WASTE, AND ABUSE (FWA) PREVENTION AND REPORTING



At the Alliance, we are committed to building and maintaining our valuable community and provider partnerships. In support of those relationships, the Alliance promotes the prevention, detection, and resolution of fraud, waste, and abuse (FWA), and other unlawful activities in and around health care.

Health care fraud costs taxpayers billions of dollars each year and endangers the health of our communities.

If you are aware of actual or suspected illegal activity, unethical business practices, or other suspicious activity regarding our health plan, our providers, vendors, or members, please report it immediately by using one of the following methods:

1. Call the Alliance Compliance Department Hotline (NEW): **1.844.587.0810**
2. Email the Alliance Compliance Department: **compliance@alamedaalliance.org**
3. Visit the Alliance website: **www.alamedaalliance.ethicspoint.com**
4. Call the Medi-Cal Fraud and Abuse Hotline: **1.800.822.6222**

We appreciate your help in fighting, preventing, and detecting health care fraud, waste, and abuse. The Alliance is committed to complying with all applicable federal and state laws addressing false claims, including the Federal False Claims Act, the California False Claims Act, and the Deficit Reduction Act of 2005 (Section 6032).

Thank you for your continued partnership and for providing high-quality care to our members and the community.

2022 HEDIS® RESULTS



Healthcare Effectiveness Data and Information Set® (HEDIS®) is used by health plans to measure **how well we give service and care to our members.** The Alliance collects data annually on how we perform certain services and types of care. The Alliance reports the data to the National Committee for Quality Assurance (NCQA), which then rates health plans.

The California Department of Health Care Services (DHCS) uses a subset of the HEDIS® measures to hold health plans accountable for reporting the performance of the measures. These measures are referred to as the Managed Care Accountability Sets (MCAS). The chart below illustrates 15 measures in which the Alliance is intended to hold to the 50th percentile minimum performance level (MPL).

The Alliance performed below the MPL on five (5) measures:

1. Follow-up After Emergency Department Visit for Mental Illness
2. Well-Child Visits in the First 15 months
3. Lead Screening in Children
4. Cervical Cancer Screening (CCS)
5. Controlling High Blood Pressure

The Quality Improvement (QI) team is driving multiple initiatives to increase rates in measures below the MPL. Some of the strategies include member outreach (phone calls, text messaging, and mailers), member incentives to complete screenings, and provider and member education.

If you would like to partner with us on any of these initiatives, please contact the Alliance Quality Improvement team at

DeptQITeam@alamedaalliance.org.

2022 HEDIS® RESULTS

(CONTINUED FROM PAGE 15)

NCQA ACRONYM	MEASURE DESCRIPTION	2022 ADMIN RATES	2022 HYBRID RATES	MPL
Behavioral Health				
FUA1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day	29.82%	N/A	21.24%
FUM1	Follow-Up After Emergency Department Visit for Mental Illness - 30 Day	49.03%	N/A	54.51%
Children's Domain				
CIS10	Childhood Immunization Status - Combo 10	45.20%	52.80%	34.79%
IMA	Immunizations for Adolescents - Combo 2	49.36%	50.61%	35.04%
LSC	Lead Screening in Children	57.52%	60.58%	63.99%
W15	Well-Child Visits in the First 15 Months of Life – Six (6) or More Visits	46.56%	N/A	55.72%
W30	Well-Child Visits for Age 15 Months to 30 Months - Two (2) or More Visits	69.01%	N/A	65.83%
WCV	Child and Adolescent Well-Care Visits	49.69%	N/A	48.93%
Women's Health				
BCS	Breast Cancer Screening	56.13%	N/A	50.95%
CHL	Chlamydia Screening in Women	64.14%	N/A	55.32%
CCS	Cervical Cancer Screening	52.44%	53.83%	57.64%
PPC2	Timeliness of Postpartum Care	81.72%	85.42%	77.37%
PPC1	Timeliness of Prenatal Care	85.36%	87.50%	85.40%
Chronic Disease				
CDC10	HbA1c Control (>9.0%)	37.06%	29.20%	39.90%
CBP	Controlling High Blood Pressure	41.77%	54.74%	59.85%

CERVICAL CANCER SCREENING (CCS) RATES



During the pandemic, many women refrained from seeking medical care, including cervical cancer screenings (CCS). Factors such as the fear of contracting COVID-19 and staff shortages in health care contributed to this decline. The Alliance has observed a decrease in CCS rates over the past two (2) years.

To ensure that our members receive the necessary screening and treatment for early detection of cervical cancer, we have identified two (2) top priorities:

1. Increase awareness of screening requirements
2. Implement quality improvement initiatives

The Alliance Quality Improvement (QI) team has developed various programs to assist clinicians in improving CCS rates. These strategies include member incentives, provider incentives, and member health education materials. Additionally, CCS is integrated into the Pay-for-Performance (P4P) program, which aims to enhance quality, performance, and outcomes through provider incentives.

If you are interested in learning about your CCS rate and participating in a Quality Improvement project, we encourage you to reach out to the Alliance Quality Improvement team at DeptQITeam@alamedaalliance.org.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

The most common member concerns relate to quality of service (QOS) in the clinics where they go for medical care. Common examples of complaints received by the Alliance include rudeness of staff, no authorization for referrals processed, medications refilled/called to pharmacy/e-scribe, and miscommunications between provider/staff. Listed below are several tips to curb these complaints and have demonstrated success in de-escalating concerning conversations.



In any clinical setting, different types of staff work as a team. This may include medical assistants, licensed vocational nurses (LVNs), and registered nurses (RNs). When hiring for the positions in the clinic, it is important for interviewers to focus on experience, training/education, and teamwork, and to check previous references. Additionally, during the interview process, there are questions to help determine work ethic, problem-solving, and willingness to work the hours required. Team members can also meet with the prospective employee during the interview process to ensure a team fit. It is highly recommended that a provider be involved in the interview process as well to ensure that the standard of care will be met for their patients. The hiring manager and human resources personnel also play an important role in the hiring process as they present the required paperwork and job description.

Every step of the hiring process is important to consider when hiring new staff. This may also include the initial contact made, and the first conversation had with the potential employee. During these initial interactions, ask some questions to ensure the employee sounds warm and welcoming. For example, we can ask ourselves a simple question such as, "Does their voice sound as though they are smiling?" We want to make sure that when patients are receiving messages/communications from this new employee that they feel welcome, heard, and respected. Overall, the potential employee who meets this criteria is the person who should be chosen to represent the clinic. Reception staff set the tone for a patient's appointment and lay the groundwork for a successful clinical day. They are your first line of offense for a smooth-running clinical experience for the patient, staff, and provider.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

(CONTINUED FROM PAGE 18)



FRONT OFFICE PERSONNEL

Telephone Etiquette Tips

1. Answer the phone calmly – Smile!
(A frustrated voice can put your patient on guard.)
2. Answer on the second or third ring.
3. Have a script prepared such as, “ABC Clinic, Valerie speaking, may I help you?”
“ABC Clinic, Valerie speaking, may I place you on a brief hold?” (Wait for a response before putting them on hold.)
4. Busier clinics may need two (2) employees to answer the phones.
5. Staff should contact their manager if they need help with a patient and/or for assistance to answer phone lines.

QOS concerns may come from a patient who feels that they were treated rudely by staff over the phone.

Practicing good customer service can help mitigate complaints. If further staff training is needed, there are free videos that can be shared with all staff.

Appointment Check-in Tips

1. Welcome patients by maintaining eye contact.
2. Use friendly language to greet patients such as, “Good morning” or “Good afternoon.”
 - If the patient has been there before, you may say, “Nice to see you again!” (This can help to build rapport with patients.)
3. Keep an open line of communication with patients waiting to be seen by their providers.
 - Inform them if their provider is running late and/or seeing other patients first.
 - If a patient is unable to wait long due to time constraints, you may ask the back of the office for an update on the estimated wait time and/or reschedule the patient as needed.
4. Maintain availability on schedule for unforeseen circumstances.
 - One (1) appointment slot in the morning and one (1) in the evening is sufficient for rescheduling purposes.

IMPROVE YOUR CLINIC'S QUALITY OF SERVICE

(CONTINUED FROM PAGE 19)

BACK OFFICE

Patient Intake Tips

1. Call the patient pleasantly by their name.
2. Introduce yourself as they approach you – Smile!
3. Maintain pleasant customer service as you take their weight, height, blood pressure, etc.
4. Politely open the conversation by asking the patient, “What brings you in to see Doctor XYZ”?
5. Be proactive to keep the appointment on time by preparing all medical supplies needed for the visit.

Referral Process, Prescription Refills, and Prior Authorizations

1. The clinic's authorization and medication refill process should be seamless.
2. The busy clinic may have to dedicate a person qualified to receive the prescription order from the provider and ensure that the medication prescription is sent to the correct pharmacy.
3. Authorization should be submitted timely; patients are expecting your referral for the success of their health concerns.



Patients may have a wide variety of language needs. It is important to develop patient hand-outs or provide free educational pamphlets. To access educational materials for patients, please visit the **Centers for Disease Control and Prevention website** or the **Alliance website**. The process will not only provide patient understanding, but the printed information may also save time for your back-office staff.

The common thread is “Patient Satisfaction!” If patients are satisfied and their expectations are met, they will be loyal customers to your practice. One last

tip for providers is to develop a “Patient Satisfaction Survey” that can be handed to your patients at the end of their visit. An alternative format would be to email the survey to patients. Invite patients to share their experiences during their visit to your office as it can help to improve services. To ensure effectiveness, review and share the results with your staff and make changes as needed. Remember to praise and recognize your staff for a job well done to encourage positive staff morale.

TIMELY ACCESS STANDARDS*

The Alliance is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
Urgent Appointment that does not require PA	48 Hours of the Request
Urgent Appointment that requires PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	10 Business Days of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
APPOINTMENT TYPE:	APPOINTMENT WITHIN:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

PA – Prior authorization

Urgent Care – Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-urgent Care – Routine appointments for non-urgent conditions.

Triage or Screening – The assessment of a member's health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member's need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member's medical record that a longer waiting time will not have a detrimental impact on the health of the member.

PROVIDER TRAINING CORNER

Community Resources for Provider Training Opportunities

To learn more about upcoming training opportunities in our community, please visit the new Provider Resources for Training and Technical Assistance Opportunities section of our website [here](#).



WE WANT TO HEAR FROM YOU!

If you would like to be featured in the Alliance newsletters or have a story idea or a topic that you would like to see covered in the Alliance Provider Pulse newsletter, please contact us.

Provider Services Department

Email: providerpulse@alamedaalliance.org

Phone Number: **1.510.747.4510**

ALL FEEDBACK IS WELCOME!

ALAMEDA
Alliance
FOR HEALTH

CONNECT WITH US!



Print Ad Examples:



The Alliance is honored to join the 2023 CAPH SNI Annual Conference. We thank you for your dedication to serving our community for over 30 years. As long-lasting partners in the safety-net system, we are stronger together in achieving a shared mission to provide access to high-quality care and services for all.

The Alliance is a local, public, not-for-profit managed care health plan created for and by Alameda County residents. Through our mission, vision, values, and staff and provider network that reflects the county's cultural and linguistic diversity, the Alliance is honored to provide access to high-quality care and services through our award-winning NCQA-accredited healthcare programs. To learn more about our mission-driven work to serve our community, please visit www.alamedaalliance.org.



Serving our Community Since 1996

Vaccines + Well-Child Visits + Health Screenings for **ALL** =
More Celebrations, Smiles, and Health and Well-Being
Across the Lifespan.



Ethnic Radio and Television (TV) Public Service Announcement (PSA) Ad Examples:
(To listen to the examples, please click on the titles below or see attachments)

- Take Action to Keep Your Medi-Cal Ethnic Radio PSA
- Take Action to Keep Your Medi-Cal TV PSA

Billboard, BART, and Bus Ad Examples:

Keep yourself and your family

COVERED

ALAMEDA
Alliance
FOR HEALTH

www.alamedaalliance.org



請採取行動，以便為您和您的家人

續保

ALAMEDA
Alliance
FOR HEALTH

www.alamedaalliance.org

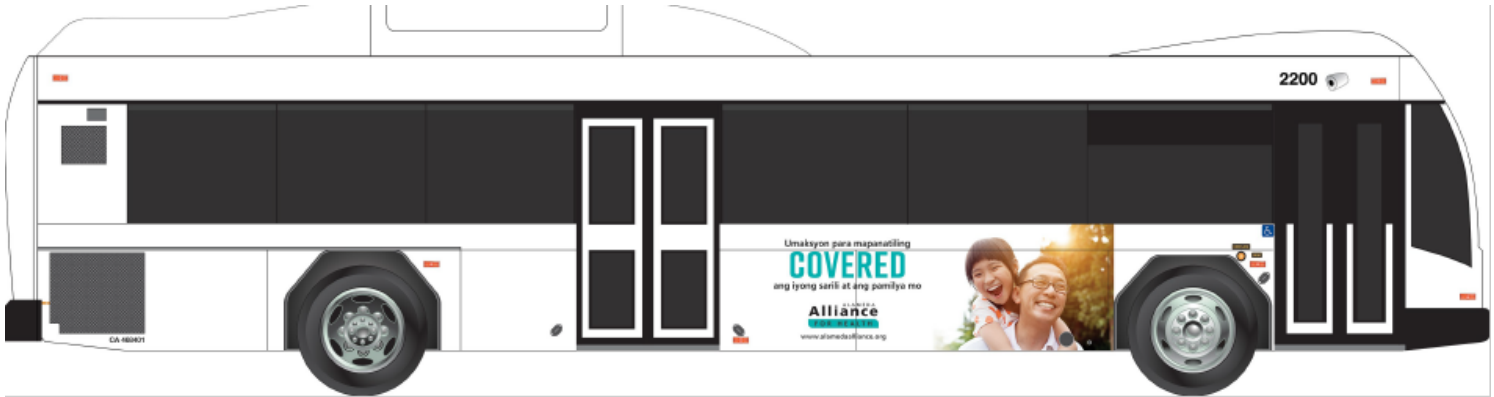


Manténgase usted y su familia

CUBIERTOS

ALAMEDA
Alliance
FOR HEALTH

www.alamedaalliance.org

2200

Umakyaton para mapanatiling
COVERED
ang iyong sarili at ang pamilya mo

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CA 480471

Between **January 2023** and **December 2023**, the Alliance initiated and/or was invited to participate in **59** events throughout Alameda County. The Alliance completed **14** community events, **9** member educations, **2** in-person member orientations, and more than **8,592**-member orientation outreach calls among net new members and non-utilizers and completed **1,386** member orientations by phone. The Alliance reached a total of **4,520** people and spent **\$6,522.50*** in donations, fees, and/or sponsorships during 2023. In addition, during 2023, the Outreach team completed **657** Alliance website inquiries and **60** service requests.

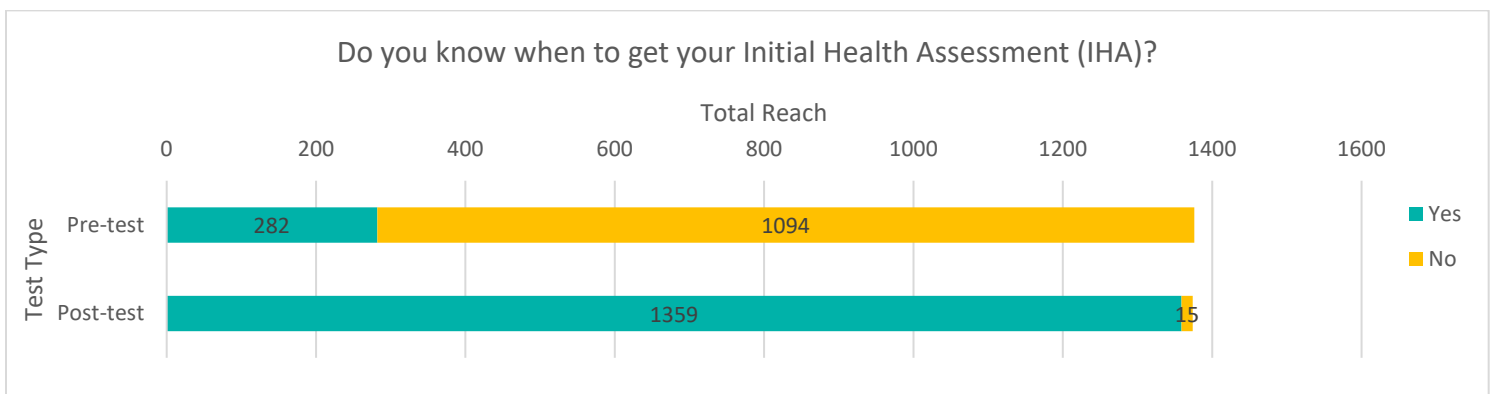
The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the people reached during community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **29,497** self-identified Alliance members were reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19).

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of December 31, 2023, the Outreach Team completed **32,264**-member orientation outreach calls and non-utilizer calls and conducted **7,797** member orientations (**24%** member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment (IHA), by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through December 31, 2023 – **7,797** members completed our MO program by phone.

After completing a MO **98.9%** of members who completed the post-test survey in 2023 reported knowing when to get their IHA, compared to only **20.5%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q2\3. December 2023**

2023 TOTALS



14 COMMUNITY EVENTS	2978 TOTAL REACHED AT COMMUNITY EVENTS
9 MEMBER EDUCATION EVENTS	1534 TOTAL REACHED AT MEMBER EDUCATION EVENTS
1388 MEMBER ORIENTATIONS (By phone and in-person)	1391 TOTAL REACHED AT MEMBER ORIENTATIONS
1 MEETINGS/PRESENTATIONS	0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
59 TOTAL INITIATED / INVITED EVENTS	3239 TOTAL MEMBERS REACHED AT EVENTS
1412 TOTAL EVENTS	5906 TOTAL REACHED AT ALL EVENTS



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

TOTAL REACH 27 CITIES

**Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*



\$6,522.50

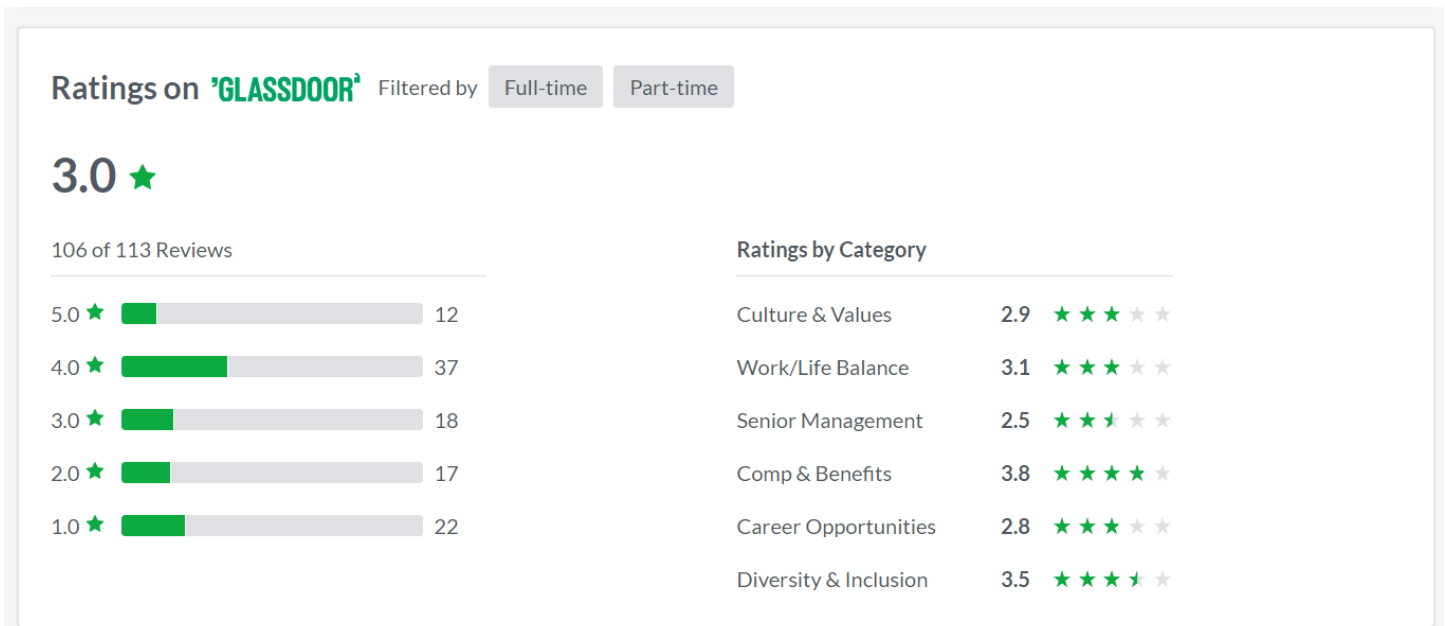
TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

* Includes refundable deposit.

The Alliance Communication and Outreach (C&O) Department created the Social Media and Website (SM&W) Report to provide a high-level overview of stakeholder engagement through various digital media platforms. Between January 2023 and December 2023, the Alliance:

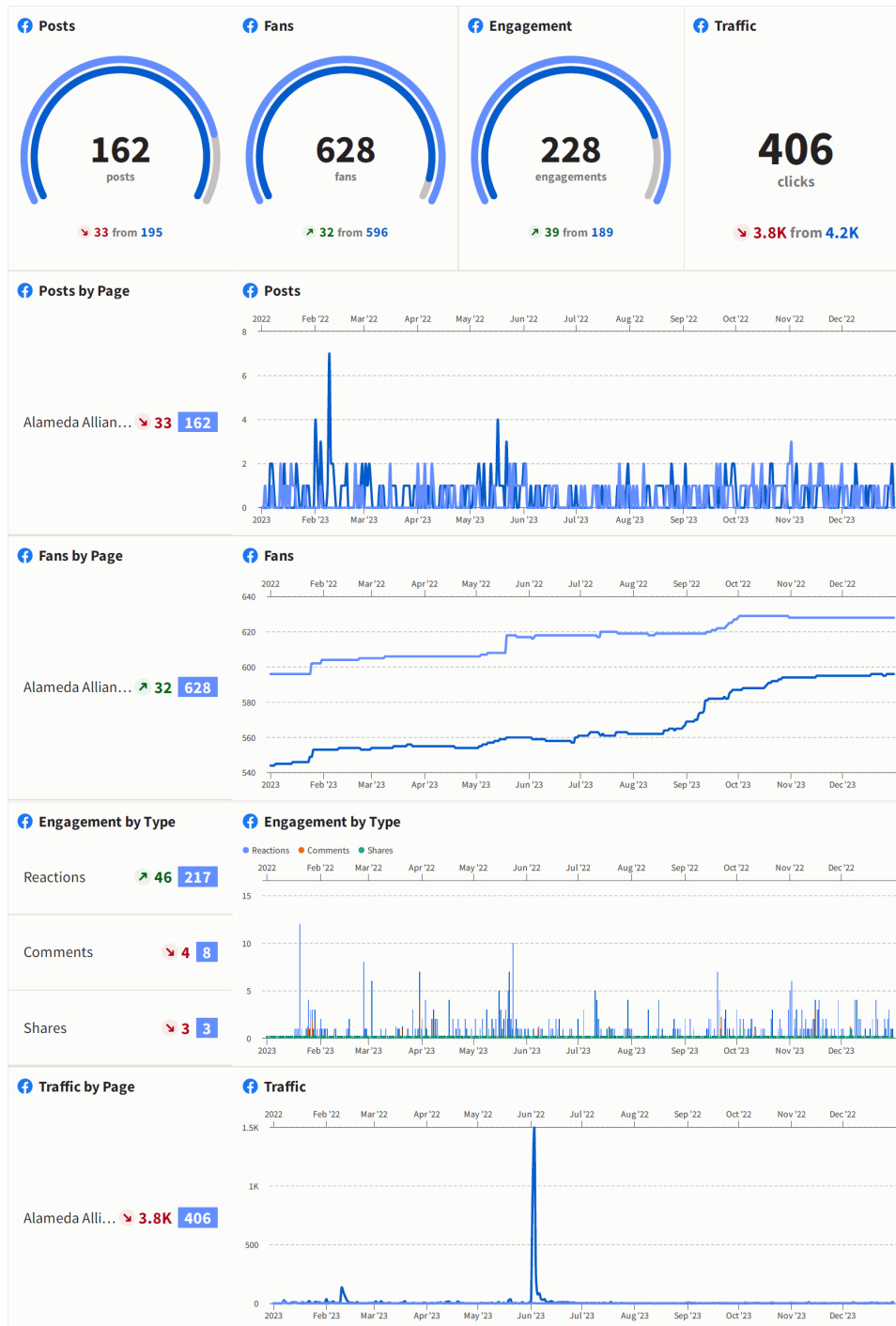
1. Alliance Website:
 - Received 89,000 unique visits
 - Received 89,000 new user visits
 - The top 10 website page visits were as follows:
 - i. Homepage
 - ii. Providers
 - iii. Find a Doctor
 - iv. Medi-Cal Benefits and Covered Services
 - v. Careers
 - vi. Contact Us
 - vii. Medi-Cal
 - viii. Members
 - ix. Get a New ID Card
 - x. About Us
2. Glassdoor Page:
 - Decreased from 3.3 to 3.0 out of 5-star overall rating
 - Received four (4) crowdsourced Glassdoor Reviews
3. Facebook Page:
 - Completed 162 compared to 195 original posts in 2022
 - Increased page likes to 628 compared to 596 in 2020
4. Instagram Page:
 - Debuted page June 10, 2021
 - Completed 208 compared to 170 original posts in 2022
 - Increased 483 Followers compared to 298 in 2022
5. Twitter Page:
 - Completed 322 compared to 250 tweets in 2022
 - Increased followers to 358 compared to 349 in 2022
6. LinkedIn Page:
 - Completed 164 compared to 123 posts in 2022
 - Increased followers 4.7k compared to 3.7k followers in 2022
7. Yelp Page:
 - Appeared in Yelp searches 1,342
 - Received three (3) crowdsourced reviews
8. Google Page:
 - 21,698 business profile interactions.
 - 7,601 calls made from the business profile
 - Received nine (9) crowdsourced reviews

GLASSDOOR OVERVIEW:



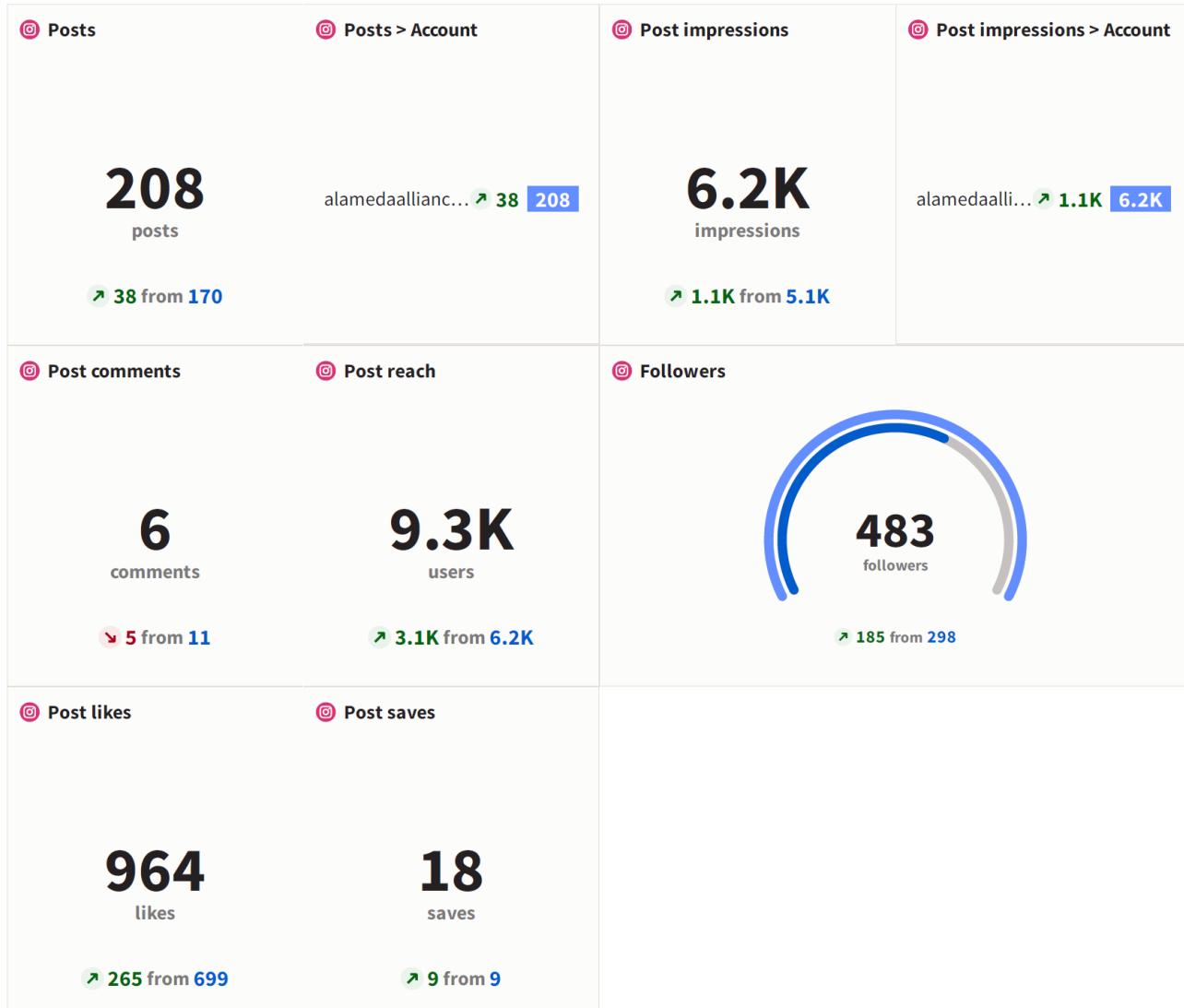
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

FACEBOOK OVERVIEW:



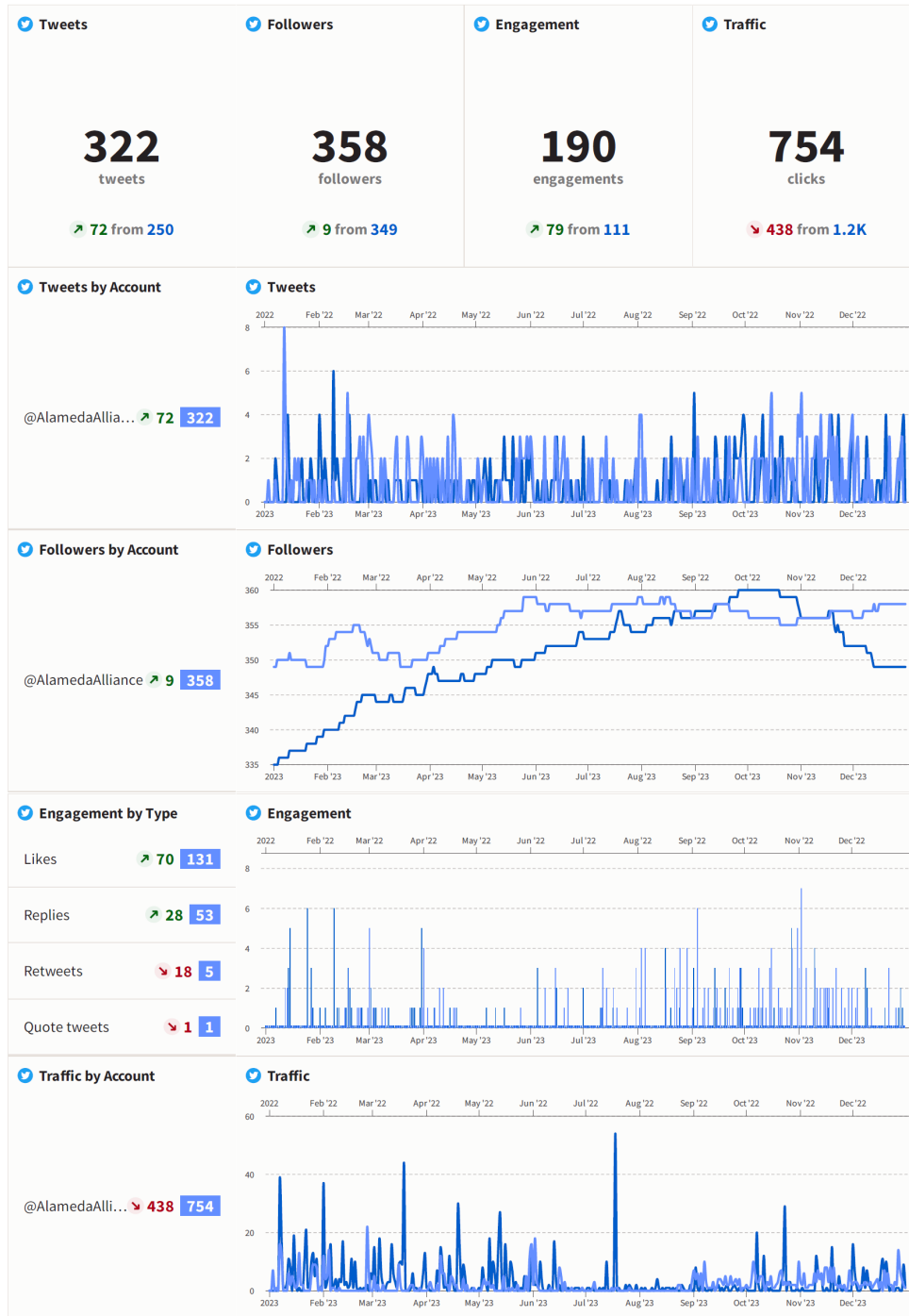
All details can be reviewed at: W:\DEPT Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

INSTAGRAM OVERVIEW:



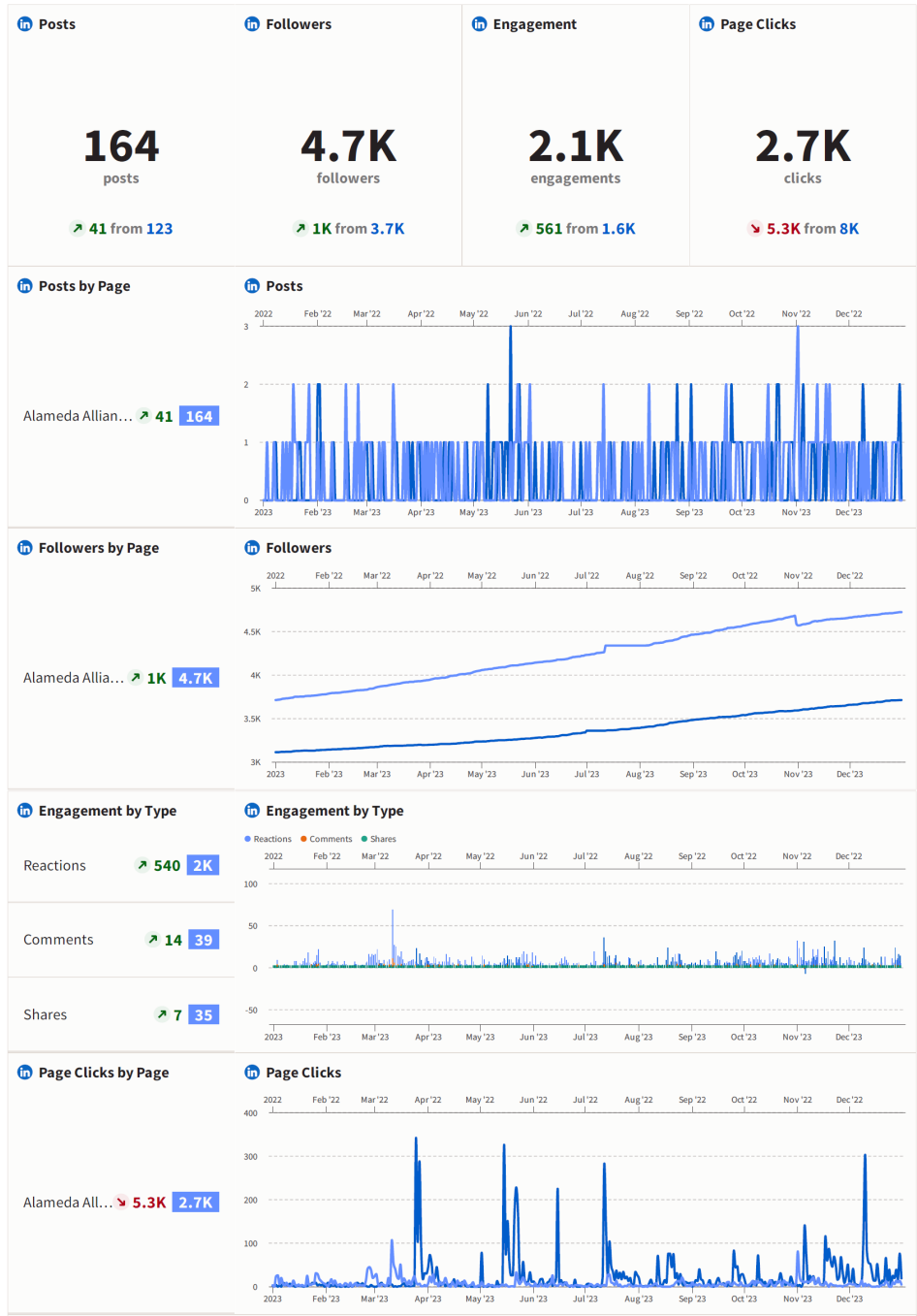
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL_FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

TWITTER OVERVIEW:



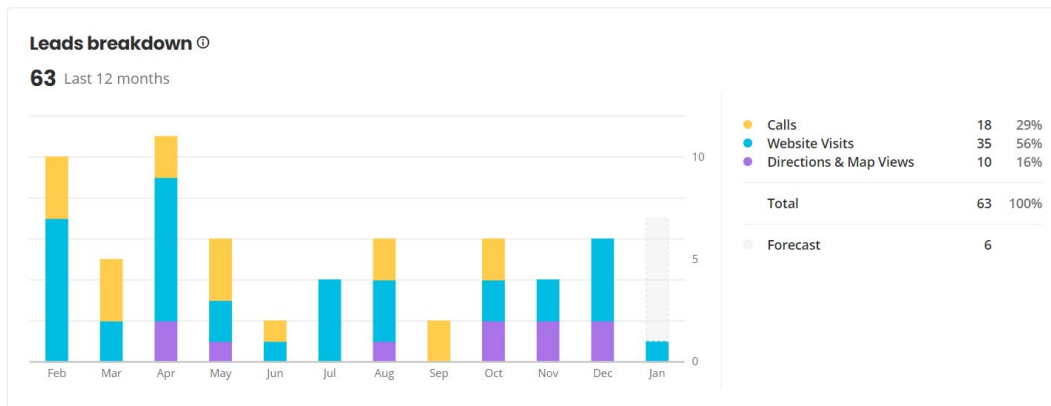
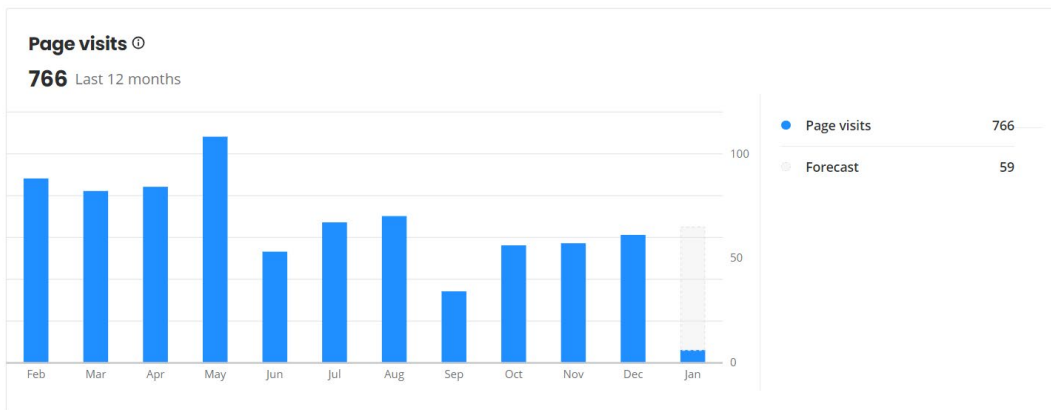
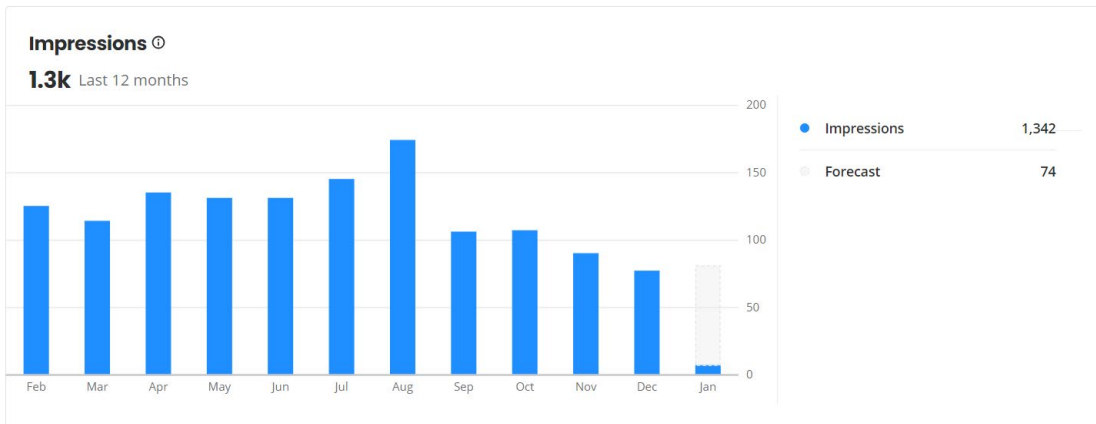
All details can be reviewed at: W:\DEPT Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

LINKEDIN OVERVIEW:



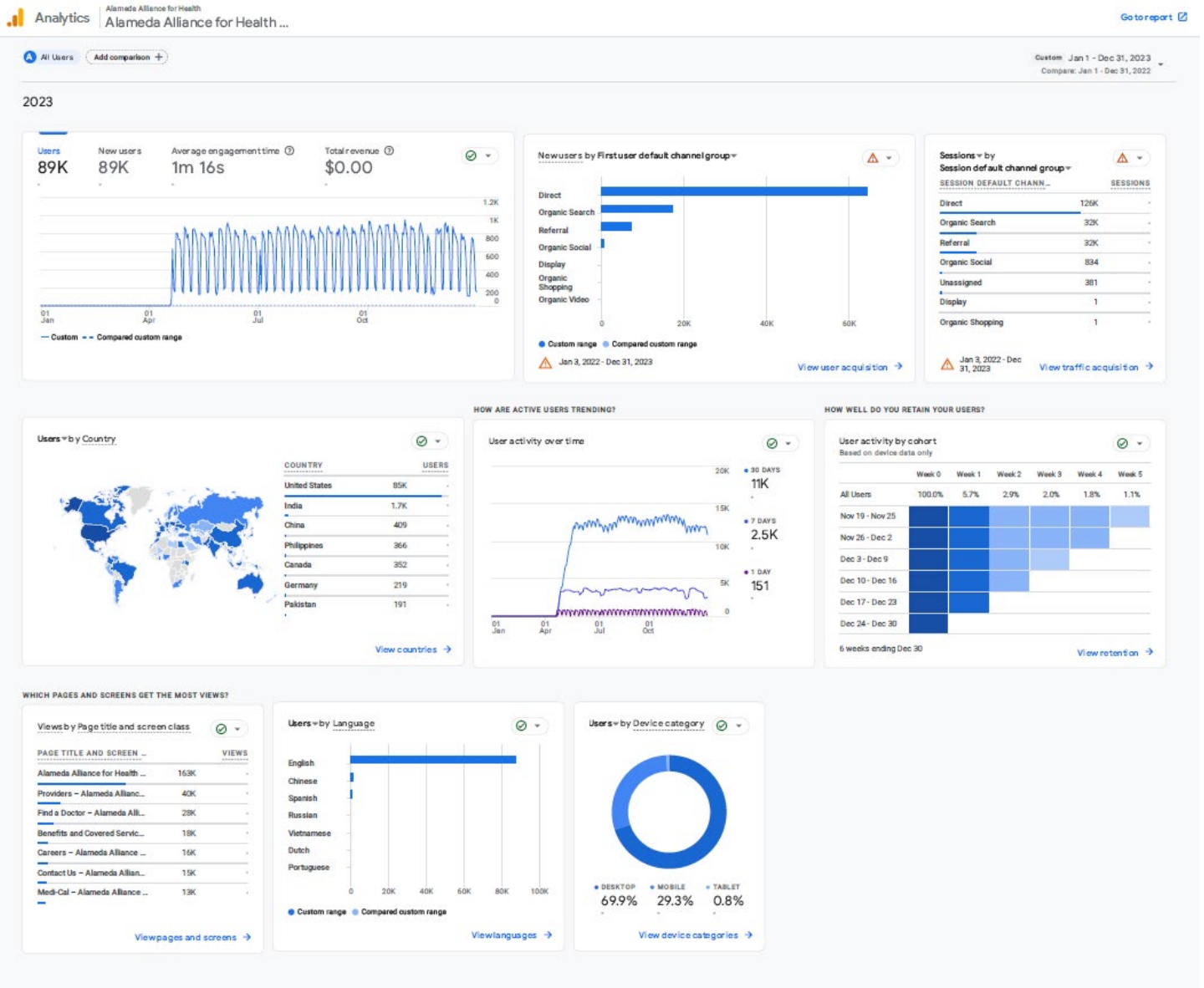
All details can be reviewed at: W:\DEPT Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

YELP OVERVIEW:



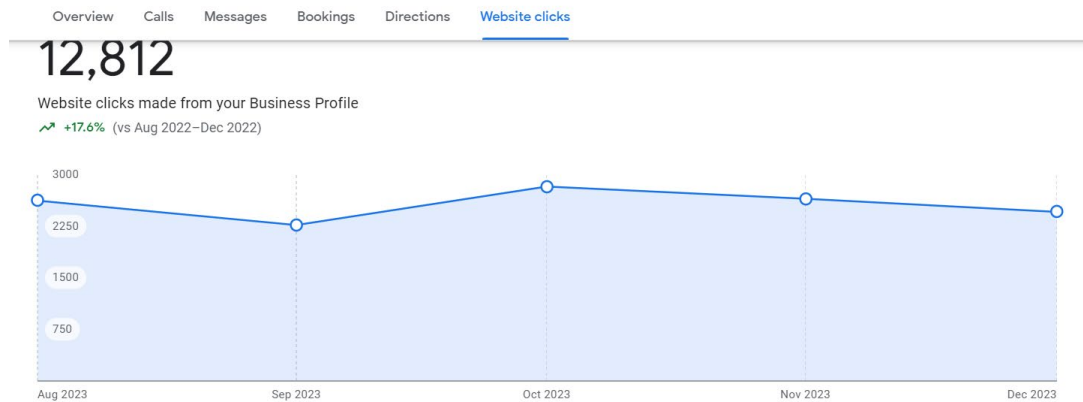
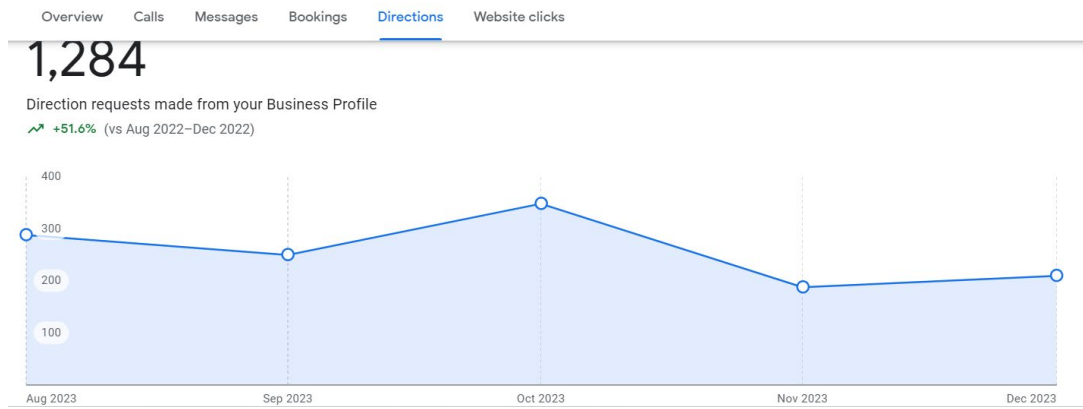
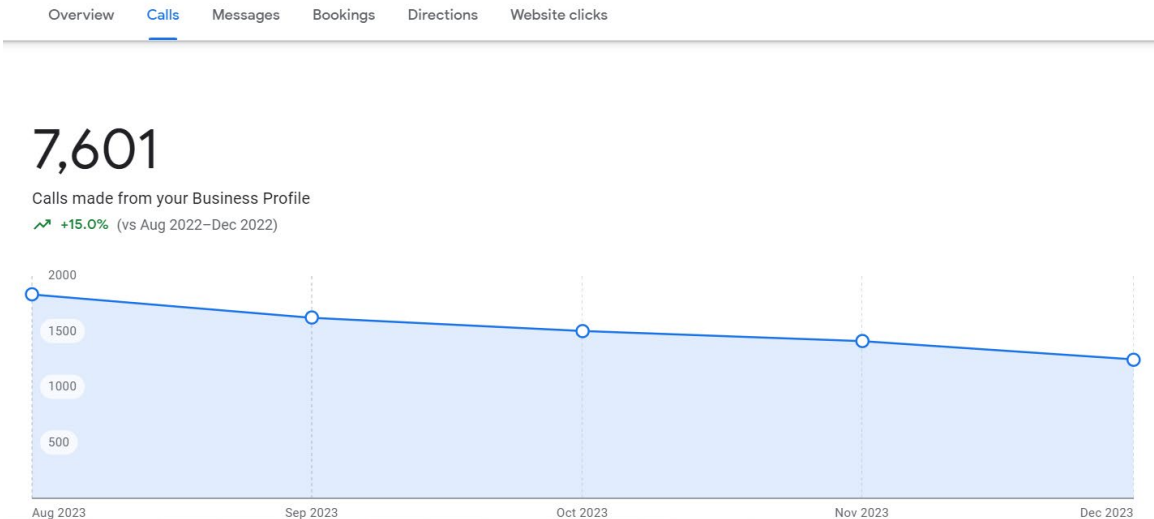
All details can be reviewed at: W:\DEPT_Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

Alliance Website OVERVIEW:



All details can be reviewed at: W:\DEPT Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023

Google OVERVIEW:



All details can be reviewed at: W:\DEPT Operations\COMMUNICATIONS & MARKETING OFFICIAL FOLDER\Reports\C&O Reports\Social Media Reports\FY 2023-2024\Q2\4. Annual 2023



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

Compliance

Richard Golfin III

To: Alameda Alliance for Health Board of Governors

From: Richard Golfin III, Chief Compliance & Privacy Officer

Date: January 12th, 2024

Subject: Compliance Division Report

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
 - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. An exit interview took place on September 26th, 2023. There were 15 findings and 4 identified repeat findings. On October 20th, 2023, the Plan received the final report from the DHCS. The DHCS Managed Care Quality and Monitoring Division has asked that all corrective action plans be submitted to the Department by November 22nd, 2023. Since November 2023, internal meetings have been held with internal stakeholders to review CAP plans and implementation efforts to eliminate repeat findings and lower the number of overall deficiencies year-over-year. The DHCS is requesting a monthly update of the CAP progress. The December update was submitted on December 20, 2023. The next CAP update is due to DHCS on January 18, 2024. As of January 3, 2023, the DHCS has accepted the response for 4 out of the 15 findings.

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

- 2022 DMHC Risk Bearing Organization (RBO) Audits:
 - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN). The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG have been reviewed. There are 2 final findings identified in the CHCN review and 4 final findings in the CFMG review. The Plan issued a corrective action plan to

CFMG. The Plan is drafting the final report for CHCN; a corrective action plan will also be issued. The Plan has requested documents to begin the audits for both the 2nd and 3rd Quarter 2023 dates of service claims for both CFMG and CHCN.

- 2022 DMHC Behavioral Health Investigation:
 - On January 5, 2024, the Plan received audit results for the 2022 DMHC Behavioral Health Investigation. The audit focused on the Plan's mental health and substance use disorder services. The 2022 BHI audit concluded that the Plan violated 2-provisions of the Knox-Keene Act in the areas of UM and Quality Assurance. The Department also found the Plan to have unaddressed barriers to care in Pharmacy, Cultural Competency, Health Equity and Enrollee Experience. The Plan is required to submit a Corrective Action Plan (CAP) by February 4, 2024.

As a result of the Audit, the DMHC made the following conclusions:

- The Plan failed to timely implement the requirements of Sections 1374.72 and 1374.721 (SB 855).
- The Plan does not ensure its delegate consistently documents quality of care provided is being reviewed, problems are being identified, effective action is taken to improve care where violations are identified, and follow-up is planned where indicated. The identified barriers to care were as follows (*not enforceable under Knox-Keene*): The Plan has limited ability to provide Office Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) therapy and lacks policies and procedures for these treatments.
- Neither the Plan nor its delegate conduct assessments pertaining to cultural competency and health equity specific to the Plan's enrollee population.
- Enrollees experience difficulties obtaining appointments.

Compliance Activity Updates

- 2024 RFP Contract Update:
 - The Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan submitted its final Operational Readiness submissions on December 29th, 2023. The Plan is on standby to receive additional information on the remaining undisclosed twenty (20) deliverables. The Plan received a *Significant Changes* document from the

State, highlighting the areas of the 2024 Contract that were updated since the distribution of the draft contract in July 2023.

- On November 6th, 2023, the State distributed the Plan's final 2024 Primary and Secondary Contracts for the Single Plan Model, commencing on January 1st, 2024. The Contract was submitted to the State on December 12th, 2023.
- DMHC Material Modification- 2024 RFP Readiness Submission:
 - The Plan submitted policies revised for Operational Readiness. DMHC provided comments on November 15th, 2023, to which the Plan provided responses on November 30th, 2023. On December 4th, 2023, the Plan submitted financial projections. In a separate filing, the Plan submitted the Plan's full network the DMHC's review.2023 Annual Corporate Compliance Training.
 - Annual Corporate Compliance Training was assigned on September 11, 2023. Staff will have ninety (90) days to complete assigned training, by December 11, 2023. Currently, 95% of all staff have completed the training. The Annual Training includes:
 - Health Insurance Portability and Accountability Act (HIPAA)
 - Fraud, Waste, and Abuse
 - Cultural Competence and Sensitivity Training
- Behavioral Health Insourcing:
 - The Alliance received approval from the Department of Managed Health Care (DMHC). The DMHC's approval was subject to and conditioned upon the Alliance's full performance to the Department's satisfaction of eight Undertakings. The Plan continues to gather responses to the substantive comments for Undertaking No.6.

Outstanding Undertakings Chart:

Undertaking #	Deliverable	Initial Due Date	Progress
No. 6	Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act (“MHPAEA”) (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act.	By July 12 th , 2023	Received extensive comments to which the Plan will need to respond. Compliance is currently reviewing DMHC’s comments and gathering responses.

Compliance

Supporting Documents

COMPLIANCE AUDIT PERFORMANCE DASHBOARD EXECUTIVE SUMMARY January 12th, 2024

- **Compliance Activity Report**

The purpose of the Compliance Audit Performance Dashboard is to report regulatory audit findings or potential deficiencies to the Board's Compliance Advisory Committee. The dashboard is the Compliance Department's monitoring tool which summarizes deficiencies and associated Corrective Action Plans (CAP) to address and resolve those deficiencies. Below is a summary of the key changes and updates included in this month's Compliance Dashboard.

1. Compliance Dashboard

There are a total of one-hundred and eighty-one (181) findings which includes state audit findings and self-identified findings. One-hundred and seventy-six (176) of the items have been completed and five (5) are in progress.

- a. 2023 DHCS Routine Medical Survey

- The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. An exit interview took place on September 26th, 2023. There were 15 findings and 4 identified repeat findings. On October 20th, 2023, the Plan received the final report from the DHCS. The DHCS Managed Care Quality and Monitoring Division has asked that all corrective action plans be submitted to the Department by November 22nd, 2023. Since November 2023, internal meetings were held with internal stakeholders to review CAP plans and

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b. 2022 DMHC Behavioral Health Investigation

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- Enrollees experience difficulties obtaining appointments.

c. 2022 DHCS Routine Medical Survey

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

d. 2022 DMHC Risk Bearing Organization RBO Audits:

- In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN). The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG have been reviewed. There are 2 final findings identified in the CHCN review and 4 final findings in the CFMG review. The Plan issued a corrective action plan to CFMG. The Plan is drafting the final report for CHCN; a corrective action plan will also be issued. The Plan has requested documents to begin the audits for both the 2nd and 3rd Quarter 2023 dates of service claims for both CFMG and CHCN.

e. 2022 DMHC Routine Financial Examination

- On February 25th, 2022, the DMHC sent notice to the Plan of the 2022 DMHC Routine Financial Examination beginning August 15th, 2022. The Plan's CAP

response was submitted to the Department on January 17th, 2023. The Plan received the Final Report on February 24th, 2023. The Department concluded that the Plan's compliance efforts are responsive to the deficiencies cited and the corrective actions required. Therefore, no further response is required. The audit is officially closed.

f. 2021 DMHC Full Medical Survey

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

g. 2021 DHCS Routine Medical Survey

- On January 13th, 2021, the DHCS sent notice of the 2021 DHCS Routine Medical Survey beginning April 12th, 2021. The Plan received the final audit report on August 24th, 2021, which had a total of thirty-three (33) findings and four (4) repeat findings. The Plan's final response to the findings was completed and provided to the State on September 23rd, 2022.

COMPLIANCE DASHBOARD SUMMARY										
Resource	Type							TOTAL	% Completed	
		2018	2019	2020	2021	2022	2023			
OVERALL FINDINGS	DHCS	Total State Audit Findings	38	28	7	33	15	15	136	
		Total Self-Identified Issues	12	0	0	2	0	2	16	
		Total Findings	50	28	7	35	15	17	152	
		Total In Progress	0	0	0	0	0	5	5	
		Total Completed	50	28	7	35	15	12	147	97%
		Total Findings	50	28	7	35	15	17	152	
	DMHC	Total State Audit Findings			5	6	8		19	
		Total Self-Identified Issues			3	0	0		3	
		Total Findings			8	6	8		22	
		Total In Progress			0	0	2		2	
		Total Completed			8	6	6		20	91%
		Total Findings	NA	NA	8	6	8	NA	22	
	DMHC Financial Services	Total State Audit Findings		5			4		9	
		Total Self-Identified Issues		0			0		0	
		Total Findings		5			4		9	
		Total In Progress		0			0		0	
		Total Completed		5			4		9	100%
		Total Findings	NA	5	NA	NA	4	NA	9	
STATE AUDIT FINDINGS		In Progress	0	0	0	0	2	5	7	
		Completed	38	33	12	39	25	10	157	96%
		Total Findings	38	33	12	39	27	15	164	
SELF-IDENTIFIED FINDINGS		In Progress	0	0	0	0	0	0	0	
		Completed	12	0	3	2	0	2	19	100%
		Total Findings	12	0	3	2	0	2	19	
TOTAL OVERALL FINDINGS			50	33	15	41	27	17	183	

COMPLIANCE DASHBOARD SUMMARY			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	164	90%
	Total Self-Identified Issues	19	10%
	Total Findings	183	
	Total In Progress	7	4%
	Total Completed	176	96%
	Total Findings	183	
STATE AUDIT FINDINGS	In Progress	7	4%
	Completed	157	96%
	Total Findings	164	
SELF-IDENTIFIED FINDINGS	In Progress	0	0%
	Completed	19	100%
	Total Findings	19	

2023 DHCS Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	15	88%
	Total Self-Identified Issues	2	12%
	Total Findings	17	
	Total In Progress	5	29%
	Total Completed	12	71%
	Total Findings	17	

2022 DMHC BHI Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	2	100%
	Total Self-Identified Issues	0	0%
	Total Findings	2	
	Total In Progress	2	100%
	Total Completed	0	0%
	Total Findings	2	

2022 DMHC RBO Audit: CHCN			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	3	100%
	Total Self-Identified Issues	0	0%
	Total Findings	3	
	Total In Progress	0	0%
	Total Completed	3	100%
	Total Findings	3	

2022 DMHC RBO Audit: CFMG			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	3	100%
	Total Self-Identified Issues	0	0%
	Total Findings	3	
	Total In Progress	0	0%
	Total Completed	3	100%
	Total Findings	3	

2022 DMHC Financial Serviced Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	4	100%
	Total Self-Identified Issues	0	0%
	Total Findings	4	
	Total In Progress	0	0%
	Total Completed	4	100%
	Total Findings	4	

2022 DHCS Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	15	100%
	Total Self-Identified Issues	0	0%
	Total Findings	15	
	Total In Progress	0	0%
	Total Completed	15	100%
	Total Findings	15	

2021 DMHC Joint Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	6	100%
	Total Self-Identified Issues	0	0%
	Total Findings	6	
	Total In Progress	0	0%
	Total Completed	6	100%
	Total Findings	6	

2021 DHCS Joint Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	33	94%
	Total Self-Identified Issues	2	6%
	Total Findings	35	
	Total In Progress	0	0%
	Total Completed	35	100%
	Total Findings	35	

2020 DHCS Focused Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	7	100%
	Total Self-Identified Issues	0	0%
	Total Findings	7	
	Total In Progress	0	0%
	Total Completed	7	100%
	Total Findings	7	

2020 DMHC Medical Services Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	5	63%
	Total Self-Identified Issues	3	38%
	Total Findings	8	
	Total In Progress	0	0%
	Total Completed	8	100%
	Total Findings	8	

2019 DMHC Financial Services Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	5	100%
	Total Self-Identified Issues	0	0%
	Total Findings	5	
	Total In Progress	0	0%
	Total Completed	5	100%
	Total Findings	5	

2019 DHCS Medical Services Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	28	100%
	Total Self-Identified Issues	0	0%
	Total Findings	28	
	Total In Progress	0	0%
	Total Completed	28	100%
	Total Findings	28	

2018 DHCS Medical Services Audit Summary			
OVERALL FINDINGS	Type	TOTAL	%
	Total State Audit Findings	38	76%
	Total Self-Identified Issues	12	24%
	Total Findings	50	
	Total In Progress	0	0%
	Total Completed	50	100%
	Total Findings	50	

Compliance Internal Audit Validations*	
State Audit Findings	65
Self-Identified	15
Total	80
% (total validated/total completed)	45%

* as a result of state Findings

ALAMEDA ALLIANCE FOR HEALTH
COMPLIANCE DASHBOARD

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2023 DHCS Audit - Audit Review Period 4/1/2022 - 3/31/2023 Audit Onsite Dates - April 17, 2023 - April 28, 2023							INTERNAL AUDITS		
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	State/Self Identified	Agency	Year
1	UM	(1.5.1) Notice of Action (NOA) Letters The Plan did not ensure a delegate sent NOA letters to providers and members.	<p>The Plan received CHCN's Root Cause Analysis (RCA) and CAP on 04/14/2023. After review and evaluation of CHCN's document the Plan issued a formal CAP to CHCN on 05/31/2023 and received CHCN's CAP response on 06/27/2023.</p> <p>The initial corrective actions completed by CHCN includes updating their IT script and ensuring the identified missing NOA letters were sent out to the members and that outreach was completed to confirm that services approved or had denial modification authorizations were utilized by members. CHCN also developed workflows to detect and mitigate failures. The CAP includes CHCN's implementation of a remediation plan. The remediation plan includes updates in their workflow, training, and an internal monthly audit- with results submitted to AAH for review. The Plan reviewed and evaluated CHCN's CAP implementation and progress during the interim and provided guidance. The CAP was approved and closed on 09/25/2023. (Completed)</p> <p>CHCN is expected to continue its internal monthly audit for the NOA letters and fax confirmation. The Plan will continue to monitor the audit results for compliance. Please see document 1.5.1_AA_H Response for full details. (On Track)</p> <p>Additionally, the Plan will review the UM delegates' P&P's to ensure that preventative, detective, and oversight measures are in place for internal NOA letter generation and fax confirmation and these will be evaluated annually at minimum. (On Track)</p> <p>1a. Monitoring of CHCN's monthly internal audit is ongoing. (On Track)</p> <p>2. Review the UM delegates' policies and procedures to ensure that preventative, detective, and oversight measures are in place for internal NOA letter generation and fax confirmation. (On Track)</p>	In Progress	Closed 9/25/2023	Compliance UM	State	DHCS	2023
2	QI	(2.1.1) Provision of an Initial Health Assessment (IHA) The Plan did not ensure the provision of a complete IHA for new members.	<p>1. Update IHA policy 124 (On Track)</p> <p>1a. Update IHA policy 124 to include requirement regarding outreach attempts (On Track)</p> <p>2. Provider education and feedback through Joint Operational Meetings (Ongoing)</p> <p>2a. Deliver provider education webinars with information about IHA requirements (On Track)</p> <p>2b. Develop a "Measure Highlights" tool for providers. This tool will encompass outreach requirements, IHA elements, USPSTF screenings, and claim codes used to account for IHA completion</p> <p>3. Expand code set to include additional codes for capturing IHA-related activities (On Track)</p> <p>3a. Communicate and provide code sets to providers (On Track)</p> <p>4. Monitor IHA rates (Ongoing)</p> <p>5. Enhance the volume of medical records subjected to review for completeness, including review of USPSTF requirements. (On Track)</p>	In Progress	3/30/2024 3/30/2024 3/30/2024 3/30/2024 Completed 2/28/2024 3/30/2024 Initiated 3/30/2024 12/31/2023	Quality	State	DHCS	2023

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2023 DHCS Audit - Audit Review Period 4/1/2022 - 3/31/2023 Audit Onsite Dates - April 17, 2023 - April 28, 2023							INTERNAL AUDITS		
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	State/Self Identified	Agency	Year
3	BHT	(2.3.1) Behavioral Health Treatment (BHT) Plan Elements The Plan did not ensure members' BHT treatment plans contained all the required elements.	<p>1. The Behavioral Health team developed the attached Treatment Plan Guidelines for our ABA Providers (please see attachment). This document outlines the treatment plan elements that are listed in APL 23-010. All treatment plans and prior-authorization requests for ABA services are reviewed by Board Certified Behavior Analysts (BCBA). The guidelines were emailed to all providers and will also be available on-line for providers to access. In addition to the document, the ABA clinicians worked with the Provider communication team to send out updates/reminders to providers regarding the treatment plan guidelines. Our team is also available to meet with providers and educate them on how to apply the guidelines to their treatment plan templates. (Completed)</p> <p>1a. Pending Project: We are currently developing an on-line treatment plan template/form that will be utilized by our ABA providers when completing the initial assessment and subsequent progress reports. This form includes the treatment plan elements required in APL 23-010 and providers will be required to complete this form when submitting the initial assessment/FBA and subsequent progress reports. This will ensure that all ABA providers use the same template and include the required elements in their reports/assessments. (On Track)</p> <p>In the interim while the project is pending, if information is missing from the Treatment Plan, the Plan will inform the provider and ask that they add the information and re-submit.</p> <p>1b. The Plan intends to conduct audits on our Treatment Review documentation to ensure that all required elements are covered in the review process in compliance with the requirements in the APL. The expected implementation date of this audit is Q1 of 2024. (On Track)</p> <p>1c. The Provider/PCP Manual is also pending updates that will include a FAQ for PCPs, provider education regarding the prior authorization process, and the referral process. This is currently under review-pending completion. (On Track)</p>	In Progress	4/1/2023 Q1 2024 Audit Q1 2024 Q1 2024 Q1 2024	Behavioral Health	State	DHCS	2023
4	Access and Availability	(3.1.1) First Prenatal Visit The Plan's policies and procedures for a first prenatal visit for a pregnant member is not compliant with the standard of two weeks upon request.	The Plan has edited Timely Access Standard table, policy QI-107 and QI-114 to reflect the first prenatal visit standard within 2 weeks of the request. (Completed)	Q4 2023	Completed	Quality	State	DHCS	2023
5	Family Planning and State Supported Services	(3.6.1) Non-contracted Provider Payments The Plan did not pay non-contracted providers at the appropriate Medi-Cal fee-for-service rate.	A Change Request was entered to change non-contract mid-level providers reimbursements to 100% of the Medi-Cal rate moving forward. (Completed)	11/16/2023	Completed	Claims	State	DHCS	2023
6	Family Planning and State Supported Services	(3.6.2) Proposition 56 Family Planning Payments The Plan did not distribute add-on payments for institutional family planning service claims as required by APL 22-011.	<p>1. P&P has been revised to ensure that Family Planning services paid on institutional claims are paid As part of Prop 56 payments.</p> <p>1a. The Plan's Analytics Team is in the midst of preparing the payment details for the retro payment on the FP institutional data and looking to complete by 11/30/2023 timeline. (On Track)</p> <p>2. The Analytics dept has calculated the retroactive payments due to facilities as a result of finding 3.6.2, APL 22-011 and APL 23-008. (On Track)</p> <p>2a. Payments will be distributed to providers prior to or latest by Nov 30, 2023. (On Track)</p> <p>2b. Facility providers with qualifying Family Planning services as per APL 23-008 will be included as part of our monthly Prop 56 payment processing going forward starting Dec 2023. (On Track)</p>	In Progress	11/30/2023 11/30/2023 11/30/2023 12/29/2023	Claims	State	DHCS	2023

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2023 DHCS Audit - Audit Review Period 4/1/2022 - 3/31/2023 Audit Onsite Dates - April 17, 2023 - April 28, 2023							INTERNAL AUDITS		
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	State/Self Identified	Agency	Year
7	NMT & NEMT	(3.8.1) R Physician Certificate Statement (PCS) Forms The Plan did not ensure PCS forms were on file for members receiving NEMT services.	<p>1.The Plan made the decision to no longer allow courtesy NEMT trips for members without a PCS form on file and the decision to insource PCS form acquisition to the Plan's Case Management Department beginning 3/1/23. Working alongside the Plan's transportation subcontractor, ModivCare, the Plan created new workflows to ensure ModivCare was not scheduling NEMT trips for members unless there was a confirmed valid PCS form on file, or the Plan provided a verbal authorization due to a trip being of an urgent nature. The Plan hired two transportation coordinators to focus on PCS acquisition leveraging the Plan's preexisting relationships with the provider network and access to EHR's. Through the end of 2022 and beginning of 2023, the Plan's subcontractor, ModivCare, trained its call center agents on the new workflow.</p> <p>On 2/14/23, the Plan trained its transportation coordinators on PCS acquisition.</p> <p>On 2/21/23, the Plan trained its entire case management team, that participates in phone shifts for the Plan's case management phone line, on the parameters for verbal authorizations for NEMT trips of an urgent nature. The Plan continues to report on the success of the new workflows at the Plan's UM Committee. (On Track)</p> <p>1a.The Plan is working with its analytics team to create a report using PCS data elements to match up against subcontractor's report of all NEMT trips taken each month. This report will assist in finding any gaps in PCS compliance. The Plan estimates this report to go live 12/1/2023. (On Track)</p>	In Progress	3/21/2023 12/1/2023	Case Management	State	DHCS	2023
8	NMT & NEMT	(3.8.2) Transportation Providers' Medi-Cal Enrollment Status The Plan did not ensure all transportation providers were enrolled in the Medi-Cal program.	The Plan has updated the P&P VMG-005 from reviewing the Transportation Providers (TP) on a quarterly review to a monthly review. Attached for reference is the updated P&P. The Plan began reviewing the TP monthly for the utilization from April 2023 to current. (Completed and Ongoing)	4/1/2023	Completed	Vendor Management	State	DHCS	2023
9	Member Rights	(4.1.1) R Grievance Acknowledgement and Resolution Letter Timeframes The Plan did not send acknowledgement and resolution letters within the required timeframes.	<p>A grievance processing timeline was created to outline the grievance 30 calendar day process, day by day.</p> <p>The timeline outlines that by day 5, acknowledgement letters will be sent out. We will continue to monitor the daily aging report to ensure that acknowledgement letters are sent in a timely manner.</p> <p>The timeline also outlines that on Day 20, "If response is not received, after at least two follow-up attempts, task to a Medical Director in Quality Suite." Complying with this process will ensure that the Medical Director has sufficient time to reach out to the provider or facility to assist in obtaining a response. The Grievance and Appeals staff were trained on the new timeline on 08/01/2023, copies of the timeline were distributed to the department. (Completed and Ongoing)</p>	8/1/2023	Completed	G&A	State	DHCS	2023

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2023 DHCS Audit - Audit Review Period 4/1/2022 - 3/31/2023 Audit Onsite Dates - April 17, 2023 - April 28, 2023							INTERNAL AUDITS		
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	State/Self Identified	Agency	Year
10	Member Rights	(4.1.2) R Grievance Letters in Threshold Languages The Plan did not send acknowledgement, resolution delay, and resolution letters in threshold languages.	The Plan's Grievance and Appeals Department has created a reporting mechanism in our daily aging reports to monitor what cases are still pending translation and when was the request for translation sent out, this was implemented on 04/12/2023. We have then assigned one specific team member to be responsible for following up on translation letters to ensure that they are getting the attention that they need to be completed in a timely manner. The Grievance Processing Timeline will be updated to include when a request for translation needs to be sent out and the Grievance and Appeals staff will be provided with the updated timeline and a refresher training will be conducted on 10/10/2023. (Completed and ongoing)	10/10/2023	Completed	G&A	State	DHCS	2023
11	Member Rights	(4.1.3) R Written Notification of Grievance Resolution Delays The Plan did not notify members of resolution delays in writing for grievances not resolved within 30 calendar days and did not resolve grievances by the estimated resolution date in the delay letters.	The Plan's Grievance and Appeals Department will be updating our system, Quality Suite, to better capture data on if and/or when a delay letter is sent out. Once the system is updated, we will be able to create a reporting mechanism in our daily aging reports to monitor for when a case needs a delay letter and if the letter was sent out. The Grievance Processing Timeline will also be updated to include the process for sending out a delay letter and the Grievance and Appeals staff will be provided with the updated timeline and a refresher training will be conducted. (Completed and Ongoing)	12/1/2023	Completed	G&A	State	DHCS	2023
12	Member Rights	(4.1.4) Grievance Delay Timeframes The Plan inappropriately utilized a 14 calendar day delay timeframe for grievance resolutions.	In review of our current policy and procedures, and workflows; they were in line with the APL requirements. There was miscommunication in the staff training to use 14 calendar days instead of an estimated resolution date in the delay letters. There was a refresher training for the Grievance and Appeals staff held on 04/18/2023, the staff was provided the requirement and were reminded to provide an estimated resolution date in the delay letters if a resolution is not reached within 30 calendar days. (Completed)	4/18/2023	Completed	G&A	State	DHCS	2023
13	Member Rights	(4.1.5) Exempt Grievance Resolution The Plan did not resolve exempt grievances by close of the next business day.	In conjunction with the Grievance Department, the Member Services Grievance Guide was revised on 10/9/23. (Completed) Training was provided to all Member Services staff on these revisions by 11/1/23. (Completed)	11/1/2023	Completed	Member Services	State	DHCS	2023
14	Member Rights	(4.1.6) Grievance Identification The Plan did not process and resolve all member expressions of dissatisfaction as grievances.	Member Services has implemented a process to identify expressions of dissatisfaction that were not classified appropriately. (Completed) A Member Services Supervisor works with the agent to ensure the case is classified accurately and resolved in a timely manner. (Completed)	3/15/2023	Completed	Member Services	State	DHCS	2023
15	State Supported Services	(SSS.1) Minimum Proposition 56 Payments The Plan did not distribute minimum payments for a State Supported Services claim as described in APL 19-013.	The claims system configuration team has corrected the fee schedule for the provider and adjusted the impacted claims to pay the correct rate. (Completed)	4/26/2023	Completed	Claims	State	DHCS	2023
16	CM	(2.2) PCP and members are not consistently notified of Case Management case closures	Configuration made in TruCare to ensure consistent notification	4/26/2023	Completed	Case Management	Self	DHCS	2023
17	Fraud and Abuse	(6.2) The Plan did not report preliminary investigations of all suspected cases of fraud and abuse to DHCS within 10 working days of the Plan receiving notification of the incident.	The Plan has created an interdepartmental team working in collaboration to develop a reporting process for timely submissions of possible HIPAA and FWA incidents to Compliance. Six points of entry for possible incidents have been identified. The team is utilizing technological improvements as well as developing staff training to be able to identify a possible incident for immediate reporting to compliance. At the initiation of the Reporting Process Enhancement, the FWA Specialist will conduct training designed for each department identified as a point of entry. The FWA Specialist will be responsible to track and monitor all privacy related referrals to the compliance department for timeliness Training provided to staff and new tools being used consistently	4/26/2023	Completed	Compliance	Self	DHCS	2023

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2022 DMHC Behavioral Health Investigation - Audit Review Period 4/1/2020 - 4/30/2022 Audit Onsite Dates - September 7, 2022 - September 8, 2022				INTERNAL AUDITS		
#	Category	Deficiency	Department Responsible	State/Self Identified	Agency	Year
1	UM	The Plan failed to timely implement the requirements of Sections 1374.72 and 1374.721 (SB 855)	UM Behavioral Health	State	DMHC	2022
2	UM	The Plan does not ensure its delegate consistently documents quality of care provided is being reviewed, problems are being identified, effective action is taken to improve care where deficiencies are identified, and follow-up is planned where indicated.	UM Quality Assurance Behavioral Health Compliance	State	DMHC	2022

ALAMEDA ALLIANCE FOR HEALTH
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2022 DMHC RBO Audit: CHCN - Audit Review Period 1/1/2022 - 3/31/2022

INTERNAL AUDITS

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
1	Claims Payment Accuracy	The Department's examination disclosed that the RBO failed to reimburse one paid claim correctly due to a systematic error. The claims system failed to classify Sutter Bay Medical Foundation as a contracted provider. The claim was paid incorrectly at the non-contracted rate, which was less than the contracted rate. The RBO represented to the Department that this deficiency was due to a contract amendment, effective February 1, 2021, that was not updated in their claims system. This deficiency was noted in paid claims sample number P-18.	CHCN updated claims system to accurately reflect all providers listed on the provider roster as contracted with the effective date of 02/01/2021 to align with the contract amendment. A claims sweep was completed with a lookback to 02/01/2021. All claims previously paid noncontracted were reprocessed as contract and have been paid with any accrued interest and/or penalties associate with each claim reprocessed on 10/12/2022. Evidence of the complete claims audit sweep associated with Alameda Alliance for Health members was sent to Alameda Alliance for Health on 01/19/2023 via secure email. Draft policy was created to ensure provider contracts and rosters are appropriately loaded within CHCN's claims system. Draft policy will be presented to CHCN's Compliance Committee on 03/29/2023 for review and approval. <u>Update 4/14/2023</u> : CHCN Compliance Committee rescheduled to 4/26/2023. The updated policy will be approved at that time. <u>Update 5/12/2023</u> : CHCN approved the policy at their Compliance Committee	5/12/2023	Completed	Claims Compliance		State	DMHC	2022
2	Claims Payment Accuracy	The Department's examination disclosed that the RBO failed to reimburse two high dollar claims correctly due to a systematic error. The contracted provider, Contra Costa Oncology, was not paid per contract for laboratory procedures. The RBO stated the laboratory procedures were based on an old boiler plate and should not have been included in the contract. The contract was amended on September 1, 2022. This deficiency was noted in high dollar claims sample numbers HD-18 and HD-24	There were no Alameda Alliance for Health members impacted by this deficiency. Effective 10/12/2022 all claims were reprocessed and paid.	10/12/2022	Completed	Claims Compliance		State	DMHC	2022
3	Incorrect Claim Denials	The Department's examination disclosed that the RBO failed to reimburse one denied claim correctly due to a systematic error. The RBO incorrectly denied claims for podiatric and chiropractic services at federally qualified health centers and rural health clinics. The denial reason instructed the provider to bill "Medi-Cal EDS" when it should have been paid. This deficiency was noted in denied claims sample number D-29.	There were no Alameda Alliance for Health members impacted by this deficiency. Effective 10/12/2022 all claims were reprocessed and paid.	10/12/2022	Completed	Claims Compliance		State	DMHC	2022

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R = Repeat Findings

2022 DMHC RBO Audit: CFMG - Audit Review Period 1/1/2022 - 3/31/2022

INTERNAL AUDITS

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	INTERNAL AUDITS			
							Validation Status	State/Self Identified	Agency	Year
1	Claims Payment Accuracy	The Department's examination disclosed that one of 30 high dollar claims were not reimbursed correctly. The claims billed with Current Procedural Terminology (CPT) codes 93005 were underpaid. This deficiency was noted in high dollar claim sample number 28.	The RBO is reprocessing all claims with code 93005 underpaid from January 2021 to present and will upload corrected explanations of benefits upon completion. Corrected explanations of benefits showing additional payment (plus interest and penalty where applicable) as well as the requested report and policies will be submitted to DMHC on or before January 30, 2023.	1/30/2023	Completed	Claims Compliance		State	DMHC	2022
2	Misdirected Claims	The Department's examination disclosed that five out of 40 denied claims were not forwarded. This deficiency was noted in the following denied claims sample numbers: 3, 6, 20, 34, and 37. This deficiency was also noted in the high dollar claim sample numbers: 3, 5, 9, 10, and 25.	There is a system limitation (i.e. mapping issue) where some of the claims (837I encounters) are not being forwarded through our claims processing system. Because of this issue, 837I claims are not being forwarded to health plans. 837I misdirected claims are denied as health plan responsibility and providers are notified via weekly explanations of benefits. The mapping issue was discovered Q1 2022 and tests began at that time with health plans and clearinghouses. 837P files continue to be submitted successfully. CFMG is working with IT to upgrade the server so that updates provided by our software vendors can be implemented for the mapping issue to be resolved. The expected compliance date will be on or before February 28, 2023. 1/26/2023: server updates completed, system updates happening this week. 1/27/2023: system consultant met with the software vendor and their development team to identify and resolve issues so that system updates can happen successfully. 1/30/2023: all system updates completed successfully on test environment	1/30/2023	Completed	Claims Compliance		State	DMHC	2022
3	Reimbursement of Claims Overpayments	The Department's examination disclosed that the RBO failed to send a written request for overpayment reimbursement to the provider. This deficiency was noted in the following late claim sample numbers: 16, 32, and 35.	Examiner error. When the claims examiner reprocessed these claims, the overpayment was reversed instead of a refund request letter being sent to the provider. Compliance met September 27, 2022 when the claims examiner was reminded in a verbal meeting of the above rule as well as the CFMG internal policy on overpayments. Also, there is a report run prior to the weekly check run to ensure compliance. Because the overpayment was reversed in the adjusted claims, a refund request was not sent for the original claims.	1/30/2023	Completed	Claims Compliance		State	DMHC	2022

ALAMEDA ALLIANCE FOR HEALTH
COMPLIANCE DASHBOARD

KEY

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2022 DMHC FINANCIAL SERVICES : Audit Review Period 1/1/2022 - 3/31/2022							INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
1	Provider Dispute Resolutions	The Department's examination disclosed that the Plan failed to timely acknowledge receipt of 12 out of 71 provider disputes reviewed.	<p>1. Policies and procedures, including internal claims audit procedures, implemented to ensure provider disputes are acknowledged timely. <u>Update 2/13/2023</u>: Policy updated and will be approved at Committee 3/25/2023</p> <p>2. Staff training completed January 2023 and created a audit workflow effective 01/01/2023.</p> <p>3. Claims Operations Support Manager and PDR Supervisor. PDR Supervisor will monitor all incoming PDR mail. A daily audit will be conducted before the 15th due date to assure all cases are acknowledged timely.</p>	2/24/2023	Completed	Claims		State	DMHC	2022
2	Claims	The Department's examination disclosed that, due to systemic issues, claims were not reimbursed accurately, including interest and penalties.	<p>CORRECTIVE ACTION TAKEN DURING EXAMINATION</p> <p>The Plan submitted evidence on October 28, 2022, that the Plan reprocessed and paid claims previously paid incorrectly. This correction and remediation resulted in the additional payment of \$5,742.29, plus interest of \$7,675.43, on 742 claims. In addition, the Plan submitted evidence on October 28, 2022, that the Plan reprocessed and paid claims previously denied incorrectly. This correction and remediation resulted in the additional payment of \$64,718.77, plus interest of \$6,002.98, on 750 claims.</p> <p>The Plan corrected the deficiencies noted above and completed the required remediation during the course of the examination; therefore, no additional response is required.</p>	10/28/2022	Completed	Claims		State	DMHC	2022
3	Changes in Plan Personnel	(R) The Department's examination disclosed that the Plan did not timely file changes in plan personnel.	<p>1. The Plan revised its Desktop Procedure to define the Key Personnel as "Persons holding official positions that are responsible for the conduct of the Plan including but not limited to all Senior Leadership, all members of the BOG and other principal officers." The Desktop Procedure further clarifies the activities that will constitute an official personnel change event for Senior Leadership versus Board of Governors members. Finally, the Desktop Procedure was revised reflect that Key Personnel Change filings must be submitted within five (5) calendar days.</p> <p>2. We have taken steps to improve the communication with the internal stakeholders to ensure personnel change events are routed to the Regulatory Affairs and Compliance team in a timely manner. The Board Clerk is responsible to immediately notify the Compliance Department of any Board Member changes. To ensure no updates are missed, each month the Compliance Specialist will email the Board Clerk and the Human Resources Department to confirm whether the BOG or SLT has experienced any personnel changes. The Compliance Specialist also maintains a log of Key Personnel Changes. Furthermore, once a personnel change event is anticipated, the Compliance Specialist immediately begins an electronic file and begins preparation of the necessary documents for submission.</p>	1/13/2023	Completed	Compliance		State	DMHC	2022
4	Fidelity Bond	The Department's examination disclosed that the Plan's fidelity bond did not have a provision for 30 days' notice to the Department prior to cancellation.	Immediately after receiving the DMHC's audit request, Alameda Alliance finance staff requested its insurance broker to work with the insurer in adding the requested provision. Before the DMHC's audit exit conference, such requested provision was provided to the DMHC auditor, and the auditor expressed that the supplied document was satisfactory. Alameda Alliance has also created a new Policy & Procedure effective January 11, 2023.	1/11/2023	Completed	Finance		State	DMHC	2022

ALAMEDA ALLIANCE FOR HEALTH
COMPLIANCE DASHBOARD

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2022 DHCS AUDIT FINDINGS: Audit Review Period 1/1/2021 - 3/31/2022							INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
1	G&A	(1.3.1) The Plan did not send acknowledgement letters for standard appeals within the required timeframe of five calendar days.	<p>1. The Daily Clerk Report is received daily by Grievance & Appeals Clerks and Leadership. The report will be reviewed by the Grievance & Appeals Leadership team to ensure acknowledgment letters are mailed timely.</p> <p>2. The Plan provided training to the Grievance & Appeals staff to review the regulatory requirements for mailing of acknowledgement letters.</p>	10/1/2022	Completed	G&A		State	DHCS	2022
2	G&A	(1.3.2) The Plan did not comply with existing APLs to notify members receiving a NAR that upholds an adverse benefit determination that they have an additional 120 days in addition to the initial 120 days allowed to request a SFH.	<p>1. Your Rights enclosure was updated to reflect enrollees have 240 days to request a State Fair Hearing</p> <p>2. Policy & Procedure G&A-007 State Hearings has been updated to reflect the member has 240 calendar days to request a State Hearing. The policy will go to committee for review and approval in December. <u>Update 03/10/2022</u>: Plan submitted draft policy G&A-007 State Fair Hearings that reflects current timeframe to request a SFH (240 calendar days) per the PHE. Policy pending internal committee approval. Plan will need to monitor end of PHE in order to revise policy to reflect normal regulatory requirement of 120 calendar days. PHE was extended through 1/11/23. <u>Update 4/14/2023</u>: The updated policy was approved at Compliance Committee on 3/21/2023</p>	3/21/2023	Completed	G&A		State	DHCS	2022
3	Provider Relations	R (1.5.1) The Plan did not ensure that its subcontractors submitted complete ownership and control disclosure information.	<p>1. The Alliance has made updates to its Provider Services Standard Operating Procedure (SOP) – Ownership and Control Disclosure Reviews for Delegates. This includes an additional layer of review from the Alliance Compliance Department when ownership and control forms are received from delegates. The SOP and tracking sheet has been updated.</p> <p>2. The findings specifically mentioned two (2) forms:</p> <ul style="list-style-type: none"> • Kaiser who provided the Alliance with the email confirming that the form they submitted to the Alliance is the same form that Kaiser files with DHCS. According to Kaiser, DHCS confirmed acknowledgement of the form from Kaiser with no additional feedback. • Community Health Center Network (CHCN) who does not have a sole owner and provided a list of their leadership team with the FEIN for each of the clinics. The Alliance will notify the impacted delegates of the findings to receive forms that meet requirements by DHCS. <p>3. The Alliance will collect the new forms starting Q1 2023. <u>Update 03/10/2023</u>: Kaiser has submitted an updated form and CHCN is currently working toward completion of the form for submission to the Plan. Provider Services and Compliance will review to validate all fields are complete once all forms are received. <u>Update 4/15/2023</u>: Kaiser form received on 3/2/2023, and two levels of review completed 3/10/2023.</p>	3/10/2023	Completed	Provider Relations		State	DHCS	2022
4	QI	(2.1.1) The Plan did not document attempts to contact members and schedule the IHA	<p>1. The plan will continue to inform members of the IHA through the EOC, welcome letters to all new members, and videos. - In addition, all members are eligible for a new member orientation (including a financial incentive). - Information regarding the IHA will be included in the member newsletter.</p> <p>AAH will initiate a new phone campaign where all new members will receive a phone call encouraging the member to receive an IHA. This phone log will be appropriately documented. The Alliance will create a call script for new member phone calls.</p> <p>2. The plan will create a report to identify new plan members. <u>Update 5/12/2023</u>: Fulfillment Report created to track mailing of member Orientation reports that contain reminder to schedule IHA to new members. Member Orientation Service Request tracking report tracks outreach attempts to members to complete new member orientation, which includes communication about scheduling IHAs</p> <p>3. The plan will create workflows for informing members of the IHA. <u>Update 5/12/2023</u>: Clinical QI Program Coordinator will review IVR reports to determine all new members have received an outreach call.</p>	9/8/2023	Completed	QI		State	DHCS	2022

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2022 DHCS AUDIT FINDINGS: Audit Review Period 1/1/2021 - 3/31/2022							INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
			<p>4. The plan will update the IHA P&P to reflect the updated workflows. Update 3/10/2023; Draft policy QI-124 completed, IVR outreach is pending DHCS approval of script. Upon DHCS approval we will continue to develop the process for IVR outreach and develop desktop procedures. Update 4/15/2023; The updated P&P was approved at Compliance Committee 3/21/2023</p> <p>5. The plan will create a phone call campaign, create a script, and work with the state for approval. Update 3/10/2023; Awaiting DHCS approval of script. Update 6/9/2023; Final documents submitted to DHCS for review. Awaiting DHCS response. The Plan will continue to ensure accurate documentation of IHA outreach attempts via providers, by reviewing documentation as part of FSRs.</p>							
5	CM	R(2.5.1) The Plan's MOU with the county MHP did not include the responsibility for the review of disputes between the Plan and the MHP.	<p>1. The Alliance has made several updates to the MOU and incorporated APL 18-015, as well as APL 21-013 Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans. The Alliance has had a series of meetings with Alameda County Behavioral Health (ACBH) to review redline changes to the MOU. ACBH is currently under review of the redline changes and will notify the Alliance when they can move forward with signing the MOU. ACBH MOU vetting process includes County Board of Supervisor (BOS) approval. Therefore, the Alliance is hoping to execute the MOU by the end of 2022.</p>	12/31/2023	Completed	Provider Relations		State	DHCS	2022
6	Provider Relations	R(3.1.1) The Plan did not monitor the network providers' compliance with requirements for when appointments were extended.	<p>1. The Provider Manual was edited to update the requirements, providers were advised in the Quarterly Provider Packet, and AAH Provider Representatives advised providers during PCP visits. Additionally, fax blasts were sent to providers regarding the updated requirements, and the Provider Education document was updated to reflect the requirements.</p> <p>2. Edit P&P and Quality of Access Workflow to ensure all cases are reviewed by a QI Nurse. If a case is determined to be related to access, QI / A&A staff will review data for ED / Inpatient Stays as a result of delay in appointment. If the member does have an ED / IP Claim, the QI RN will then work the case up as a PQI / Quality of Care. This will be reviewed by the Medical Director and follow the PQI process. Finally, all QOA cases with available MRs will be reviewed to ensure the appropriate provider documentation. Update 03/10/2023; Policy QI-114 has been updated and is awaiting approval at committee. Update 4/14/2023; P&P QI-114 was approved at Compliance Committee 3/21/2023</p>	3/21/2023	Completed	Provider Relations QI		State	DHCS	2022
7	Claims	(3.6.1) The Plan improperly denied emergency services claims.	<p>1. Case #7 – The claim was paid on 8/11/2021. The vendor was notified of the finding on 5/19/2022 and asked to review their internal process to ensure that codes on claims are captured correctly. They acknowledged they reviewed their internal processes and stated that poor claim imaging may have cause the issue, but they will increase the resolution to help ensure better results in the future.</p> <p>2. Case #20 – The vendor was notified of the issue on 5/19/2022 and asked to review their internal process to ensure that dates on claims are captured correctly. They acknowledged they reviewed their internal processes and stated that poor claim imaging may have cause the issue, but they will increase the resolution to help ensure better results in the future. In addition, an edit was enhanced to ensure that the date range order is correct.</p> <p>3. The claim was paid on 1/5/2022 correctly. The Claims Processor was shown the claim finding for review along with the correct workflow document that shows the correct process to help ensure moving forward this does not occur again. This workflow was also reviewed by the Claim Processor team and training occurred.</p>	10/11/2022	Completed	Claims		State	DHCS	2022

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2022 DHCS AUDIT FINDINGS: Audit Review Period 1/1/2021 - 3/31/2022							INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
8	Access and Availability	R(3.8.1) The Plan did not use PCS forms for NEMT services.	<p>1. The Plan will educate providers on PCS requirements. Update 03/10/2023: Provider Alert PCS Form Reminder and Form was sent out to Providers in a fax blast on Tuesday, 12/27/22</p> <p>2. Refine PCS workflows to meet all regulatory requirements. Update 03/10/2023: Workflow updated</p> <p>3. The Plan will conduct staff trainings on process workflow changes. Update 4/15/2023: Training completed 1/31/2023</p> <p>4. The Plan will ensure that the transportation vendor trains their staff on the PCS process workflow changes. Vendor will provide training materials and sign in sheets. Update 4/15/2023: Training completed 1/31/2023</p> <p>5. The Plan will develop reports on PCS form outcomes using both transportation vendor information and the Plan's process to obtain PCS forms. Update 4/15/2023: Reports developed and presented at UM Committee Q4 2022</p> <p>6. The Plan will monitor process workflows from the vendor and the Plan to obtain missing PCS forms. Update 4/15/2023: Reports developed and presented at UM Committee Q4 2022</p> <p>7. The Plan will analyze trends in provider practices and provide feedback to providers regarding PCS form requirements. Update 4/15/2023: Reports developed and presented at UM Committee Q4 2022, where trends analyzed</p> <p>8. The plan will evaluate whether to continue having the transportation vendor manage the PCS forms or take the direct management of PCS forms back into the Plan. Update 4/15/2023: Reports developed and presented at UM Committee Q4 2022. Will continue to analyze quarterly</p> <p>9. The Plan will provide a quarterly report to UM Committee. Update 4/15/2023: Reports developed and presented at UM Committee Q4 2022</p>	4/1/2023	Completed	UM		State	DHCS	2022
9	Member Rights	R(4.1.1) The Plan did not send acknowledgement and resolution letters within the required timeframes.	<p>1. The G & A Department Leadership and Quality Assurance Specialist will reference the daily reports to ensure the acknowledgment and resolution letters are sent timely</p> <p>2. The Plan provided training to the Grievance & Appeals staff to review the regulatory requirements for mailing of acknowledgement and resolution letters.</p> <p>3. The Quality Assurance Specialist will audit 5 appeals cases and 5 grievances cases per Grievance & Appeals Coordinator per month.</p>	10/1/2022	Completed	G&A		State	DHCS	2022
10	Member Rights	R(4.1.2) The Plan did not send acknowledgement and resolution letters in threshold languages.	<p>1. Updated our system of record to capture the dates the resolution letter was submitted for translation and the date it was mailed to the member</p> <p>2. The Plan provided training to the Grievance & Appeals staff on the updates made to the system of record.</p> <p>3. The Quality Assurance Specialist will audit 5 appeals cases and 5 grievances cases per Grievance & Appeals Coordinator per month.</p>	9/20/2022	Completed	G&A		State	DHCS	2022
11	Member Rights	(4.1.3) The Plan was not compliant with grievance extension letter timeframes; in some cases, it did not send extension letters for grievances that were not resolved within 30 calendar days and in other cases it did not resolve grievances by the estimated completion date specified in the extension letter	<p>1. The Plan provided training to the Grievance & Appeals staff on the system updates to capture extension letters.</p> <p>2. The Quality Assurance Specialist will audit 5 appeals cases and 5 grievances cases per Grievance & Appeals Coordinator per month.</p> <p>3. Updated Policy & Procedure G&A- 003: Grievance and Appeals, Receipt, Review and Resolution. The policy will be sent to Committee for approval. Update 03/10/2023: Draft policy updated and awaiting approval at committee. Update 4/15/2023: P&P G&A-003 was approved at Compliance Committee on 3/21/2023</p>	3/21/2023	Completed	G&A		State	DHCS	2022

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2022 DHCS AUDIT FINDINGS: Audit Review Period 1/1/2021 - 3/31/2022							INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
12	Member Rights	R(4.1.4) The Plan did not thoroughly investigate and resolve grievances prior to sending resolution letters	<p>1. The Alliance will review resolution letters prior to mailing to the member.</p> <p>2. The Alliance provided training to the Grievance & Appeals staff to ensure the resolution letter clearly addresses all of the member's concerns</p> <p>3. The Quality Assurance Specialist will audit 5 appeals cases and 5 grievances cases per Grievance & Appeals Coordinator per month.</p>	10/1/2022	Completed	G&A		State	DHCS	2022
13	Member Rights	R(4.3.1)The Plan did not report suspected security incidents or unauthorized disclosures of PHI to DHCS within the required timeframes.	<p>The Plan has created an interdepartmental team to work in collaboration to develop a reporting process for timely submissions of possible HIPAA and FWA incidents to Compliance. Six points of entry for possible incidents have been identified.</p> <p>The team is utilizing technological improvements as well as developing staff training to be able to identify HIPAA and FWA incidents and the method for immediate reporting to compliance <u>Update 03/10/2023</u>. Training created and provided to AAH staff; new referral tracking implemented and tool created.</p>	3/10/2023	Completed	Compliance		State	DHCS	2022
14	Member Rights	(4.3.2) The Plan did not notify the DHCS Program Contract Manager and DHCS ISO of suspected security incidents or unauthorized disclosure of PHI or PI.	<p>Due to human error, reporting to the three (3) entities at DHCS; DHCS Program Contract Manager, the DHCS Privacy Officer and the DHCS Information Security Officer was not completed for all possible HIPAA incidents.</p> <p>Reporting Policy CMP-013 has been updated to reflect the current reporting email address for possible HIPAA incidents to DHCS incidents@dhcs.ca.gov . This change was reviewed and approved by the Compliance Committee on 11/23/2021.</p>	11/23/2021	Completed	Compliance		State	DHCS	2022
15	Fraud and Abuse	R(6.2.1) The Plan did not report preliminary investigations of all suspected cases of fraud and abuse to DHCS within 10 working days of the Plan receiving notification of the incident.	<p>The Plan has created an interdepartmental team working in collaboration to develop a reporting process for timely submissions of possible HIPAA and FWA incidents to Compliance. Six points of entry for possible incidents have been identified.</p> <p>The team is utilizing technological improvements as well as developing staff training to be able to identify a possible incident for immediate reporting to compliance. At the initiation of the Reporting Process Enhancement, the FWA Specialist will conduct training designed for each department identified as a point of entry.</p> <p>The FWA Specialist will be responsible to track and monitor all privacy related referrals to the compliance department for timeliness. <u>Update 03/10/2023</u>. Training created and provided to AAH staff; new referral tracking implemented and tool created.</p>	3/10/2023	Completed	Compliance		State	DHCS	2022

ALAMEDA ALLIANCE FOR HEALTH
COMPLIANCE DASHBOARD

2021 DMHC JOINT AUDIT FINDINGS : Audit Review Period 11/1/2018 - 10/31/2020

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	INTERNAL AUDITS			
							Validation Status	State/Self Identified	Agency	Year
1	Grievances & Appeals	When the Plan has notice of a case requiring expedited review, the Plan does not immediately inform complainants of their right to contact the Department.	The Plan updated the process to state when a call is received by the Member Services Department and it is categorized as a potential expedite, the call is transferred to the Grievance & Appeals Department queue and the Clerk will provide the member with their DMHC rights.	5/3/2022	Completed	G&A		State	DMHC	2021
2	Grievances & Appeals	The Plan's online grievance submission procedure is not accessible through a hyperlink clearly identified as "GRIEVANCE FORM," does not allow a member to preview and edit the form before submission, and does not include the required disclosure.	The Plan has worked with our internal Information Technology (IT) Department to have the updates made to the website to include the GRIEVANCE FORM hyperlink, the edit/preview functionality and to update the disclosure statement. Exhibit 2A_Preview_Edit_Disclosure shows the updates on the testing site. Regarding the disclosure statement, the Plan identified an outdated version of the statement. The Plan has updated the disclosure statement so that it is in alignment with the verbiage from Knox-Keene (see attached Exhibit 2B_Knox-Keene).	8/11/2022	Completed	G&A		State	DMHC	2021
3	Grievances & Appeals	The Plan does not correctly display the statement required by Section 1368.02(b) in all required enrollee communications.	The Plan identified an outdated version of the statement. The Plan has updated the disclosure statement so that it is in alignment with the verbiage from Knox-Keene (see attached Exhibit 3A_Knox-Keene). Exhibit 3F will apply to both the appeals and grievance letters. The Plan's UM materials were likewise updated to reflect compliance with the verbiage. Revised Your Rights attachments for NOAs and NARs were implemented in TruCare on 1/18/2022. The Plan's Pharmacy templates are being drafted and copies will be provided on 12/30/2022 for the following: •4A_GroupCare NOA template •5A_GroupCare NOA template •6A_Full Group Care Formulary/Template 12/30/2022 :Template letters completed and submitted to DMHC	12/30/2022	Completed	G&A Member Services UM Rx		State	DMHC	2021
4	Prescription (Rx) Drug Coverage	The Plan's prescription drug denial and modification letters to enrollees do not include accurate information about their grievance rights.	The plan will update/ensure prescription drug denial and modification letters to the enrollees include accurate information about their grievance rights. Templates are being drafted and copies will be provided on December 30, 2022. 12/30/2022 :Template letters completed and submitted to DMHC	12/30/2022	Completed	Rx		State	DMHC	2021
5	Prescription (Rx) Drug Coverage	The Plan does not inform enrollees of their right to seek an external exception request review in formulary exception request denial letters.	The plan will insert external exception request review in formulary exception request denial letters as seen below: "EXTERNAL REVIEWS You have the right to request an external review when the Alliance denies a prior authorization request for a drug that is not covered by the plan or for an investigational drug or therapy. A request for an external review will not prevent you from filing a Grievance or Independent Medical Review (IMR) with the California Department of Managed Health Care. You may request an external review through the Alliance contact information listed above." •Templates are being drafted and copies will be provided on December 30, 2022. 12/30/2022 :Template letters completed and submitted to DMHC	12/30/2022	Completed	Rx		State	DMHC	2021
6	Prescription (Rx) Drug Coverage	The Plan does not display its formularies in a manner consistent with the Department's standard formulary template.	The Plan will update formularies in a manner consistent with the Department's standard formulary template. 12/30/2022 : The formulary template has been updated.	12/30/2022	Completed	Rx		State	DMHC	2021

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COMPLIANCE DASHBOARD

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2021 DHCS JOINT AUDIT FINDINGS: Audit Review Period 6/1/2019 - 3/31/2021								INTERNAL AUDITS			
#	Category	Deficiency	Corrective Action Plan (CAP)	Risk Category (High, Medium, Low)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
1	UM	(1.2.1) The Plan did not have appropriate processes to ensure that limitations on speech therapy services would not be imposed. In addition to using Medi-Cal guidelines, the Plan used MCG as its evidence-based criteria to make decisions. MCG criteria dictates the amount of visits that can be approved based on a diagnosis and therefore imposes limits.	<p>1. The Plan developed workflow outlining standard review process for speech therapy Prior Authorization (PA) requests, ensuring that no limitations on speech therapy would be imposed on members under age 21.</p> <p>2. The Plan will conduct a current staff training on standard process, and include it in new staff training. Update 10/8/2021: Training complete 9/29/2021</p> <p>3. The Plan will revise 10748 Daily Auth Denial report to incorporate service type to capture PA requests for Speech Therapy. Update 11/12/2021: The report request has been submitted, estimated completion is 11/15/2021. Update 12/10/2021: Report has been created and is being completed weekly.</p> <p>4. The Plan will monitor PA requests for Speech Therapy on a quarterly basis. Update 11/12/2021: The report request has been submitted, estimated completion is 11/15/2021. Update 12/10/2021: Requests for Speech Therapy are being monitored quarterly.</p> <p>5. The Plan will report results quarterly to UMC. Update 12/10/2021: The first report will be given to the UMC in January 2022. Update 09/09/2022: Speech therapy is now being tracked on a quarterly basis and was reported out at the Q1 2022 UM Committee</p>	Medium	Q1 2022	Completed	UM		State	DHCS	2021
2	UM	(1.2.2) The Plan did not ensure that a qualified health care professional reviewed dental anesthesia prior authorization requests which includes a review of clinical data. The Plan did not ensure the use of appropriate criteria/guidelines when reviewing dental anesthesia requests.	<p>1. The Plan developed workflow outlining standard review process for dental anesthesia Prior Authorization (PA) requests.</p> <p>2. The Plan will develop mitigation plan until auto auth programming is removed. Update 10/8/2021: Mitigation plan developed and put into place 9/29/2021</p> <p>3. The Plan will conduct a staff training on the mitigation plan to identify and use standard UM review process for dental anesthesia (DA) and include it in new staff training. Update 10/8/2021 Training complete 9/29/2021</p> <p>4. The Plan's UM and IT teams will collaborate to remove DA requests from Auto Authorization programming in TruCare (TC). Update 12/10/2021: DA requests have been removed from Auto Authorization programming in TruCare as of 10/1/2021</p> <p>5. The Plan will develop a Tracking Report to capture and report on PA requests for Dental Anesthesia. Update 12/10/2021: The quarterly report (03127) Dental General Anesthesia Report will be utilized for monitoring</p> <p>6. The Plan will monitor PA requests for Dental Anesthesia quarterly. Update 10/14/2022: PA requests for Dental Anesthesia are now being monitored quarterly</p> <p>7. The Plan will report results quarterly to UMC. Update 10/14/2022: PA requests for Dental Anesthesia are now being tracked on a quarterly basis and was reported out at the Q1 2022 UM Committee</p>	High	Q1 2022	Completed	UM		State	DHCS	2021

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R = Repeat Findings

2021 DHCS JOINT AUDIT FINDINGS: Audit Review Period 6/1/2019 - 3/31/2021							INTERNAL AUDITS				
#	Category	Deficiency	Corrective Action Plan (CAP)	Risk Category (High, Medium, Low)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year
3	UM	(1.5.1) The Plan did not ensure the delegate met standards set forth by the Plan and DHCS. The Delegate inappropriately denied medical prior authorization requests.	<p>1.The Plan will inform CHCN of DHCS findings about inappropriately denied medical prior authorization requests. <u>Update 11/12/2021</u>: On 10/8/2021 a letter was sent to the delegate to advise of the audit findings.</p> <p>2.The Plan will re-educate delegates on requirements for standard UM processes, including application of appropriate criteria guidelines. <u>Update 11/12/2021</u>: On 10/12/2021 a meeting was held with CHCN leadership do educate on requirements for the standard UM process.</p> <p>3.The Plan will audit CHCN denied cases for appropriateness of denial elements using annual audit tool. <u>Update 2/11/2022</u>: The annual CHCN delegation audit began 12/17/2021 and includes an audit of denied cases for appropriateness of denial elements.</p> <p>4.The Plan will review denied cases at monthly CHCN meeting for education. <u>Update 2/11/2022</u>: Denied cases are now being reviewed at the monthly CHCN meeting for education. <u>Update 5/13/2022</u>: The Q1 2022 audit has commenced as of 5/5/2022. <u>Update 08/09/2022</u>: The CHCN audit is in progress and is expected to be completed by 8/12/2022 <u>Update 09/06/2022</u>:The audit for Q2 2022 is in progress, preliminary findings have been submitted to CHCN. The audit for Q3 2022 is beginning. There will be four total quarters of reviews completed in order to close out this finding. <u>4/3/2023</u>: Four quarters of the audit have been completed. Results under review. <u>Update 6/9/2023</u>: A Trend Report for 2022 Quarterly Focused Audit findings regarding medical necessity denials was issued to CHCN along with the Final Report for their Annual Audit on 4/11/23. CHCN CAP response due 6/16/2023. <u>Update 9/8/2023</u>: The 2022 CAP is ongoing. CHCN's CAP included updates to UM workflows, staff training, and internal audits. The CAP is in progress. Workflows, trainings, and internal audits have been completed and are under review by AAH SMEs.</p>	Medium	Q4 2023	Completed	UM		State	DHCS	2021
4	UM	(1.5.2) The Plan did not ensure the delegate met standards set forth by the Plan and DHCS. The delegate did not ensure that requests to see out of network providers were reviewed and decisions were made by a qualified health care professional. It did not include the decision-maker's name in the NOA.	<p>1.The Plan will inform Delegate of DHCS findings about qualified health care professional did not always make decisions to deny or only authorized an amount, duration, or scope that was less than requested, and the lack of name and contact information on the NOA of the decision-maker. <u>Update 11/12/2021</u>: On 10/8/2021 a letter was sent to delegate to advise of the audit findings.</p> <p>2.The Plan will re-educate delegates on standard UM requirement that only qualified health care professionals make decisions to deny or authorize an amount, duration, or scope that is less than requested, including out of network requests, and on the requirement to have the decision-makers' name and contact information on the NOA. <u>Update 11/12/2021</u>: The Alliance met with the delegate on 10/28/2021 to provide re-education.</p> <p>3.The Plan will audit delegate's cases during the annual audit to ensure that only qualified health care professionals make decisions on denials and authorizations of the amount, duration, and scope less than requested, and contact information for the decision maker. <u>Update 02/11/2022</u>: The annual delegation audit started on 12/20/2021 and is in progress. The audit is expected to be completed on 4/1/2022. <u>Update 09/09/2022</u>: The delegate audit is in progress. And is expected to be completed by 9/23/2022</p>	Medium	12/20/2021	Completed	UM Compliance		State	DHCS	2021
5	UM	R (1.5.3) The Plan did not ensure complete ownership and control disclosure information were collected from its delegates.	1.The Plan has updated its documentation, Provider Services Standard Operating Procedure – Ownership and Control Disclosure Reviews for Delegates, to include collecting required disclosures from the managing employees, or board of directors and senior management team in cases where the entity is a non-profit with no majority ownership and/or owned by physician shareholders.	Low	9/14/2021	Completed	Provider Network Vendor Management		State	DHCS	2021

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6	UM	(1.5.4) The Plan did not ensure the written agreements with its delegates included the requirement to allow specified departments, agencies, and officials to audit, inspect, and evaluate the Plan's facilities, records, and systems related to good and services provided to Medi-Cal members.	<p>1.The Plan is adding the Comptroller General in the Behavioral Health contract, Amendment 7. <u>Update 11/12/2021</u>: The Comptroller General was added to the contract, Amendment 7, as of 10/13/2021</p> <p>2.The Plan is currently working with its delegate, CFMG on a new contract and delegation agreement which will include the provision and requirement to allow governmental and specified agencies and officials to audit records and systems. <u>Update 1/14/2022</u>: The draft agreement has been completed and is expected to be fully executed in January 2022. <u>Update 2/11/2022</u>: Full execution of the draft agreement is still in progress. <u>Update 09/09/2022</u>: Full execution of the draft agreement is expected by the end of September 2022</p> <p>3.The Plan will conduct a review of all of its delegated agreements and update the agreements to ensure that all of the language requirements are included. <u>Update 1/14/2022</u>: The agreement has been reviewed and updated. <u>Update 2/11/2022</u>: The Plan conducts annual oversight of its Delegates via an Annual Delegation Audit, as described in CMP-019 – Delegation Oversight. The Plan has updated its Compliance Audit tool to ensure the audit includes a review of the Delegation Agreement to confirm it contains the required language.</p>	Medium	12/31/2022	Completed	Provider Network Vendor Management Compliance		State	DHCS	2021
7	UM	(1.5.5) The Plan did not have policies and procedures for imposing financial sanctions on its delegate and delegated entities.	<p>1.The Plan has created a new Policy, CMP-030 Sanction and Escalation. This Policy describes the standards by which the Plan may impose sanctions against Delegated Entities (DE), providers and vendors for non-compliance or failure to comply with Corrective Actions Plan (CAP) deficiencies, or for breach of any material term, covenant or condition of an agreement and/or for failure to comply with applicable federal or state statutes, regulations, and rules. <u>Update 12/10/2021</u>: Policy CMP-030 was approved at Compliance Committee on 11/23/2021</p>	Low	12/1/2021	Completed	Compliance		State	DHCS	2021
8	Case Management	R (2.1.1) The Plan did not conduct HRAs within the required timeframes for newly enrolled SPD members in 2019 and 2020.	<p>1. The Plan revised the HRA process to track all incoming HRAs via a Log, documenting date of receipt.</p> <p>2. The Plan revised current process for HRAs received past due to be entered into the system of record TruCare (TC) during the month of receipt.</p> <p>2.a. The Plan updated workflows.</p> <p>3. The Plan re-trained staff on the HRA process.</p> <p>4. The Plan will monitor the Log weekly to ensure adherence to the new process. <u>Update 10/8/2021</u>: The log has been created and is being monitored weekly</p> <p>5. The Plan will report outcomes up to UMC quarterly. <u>Update 2/11/2022</u>: As of the December UM Committee meeting, outcomes are now being reported at the UMC.</p>	Low	12/31/2021	Completed	Case Management		State	DHCS	2021
9	Case Management	(2.1.2) The Plan did not ensure coordination of care in certain cases where EPSDT services were medically necessary.	<p>1.The Plan will develop training on EPSDT PA requests to identify and refer members who need coordination of their care. <u>Update 11/12/2021</u>: Training developed</p> <p>2.The Plan will provide training to UM and CM staff. <u>Update 11/12/2021</u>: Training completed for UM and CM staff</p> <p>3.The Plan will create a reporting system to capture referrals to CM and the provision of care coordination. <u>Update 11/12/2021</u>: Reporting system to capture referrals has been created, change in reporting will be reflected mid-December</p> <p>4.The Plan will report outcomes at UMC on a quarterly basis. <u>Update 5/13/2022</u>: Outcomes reported at January and March 2022 UMC Meetings.</p>	Medium	5/13/2022	Completed	Case Management		State	DHCS	2021

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10	Case Management	(2.2.1) The Plan did not ensure the completion of Individualized Care Plans for members enrolled in Complex Case Management.	<p>1. The Plan revised its CCM ICP workflow and added the requirement that all staff complete ICPs for all members in CCM.</p> <p>2. The Plan re-trained staff to complete ICPs for all members in CCM.</p> <p>3. The Plan will revise its CM Aging Report to capture completion of ICPs for daily management and reporting outcomes. <u>Update 10/8/2021</u>: Aging report has been updated to capture completion of ICPs</p> <p>4. The Plan will develop a monitoring workflow. <u>Update 10/8/2021</u>: The monitoring workflow has been completed</p> <p>5. The Plan will routinely monitor completion of the ICPs. <u>Update 10/8/2021</u>: The log has been created and is being monitored weekly</p> <p>6. The Plan will report outcomes at UMC quarterly. <u>Update 09/09/2022</u>: Monitoring of the ICPs is now being tracked and reported out quarterly at UM Committee.</p>	Low	3/25/2022	Completed	Case Management		State	DHCS	2021
11	Case Management	(2.2.2) The Plan did not ensure development of care plans in collaboration with the PCP.	<p>1. The Plan re-trained staff on policy regarding developing care plans in collaboration with PCP.</p> <p>2. The Plan will revise its CM Aging Report to capture the date the letter regarding Care Plans was sent to the PCP. <u>10/8/2021</u>: The CM Aging Report has been updated to capture the date the letter regarding Care Plans was sent to the PCP</p> <p>3. The Plan will monitor, on an ongoing basis, the CM Aging Report to ensure CP letters are being sent to PCPs. <u>Update 10/8/2021</u>: Monitoring has begun, automation of this report is in progress</p> <p>4. The Plan will report outcomes to UMC quarterly. <u>Update 09/09/2022</u>: Monitoring of the development of care plans with the PCP is now being tracked and reported out quarterly at UM Committee.</p>	Low	3/25/2022	Completed	Case Management		State	DHCS	2021
12	Case Management	(2.2.3) The Plan did not conduct periodic evaluations to ensure the provision of complex case management based on the member's medical needs. The Plan did not implement procedures for monitoring time frame standards or maintaining monthly contact with members.	<p>1. The Plan developed a workflow to maintain regular contact with members and ensure that the continuation of CCM is based on medical needs by using the Complex Criteria Checklist.</p> <p>2. The Plan conducted staff training.</p> <p>3. The Plan will revise its CM Aging Report to capture provision of CCM and maintaining monthly contact with member. <u>10/8/2021</u>: The CM Aging Report has been revised to capture the provision of CCM and maintaining monthly contact with member</p> <p>4. The Plan will monitor, on an ongoing basis, the CM Aging Report. <u>10/8/2021</u>: Monitoring has begun, automation of this report is in progress</p> <p>5. The Plan will report outcomes quarterly to UMC. <u>Update 09/09/2022</u>: Monitoring of the CM Aging Report is now being tracked and reported out quarterly at UM Committee.</p>	Low	3/25/2022	Completed	Case Management		State	DHCS	2021

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13	Case Management	(2.2.4) The Plan did not ensure that interdisciplinary team assessments were included in the updating of members' care plans. The Plan did not ensure timely documentation of the interdisciplinary team meeting notes.	<p>1. The Plan created an additional column in the Complex Case Log to monitor timely entry of IDT Round note into system of record.</p> <p>2. The Plan will develop a workflow for staff to include the IDT note in the updated care plans. <u>Update 10/8/2021</u>: The workflow has been updated to include the IDT note in the updated care plans.</p> <p>3. The Plan will develop a monitoring workflow. Monitoring will be done on a bi-weekly basis. <u>Update 9/9/2022</u>: Monitoring is now being completed on a bi-weekly basis</p> <p>4. The Plan conducted a staff training on the process.</p> <p>5. The Plan will use Complex Case Log to monitor adherence to procedure. <u>Update 11/12/2021</u>: The Plan is now using the Complex Case Log to monitor adherence</p> <p>6. The Plan will report outcomes quarterly to UMC. <u>Update 09/09/2022</u>: Monitoring of the IDT assessments is now being tracked and reported out quarterly at UM Committee.</p>	Low	3/25/2022	Completed	UM		State	DHCS	2021
14	Case Management	(2.5.1) The Plan's MOU with the County MHP did not meet all the requirements specified in APL 18-015.	<p>1. The Plan will conduct annual meetings with the County to ensure that the MOU is being updated (when appropriate). <u>Update 1/14/2022</u>: Due to staffing availability, the meeting with the County to review the MOU was not able to take place in December, and will be scheduled for early 2022. <u>Update 2/11/2022</u>: The first meeting with the county took place on 1/31/2022.</p> <p>1.a. The Plan will develop meeting minutes to demonstrate topic of discussions. The Plan will submit meeting minutes to DHCS. <u>Update 2/11/2022</u>: Meeting minutes completed for first meeting on 1/31/2022.</p> <p>2. The Plan's internal departments will work together to ensure clinical and quality components that are not present be updated in the MOU to reflect the requirements in APL-018. <u>Update 2/11/2022</u>: MOU has been updated to ensure clinical and quality components reflected.</p>	Low	1/31/2022	Completed	Case Management Provider Network		State	DHCS	2021
15	Case Management	(2.5.2) The Plan's MOU with the County MHP did not specify policies, procedures, and reports to address quality improvements requirements specified in APL 18-015. The Plan did not conduct semi-annual calendar year reviews of referral and care coordination processes, generate semi-annual reports, or develop performance measures and quality improvement initiatives during the audit period.	<p>1. The Plan will establish a cross-functional workgroup to develop specific P&Ps and QI performance metrics, in addition to referral and care coordination reports. <u>Update 12/10/2021</u>: The cross-functional workgroup was established and held it's first meeting on 10/20/2021. County JOMs will begin January 2022.</p>	High	12/10/2021	Completed	Case Management Provider Network		State	DHCS	2021
16	Access	(3.1.1) The Plan did not enforce and monitor providers' compliance with the requirement to document when timeframes for appointments were extended.	<p>1. The Plan revised P&P QI-107 to include appointment extension language and will be submitted to committee for approval. <u>Update 11/12/2021</u>: The P&P has been revised and is awaiting approval at committee on 11/23/2021. <u>Update 12/10/2021</u>: The policy was approved at Compliance Committee on 11/23/2021.</p> <p>2. The Plan revised Timely Access Standards Provider Communication Sheet and will be submitted to committee for approval. <u>Update 11/12/2021</u>: The Timely Access Standards Provider Communication Sheet has been revised and is awaiting approval at committee on 11/18/2021. <u>Update 12/10/2021</u>: The Timely Access Standards Provider Communication Sheet was approved at HCQC on 11/18/2021.</p>	Low	11/23/2021	Completed	QI		State	DHCS	2021

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17	Access	(3.1.2) The Plan did not continuously review, evaluate and improve access to and availability of the first prenatal appointment.	<p>1.The Plan revised P&P QI-107 to indicate current Access Standards for First Prenatal Appointment from 2 weeks from date of request to 10 days for PCP OB/GYN and 15 days from request for OB/GYN Specialty Care. P&P will be submitted to committee for approval. <u>Update 11/12/2021</u>: Awaiting clarification and further guidance from DHCS Contract Manager. <u>Update 12/10/2021</u>: QI-107 was approved at the Compliance Committee on 11/23/2021.</p> <p>2.The Plan revised Timely Access Standards Provider Communications Sheet. <u>Update 11/12/2021</u>: Awaiting clarification and further guidance from DHCS Contract Manager. <u>Update 12/10/2021</u>: The Timely Access Standards Provider Communication Sheet was approved at HCQC on 11/18/2021.</p> <p>3.The Plan will be implementing a tracking and trending report of First Prenatal PQIs. <u>Update 11/12/2021</u>: Awaiting clarification and further guidance from DHCS Contract Manager. <u>Update 12/10/2021</u>: The Tracking and Trending report of First Prenatal PQIs has been implemented</p>	Medium	11/23/2021	Completed	QI		State	DHCS	2021
18	Access	(3.4.1) The Plan did not ensure standing referral determinations and processing were made within the required timeframes.	<p>1. The Plan will develop a standing referral workflow. <u>11/12/2021</u>: Standing referral workflow has been developed</p> <p>2. The Plan will update the AAH system of record for UM and CM, TruCare (TC) to add user define field in order to identify standing referral status to ensure correct TAT, which would include a reportable field for monthly reporting. <u>Update 12/10/2021</u>: TruCare has been updated to add the user defined field.</p> <p>3. The Plan will revise TruCare (TC) to capture timeframes for processing Standing Referrals. <u>Update 12/10/2021</u>: The reporting TAT has been scheduled to begin in December, with the first report, containing December data, due in January.</p> <p>4. The Plan will revise Authorization Aging report for day to day management and to report on timeframes for Standing Referrals. <u>Update 01/14/2022</u>: Revision of aging report complete</p> <p>5. The Plan will conduct staff training on standard work for Standing Referrals. <u>Update 01/14/2022</u>: Staff training on standing referrals completed 11/16/2021</p> <p>6. The Plan will monitor Standing Referral timeframes with the daily Authorization Aging report.</p> <p>7. The Plan will report results quarterly to UMC. <u>Update 09/09/2022</u>: Standing referrals are now being tracked and reported on during UM Committee quarterly</p>	High	3/25/2022	Completed	UM Case Management		State	DHCS	2021
19	Access	(3.6.1) The Plan improperly denied emergency services claims and family planning claims.	1.The Plan updated its monitoring report criteria to include a denial code (code:0630) which would allow us to identify claims prior to finalizing adjudication.	Low	3/26/2021	Completed	Claims IT (Config)		State	DHCS	2021
20	Access	(3.6.2) The Plan did not pay interest for family planning claims not completely reimbursed within 45 working days of receipt.	1. The Plan reviewed the issue thru Claims Processor & Specialist training to ensure staff understands the issue that resulted in no interest. The trainings were completed in May 2021.	Low	5/1/2021	Completed	Claims		State	DHCS	2021
21	Access	(3.8.1) The Plan did not ensure its transportation broker's NEMT providers were enrolled in the Medi-Cal program.	<p>1. The Plan notified its transportation broker that remaining unenrolled NEMT providers need to complete PAVE application by 12/01/2021. <u>Update 12/10/2021</u>: The notification letter was sent to the transportation broker on 12/1/2021,</p> <p>2. The Plan will audit transportation broker providers to ensure drivers are enrolled in the Medi-Cal program. This was last completed August 27, 2021. Monitoring will be conducted on an annual basis.</p>	Low	12/31/2022	Completed	Vendor Management		State	DHCS	2021

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22	Access	(3.8.2) The Plan did not require PCS forms for NEMT services.	<p>1. The Plan will require transportation vendor to provide ongoing reports on rates of obtaining PCS forms from providers: <u>Update 11/12/2021</u>: UM Team working with Vendor Management and ModivCare to obtain needed reports. <u>Update 12/10/2021</u>: The report was received from ModivCare on 10/28/2021.</p> <p>2. The Plan will analyze trends in provider practices on a quarterly basis. <u>Update 12/10/2021</u>: The first report will be given at UMC in January 2022. <u>Update 2/11/2022</u>: Awaiting reports from ModivCare</p> <p>3. The Plan will educate providers on PCS requirements and provide data on their performance: <u>Update 2/11/2022</u>: Awaiting reports from ModivCare</p> <p>3.a. Provider newsletter. <u>Update 2/11/2022</u>: Awaiting reports from ModivCare</p> <p>3.b. Individual office contacts</p> <p>4. The Plan will finalize process workflow to obtain missing PCS forms. <u>Update 11/12/2021</u>: UM Team working with Vendor Management and ModivCare to obtain needed reports. <u>Update 12/10/2021</u>: The workflow has been finalized based on the reports received from ModivCare</p> <p>5. The Plan will conduct staff trainings on process workflow. <u>Update 12/10/2021</u>: Training was completed 11/8/2021.</p> <p>6. The Plan will provide a quarterly report to UMC. <u>Update 01/14/2021</u>: Reporting will begin at UMC in Q1 2022. <u>Update 2/11/2022</u>: Awaiting reports from ModivCare <u>Update 09/09/2022</u>: NEMT services are now being tracked and reported quarterly at the UM Committee.</p>	Medium	12/31/2022	Completed	Vendor Management UM		State	DHCS	2021
23	Member Rights	(4.1.1) The Plan did not ensure that the medical director fully resolved QOC grievances prior to sending resolution letters.	<p>1. The Plan updated G&A-003 Grievance and Appeals Receipt, Review and Resolution to include the process for the medical director's review and resolution of all levels of quality of care grievances prior to sending a resolution letter to members. The policy will be reviewed at the Health Care Quality Committee on November 18, 2021 and the Compliance Committee Meeting on November 23, 2021. <u>Update 12/10/2021</u>: G&A-003 was approved at the Compliance Committee meeting on 11/23/2021</p> <p>2. The Plan will provide training to the medical directors to review G&A-003 Grievance and Appeals Receipt, Review and Resolution by November 30, 2021. <u>Update 3/11/2022</u>: Training was completed 1/12/2022</p>	Medium	1/12/2022	Completed	G&A		State	DHCS	2021
24	Member Rights	(4.1.2) The Plan did not consistently implement its procedure for processing grievances. The Plan considered member's grievances resolved and classified as exempt without conducting investigation.	<p>1. The Plan is updating its policy and procedures for processing Exempt Grievances to reflect its current process. The policy MBR-0024 will be reviewed at the Compliance Committee Meeting on November 23, 2021. <u>Update 12/10/2021</u>: MBR 024 was approved at Compliance Committee on 11/23/2021</p> <p>2. The Plan will provide staff training by November 30, 2021. <u>Update 1/14/2022</u>: Training was completed 11/19/2021</p>	Low	11/30/2021	Completed	Member Services		State	DHCS	2021
25	Member Rights	(4.1.3) The Plan did not send acknowledgement and resolution letters within the required timeframes. The Plan did not promptly notify the members that expedited grievances would not be resolved within the required timeframe.	<p>1. The Plan provided training to the Grievance and Appeals staff to review G&A-003 Grievance and Appeals Receipt, Review and Resolution and G&A-005 Expedited Review of Urgent Grievances. The staff attested that they understood the requirements and will ensure that acknowledgement and resolution letters are sent within the required timeframes, and to also notify members when expedited grievances would not be resolved within the required timeframe.</p>	Low	9/21/2021	Completed	G&A		State	DHCS	2021
26	Member Rights	(4.1.4) The Plan did not send acknowledgement and resolution letters in threshold languages.	<p>1. The Plan provided training to the Grievance and Appeals staff to review G&A-001 Grievance and Appeals System Description and CLS-003 Language Assistance Services. The staff attested that they understood the requirements and will ensure that acknowledgement and resolution letters are sent to members in their threshold languages.</p>	Low	9/21/2021	Completed	G&A		State	DHCS	2021

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27	Member Rights	R (4.1.5) The Plan did not consistently resolve grievances prior to sending resolution letters.	1. The Plan provided training to the Grievance and Appeals staff to review G&A-001 Grievance and Appeals System Description. The staff attested that they understood the requirements and will ensure that grievances are fully resolved prior to sending resolution letters.	Low	9/21/2021	Completed	G&A		State	DHCS	2021
28	Member Rights	(4.3.1) The Plan did not report suspected security incidents or unauthorized disclosures of PHI to DHCS within 24 hours of discovery, did not provide an updated investigation report within 72 hours, and did not submit a complete report of the investigation within 10 working days.	1. To address staffing needs, the Plan has streamlined its Compliance Department and now has a dedicated staff member who focuses on Privacy. This FTE was hired on February 22, 2021. 2. The Plan reviewed and updated CMP-013 HIPAA Privacy Reporting to reflect the 24hr, 72hr and 10-day reporting requirements. This policy is scheduled to be reviewed and approved at the Compliance Committee on November 23, 2021. Update 12/10/2021; CMP-013 was approved at Compliance Committee on 11/23/2021	Low	11/30/2021	Completed	Compliance		State	DHCS	2021
29	Compliance	R (6.2.1) The Plan did not conduct and report preliminary investigations of all suspected cases of fraud and abuse to DHCS within ten working days.	1. The Plan has a dedicated staff member in the Special Investigations Unit (SIU) to focus on Fraud, Waste and Abuse FWA cases. This FTE was hired on June 25, 2021. 2. The plan updated CMP-002 to reflect reporting requirements. This policy is scheduled to be re-approved at the Compliance Committee on Nov 23, 2021. Update 12/10/2021; CMP-002 was approved at the 11/23/2021 Compliance Committee	Low	12/1/2021	Completed	Compliance		State	DHCS	2021
30	Compliance	(6.2.2) The Plan did not report recoveries of overpayments to DHCS annually.	After internal review, the Plan found that an update to CMP-002 was not necessary as the reporting of overpayments is addressed in CLM-008: Overpayment Recovery. The Plan has validated that reports were submitted appropriately to the Department.	Low	2/11/2022	Completed	Compliance		State	DHCS	2021
31	Claims	(SSS.1) The Plan did not distribute payments for state supported services claims within 90 calendar days as described in APL 19-013.	1. The Plan made changes to the claims system on 2/17/2021 and re-adjudicated all the previous claims paid incorrectly to pay the balance to the Prop 56 rate.	Low	2/17/2021	Completed	Claims		State	DHCS	2021
32	Claims	(SSS.2) The Plan did not pay interest for state supported services claims processed beyond the 90-calendar day timeframe specified in APL 19-013.	1. The Plan made changes to the claims system on 2/17/2021 and re-adjudicated all the previous claims paid incorrectly to pay the balance to the Prop 56 rate. The claim system was also updated to pay interest at the normal timeline of claims adjudicated after 45 work days from the received date.	Low	2/17/2021	Completed	Claims		State	DHCS	2021
33	Claims	(SSS.3) The Plan improperly denied state supported services claims.	1. As of 8/7/2020 the Plan reconfigured the system to no longer re-suspend CHCN Non-Emergency Out of Area processed claims. In addition, the Claims workflow has been updated to accommodate the system change.	Low	8/7/2020	Completed	Claims		State	DHCS	2021
34	Compliance	The Plan should have a policy and workflow for tracking discrimination grievances	1. The Plan has created the Special Cases Incident Log for tracking discrimination grievances 2. The Plan will update the policy and create a workflow regarding tracking of discrimination grievances. Update 12/1/2021; The policy has been created and was approved at the Compliance Committee on 11/23/2021	Medium	12/1/2021	Completed	Compliance		Self Identified	AAH	2021
35	Quality Management	The Plan should ensure that PQIs are appropriately classified (as QOS / QOA / QOC)	1) Sr. Dir. Of Quality and the QJ Supervisor conduct quarterly audits of QOA and QOS case files 2) QOC files are reviewed and leveled by Quality Medical Director weekly	Low	2/28/2021	Completed	QM		Self Identified	AAH	2021

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2020 DHCS STATE AUDIT FINDINGS - Audit Review Period: 10/01/2018 - 9/30/2020					INTERNAL AUDITS						
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
1	Claims	The Plan denied payment to a contracted hospital for continued treatment of Plan members with chronic medical conditions. The Plan did not provide for all medically necessary covered services for members	<p>1. The Plan and Kindred Hospital renegotiated its hospital agreement with an effective date of February 1, 2021. The Alliance and Kindred agreed to a step down approach where Alliance will authorize care at the appropriate level and work in conjunction with hospital toward an appropriate discharge. The rate paid by Plan will be equal to the medical surgical rate. Please see Section 3.6 Utilization Management of the Alameda Alliance and Kindred Hospital Contract Amendment.</p> <p>2. The Plan and Kindred have a meeting set up for April 6, 2021 at 3:30 PM. The goal of this meeting is to finalize the cases in arbitration and any other outstanding claims. <u>Update 5/14/21</u> The legal team is continuing to review which claims to pay. <u>Update 6/11/21</u> The Alliance is working with the provider on evaluating and assessing the claims from the audit. Senior level discussions are in process between Kindred and the Alliance. <u>Update 10/8/2021</u> The Plan paid Kindred for all claims in Arbitration on the 7/22/2021 check run. Kindred had some additional claims they wanted reviewed and we met on 7/27/2021 to review them. The Plan agreed to pay these claims, as well, and they were paid out on the 8/25/2021 and 9/1/2021 check runs. <u>Update 5/13/2022</u>: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022</p>	9/1/2021	Completed	UM / Claims		State	DHCS	2020	Completed
2	UM	The Plan did not apply written criteria for each concurrent review of continued long term acute care (LTAC) services throughout members' hospital stays	<p>1. The Plan reviewed and revised the following P&P: a. UM-003 Concurrent Review and Discharge Planning Process to reflect frequency of reviews throughout the members' hospital stay, including after a NOA is sent, and the use of standard Utilization Review procedures. Policy and Procedure will be approved at the HCQC on 5/20/2021. b. The Plan's standard review procedures include applying written criteria for each review. The Plan's standard utilization review procedures are reflected in Plan's P&P UM-057 and in UM-054 Notice of Action.</p> <p>2. The Plan will train its Utilization Management staff involved in the Concurrent Review process of the change. The training will be documented with training materials and attendance records. <u>Update 5/14/21</u>: Training was completed on 3/31/21</p> <p>3. The Plan will audit the Concurrent review process after Q2 2021 to ensure that process are followed and implemented accordingly. <u>Update 5/14/21</u>: Manual audit in place, automated report in development. <u>Update 7/9/2021</u>: Manual tracking continues, nearing completion of automated report. <u>Update 10/8/2021</u>: Manual tracking continues, awaiting completion of automated report</p> <p>4. The Plan will report the results of the Concurrent review process to the UM Committee on a quarterly basis, starting Q4 2021. <u>Update 10/8/2021</u>: First report to UMC on 8/24/2021. 100% compliance. <u>Update 12/10/2021</u>: The most recent audit concluded in November with a passing score for each factor reviewed. The results were reported at the UM Committee on 12/3/2021. <u>Update 04/08/2022</u>: The most recent audit encompassed NOA letters from January and February 2022 with a passing score for each factor reviewed. The results were reported at the UM Committee on 03/25/2022. <u>Update 5/13/2022</u>: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022</p>	3/25/2022	Completed	UM		State	DHCS	2020	In Progress
3	UM	The Plan did not document that qualified physicians reviewed all denials of continued long term acute care (LTAC) services throughout members' hospital stays	<p>1. The Plan reviewed and revised the following P&P: a. UM-003 Concurrent Review and Discharge Planning Process to reflect frequency of reviews throughout the members' hospital stay, including after a NOA is sent, and the use of standard Utilization Review procedures. Policy and Procedure will be approved at the HCQC on 5/20/2021. b. The Plan's standard review procedures include applying written criteria for each review. The Plan's standard utilization review procedures are reflected in Plan's P&P UM-057 and in UM-054 Notice of Action.</p> <p>2. The Plan will train its Utilization Management staff involved in the Concurrent Review process of the change. The training will be documented with training materials and attendance records. <u>Update 5/14/21</u>: Training was completed on 3/31/21</p> <p>3. The Plan will audit the Concurrent review process after Q2 2021 to ensure that process are followed and implemented accordingly. <u>Update 5/14/21</u>: Manual audit in place, automated report in development. <u>Update 7/9/2021</u>: Manual tracking continues, nearing completion of automated report. <u>Update 10/8/2021</u>: Manual tracking continues, awaiting completion of automated report</p> <p>4. The Plan will report the results of the Concurrent review process to the UM Committee on a quarterly basis, starting Q4 2021. <u>Update 10/8/2021</u>: First report to UMC on 8/24/2021. 100% compliance. <u>Update 11/12/2021</u>: The results of the next quarterly audit will be presented at the November UM Committee. <u>Update 12/10/2021</u>: The results of the next quarterly audit will be reported at the December UM Committee. <u>Update 04/08/2022</u>: The most recent audit encompassed NOA letters from January and February 2022 with a passing score for each factor reviewed. The results were reported at the UM Committee on 03/25/2022. <u>Update 5/13/2022</u>: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022</p>	3/25/2022	Completed	UM		State	DHCS	2020	In Progress

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2020 DHCS STATE AUDIT FINDINGS - Audit Review Period: 10/01/2018 - 9/30/2020					INTERNAL AUDITS						
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
4	UM	The Plan did not notify members and the hospital of continued denial of long term acute care (LTAC) services through NOA letters and "Your Rights" attachments for each concurrent review throughout the members' hospital stays	<p>1. The Plan reviewed and revised the following P&P:</p> <p>a. UM-003 Concurrent Review and Discharge Planning Process to reflect frequency of reviews throughout the members' hospital stay, including after a NOA is sent, and the use of standard Utilization Review procedures. Policy and Procedure will be approved at the HCQC on 5/20/2021.</p> <p>b. The Plan's standard review procedures include applying written criteria for each review. The Plan's standard utilization review procedures are reflected in Plan's P&P UM-057 and in UM-054 Notice of Action.</p> <p>2. The Plan will train its Utilization Management staff involved in the Concurrent Review process of the change. The training will be documented with training materials and attendance records. Update 5/14/21: Training was completed on 3/31/21</p> <p>3. The Plan will audit the Concurrent review process after Q2 2021 to ensure that process are followed and implemented accordingly. Update 5/14/21: Manual audit in place, automated report in development. Update 7/9/2021: Manual tracking continues, nearing completion of automated report. Update 10/8/2021 Manual tracking continues, awaiting completion of automated report</p> <p>4. The Plan will report the results of the Concurrent review process to the UM Committee on a quarterly basis, starting Q4 2021. Update 10/8/2021: First report to UMC on 8/24/2021. 100% compliance. Update 11/12/2021: The results of the next quarterly audit will be presented at the November UM Committee. Update 12/10/2021: The most recent audit concluded in November with a passing score for each factor reviewed. The results were reported at the UM Committee on 12/3/2021. Update 04/08/2022: The most recent audit encompassed NOA letters from January and February 2022 with a passing score for each factor reviewed. The results were reported at the UM Committee on 03/25/2022. Update 5/13/2022: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022</p>	3/25/2022	Completed	UM		State	DHCS	2020	In Progress
5	UM	The Plan provided unclear information about the Plan's decision for denial of long term acute care (LTAC) services in the only NOA letters that were issued to members and the Hospital. Letters contained inaccurate information about denied dates and requesting providers.	<p>1. The automated section of the NOA letter generated by the Plan's system of record, TruCare, was incorrectly configured and displayed inaccurate information about the requesting LTAC provider and the dates of denial. The Plan's system of record, TruCare, was re-configured to display the correct dates and correct requesting provider in the automated portion of the NOA letters.</p> <p>2. The Plan's In-Patient Utilization Management Leadership will continue to audit the NOA letters to ensure that they contain accurate information and meet the regulatory requirements. Update 5/15/21: Identified deficiencies have been added to the audit tool and audits of inpatient NOA letters are currently taking place.</p> <p>3. The Plan will report the results of NOA letter audit at Utilization Management Committee on a quarterly basis, starting Q3 2021. Update 7/9/2021: Manual tracking continues, report will be provided starting in Q3 2021 Update 10/8/2021: Manual tracking continues, awaiting completion of automated report. First report to UMC on 8/24/2021. 100% compliance. Update 11/12/2021: The results of the next quarterly audit will be presented at the November UM Committee. Update 12/10/2021: The most recent audit concluded in November with a passing score for each factor reviewed. The results were reported at the UM Committee on 12/3/2021. Update 04/08/2022: The most recent audit encompassed NOA letters from January and February 2022 with a passing score for each factor reviewed. The results were reported at the UM Committee on 03/25/2022. Update 5/13/2022: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022</p>	3/25/2022	Completed	UM		State	DHCS	2020	In Progress
6	Delegation	The Plan did not ensure the Delegate met standards set forth by the Plan and DHCS. The Delegate did not ensure that concurrent review denials were reviewed and made by a qualified physician. It did not send NOA letters with "Your Rights" information for denial of services that occurred after initial denial. It did not include the decisions maker's name in the initial and only NOA sent to providers.	<p>1. The Plan's revised policy UM-003 Concurrent Review and Discharge Planning Process and the revised process expectations were shared with Delegate on 3/26/2021.</p> <p>2. The Plan will require the Delegate to do the following:</p> <p>a. Adopt the Plan's policies, to reflect that the concurrent review denials are reviewed and made by a qualified physician, that the clinical case is reviewed using the regulatory requirements on a regular cadence after the initial denial, that NOA letters with "Your Rights" information are sent after every subsequent review, and that the decision-maker's name is on each NOA. Update 6/11/2021 AAH Health Care Services is working with the delegate to update the policies.</p> <p>b. Provide evidence of policy and procedure approval. Update 7/9/2021: Delegate has provided evidence that the revised policy was approved on 6/23/2021</p> <p>c. Train its staff on the new Concurrent review process. Update 7/9/2021: Delegate states they are developing the training for their staff and are on track to provide the documents to AAH. Update 9/10/2021: Staff training completed, training documents provided.</p> <p>d. Provide evidence of the training, including the training materials and the attendance records. Update 9/10/2021: Delegate provided attestations to show training completed 6/23/2021</p> <p>3. The Plan will audit the Delegate on a quarterly basis to ensure that the process is implemented, starting at the end of Q3 2021, and report the results of the audit at the Plan's UM Committee on a quarterly basis. Update 10/8/2021: Q3 2021 audit completed 9/29/2021, and initial audit results provided to the</p>	9/23/2022	Completed	UM		State	DHCS	2020	In Progress

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2020 DHCS STATE AUDIT FINDINGS - Audit Review Period: 10/01/2018 - 9/30/2020					INTERNAL AUDITS						
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
			<p>Delegate; final audit report will be issued to the Delegate by 10/13/2021. Update 11/12/2021: The next quarterly audit is scheduled for 12/17/2021. Update 04/08/2022: The next quarterly audit is scheduled to be completed in May 2022</p> <p>4. At annual Delegate oversight audits, concurrent reviews and letters will be examined to ensure compliance. Update 11/12/2021: The next annual Delegation Oversight Audit is scheduled for February 2022. Concurrent reviews and letters will be reviewed at that time. Update 04/08/2022: The next quarterly audit is scheduled to be completed in May 2022. Update 5/13/2022: DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022. Update 5/13/2022: The delegate does not have any cases that meet the criteria for audit for Q1 2022. DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022. Update 07/08/2022: The Alliance is currently in the process of quarterly delegate audit. Update 09/09/2022: The quarterly delegate audit is in progress and is expected to be completed by October 2022. Update 10/14/2022: The quarterly delegate audit has been completed, there were no findings. This audit will be closed and the findings noted by DHCS will continue to be reviewed during the annual audit.</p>								
7	Delegation	The Plan did not ensure the Delegate met standards set forth by the Plan and DHCS. The Delegate denied medically necessary services.	<p>1. The Plan's revised policy UM-003 Concurrent Review and Discharge Planning Process and the revised process expectations were shared with Delegate on 3/26/2021.</p> <p>2. The Plan will require the Delegate to do the following:</p> <p>a. Adopt the Plan's policies, to reflect that the concurrent review denials are reviewed and made by a qualified physician, that the clinical case is reviewed using the regulatory requirements on a regular cadence after the initial denial, that NOA letters with "Your Rights" information are sent after every subsequent review, and that the decision-maker's name is on each NOA. Update 6/11/2021 AAH Health Care Services is working with the delegate to update the policies.</p> <p>b. Provide evidence of policy and procedure approval. Update 7/9/2021: Delegate has provided evidence that the revised policy was approved on 6/23/2021</p> <p>c. Train its staff on the new Concurrent review process. Update 7/9/2021: Delegate states they are developing the training for their staff and are on track to provide the documents to AAH. Update 9/10/2021: Staff training completed, training documents provided.</p> <p>d. Provide evidence of the training, including the training materials and the attendance records. Update 9/10/2021: Delegate provided attestations to show training completed 6/23/2021</p> <p>3. The Plan will audit the Delegate on a quarterly basis to ensure that the process is implemented, starting at the end of Q3 2021, and report the results of the audit at the Plan's UM Committee on a quarterly basis. Update 10/8/2021: Q3 2021 audit completed 9/29/2021, and initial audit results provided to the Delegate; final audit report will be issued to the Delegate by 10/13/2021. Update 11/12/2021: The next quarterly audit is scheduled for 12/17/2021. Update 04/08/2022: The next quarterly audit is scheduled to be completed in May 2022</p> <p>4. At annual Delegate oversight audits, concurrent reviews and letters will be examined to ensure compliance. Update 11/12/2021: The next annual Delegation Oversight Audit is scheduled for February 2022. Concurrent reviews and letters will be reviewed at that time. Update 04/08/2022: The next quarterly audit is scheduled to be completed in May 2022. Update 5/13/2022: The delegate does not have any cases that meet the criteria for audit for Q1 2022. DHCS advised Alameda Alliance they consider the findings of this audit closed as of 4/19/2022. Update 07/08/2022: The Alliance is currently in the process of quarterly delegate audit. Update 09/09/2022: The quarterly delegate audit is in progress and is expected to be completed by October 2022. Update 10/14/2022: The quarterly delegate audit has been completed, there were no findings. This audit will be closed and the findings noted by DHCS will continue to be reviewed during the annual audit.</p>	9/23/2022	Completed	UM		State	DHCS	2020	In Progress

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2020 DHCS STATE AUDIT FINDINGS - <i>Audit Review Period: 10/01/2018 - 9/30/2020</i>					INTERNAL AUDITS						
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status

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ALAMEDA ALLIANCE FOR HEALTH

COMPLIANCE DASHBOARD

2020 DMHC STATE AUDIT FINDINGS - Audit Review Period: 1/01/2019 - 9/30/2019

INTERNAL AUDITS

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
1	Grievances & Appeals	The Plan failed to accurately and consistently identify grievances received by telephone. Coverage Dispute issues were processed as an exempt grievance and not a standard grievance as required.	The G&A current procedures appropriately process coverage disputes as a standard grievance. Member Services will provide a refresher staff training of the procedures by 3/31/20 to ensure coverage disputes are processed appropriately. <u>Update as of 4/10/2020</u> . Refresher training for benefits coverage disputes was completed on 3/12/2020.	3/12/2020	Completed	Member Services/ G&A	✓	State	DMHC	2020	Completed
2	Grievances & Appeals	The Plan does not consistently provide immediate notification to complainants of their right to contact the Department regarding expedited appeals.	G&A staff training was conducted to review regulations on 1/30/20. G&A application was updated to include a new log type for expedited DMHC rights notification that was implemented on 2/6/20.	2/6/2020	Completed	G&A	✓	State	DMHC	2020	Completed
3	UM	The Plan does not include the statement required by Section 1363.5(c) when disclosing medical necessity criteria for UM decisions.	Cover sheet being created in the TruCare system for all requests by providers for clinical criteria used to adjudicate requests. Creation of tracking log, workflow and training to be completed by 3/31/20. <u>Update as of 4/10/20</u> : Tracking log workflow and training completed as of 3/12/20.	3/12/2020	Completed	UM	✓	State	DMHC	2020	Completed
4	Access to Emergency Services	The Plan does not provide all non-contracting hospitals in the state with Plan contact information needed to request authorization of post-stabilization care. DMHC expects the onus to be on the Plan to reach out to the hospitals and notices should be mailed at least annually.	The Plan is working with the Hospital Association to assist in sending out the notices to non-contracted hospitals. <u>Update as of 6/12/20</u> : Notices were mailed to non-contracted hospital providers on May 26.	5/31/2020	Completed	Provider Relations	✓	State	DMHC	2020	Completed
5	Access & Availability	The Plan failed to adequately review and address access issues as part of its quality assurance (QA) program.	The QI Team and Member Services team perform an annual training to ensure that the appropriate process is followed. The Alliance is working on additional training to ensure the appropriate referral of PQIs. All access-related exempt grievances are compiled in a track and trend report and referred to Quality Improvement via the Access and Availability Sub-Committee	4/30/2020	Completed	Quality Management	✓	State	DMHC	2020	Completed
#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Compliance Internal Audit	State/Self Identified	Agency	Year	Status
1	Quality Assurance	The Plan failed to ensure that all potential quality of care issues were identified and processed in accordance with its Quality Assurance (QA) Program. Cases were found to be misclassified and include documentation issues.	1. RN Staff In-Service on PQI definition, classification, review, processing and documentation conducted by Quality Sr. Director on 2/7/20. 2. Deleted "Not a PQI" from classification drop down selections. 3. All new PQI submissions are reviewed and classified (as QOS/QOA/QOC) by Quality Director. 4. RN PQI Classification IRR conducted by Quality Director on 2/25/20. 5. Department wide IRR Conducted by Medical Director on 2/27/20 6. Quality Director to process all QOAs and QOSs 7. Medical Director is auditing random sample of QOA and QOS cases processed by nurse management staff as of 4/6/20. 8. Quality Director to conduct weekly auditing of RN documentation of all QOCs as of 3/5/20. 9. Medical Director continues to level and audit all QOC cases 10. Ongoing weekly team meeting continues to ensure case discussion and review <u>Update as of 4/30/2020</u> : QI team has completed all steps listed above.	4/30/2020	Completed	Quality Improvement	✓	Self Identified	AAH	2020	Completed
2	UM	The Plan does not consistently provide enrollees with a clear and concise reason for denials based in whole or in part on medical necessity.	Quality checklist for review of NOA letters for all requirements prior to being sent out to be developed, then train staff, by 3/31. Quality checks of all NOAs by management before sending out continues. Weekly review by external consultants continue with MDs to improve decision notices. <u>Update as of 4/10/20</u> : NOA checklist training and implementation done as of 4/2/20. Weekly review by external consultants continues.	4/2/2020	Completed	UM	✓	Self Identified	AAH	2020	Completed
3	UM	In letters to providers denying or modifying requested services on the basis of medical necessity, the Plan does not include a direct telephone number or extension of the professional responsible for the decision. The peer to peer process to improve its oversight and tracking process.	Phone numbers in all UM template letters being checked for accuracy and corrected in TruCare as needed. Standardized tracking workflow of Peer to Peer communication is being developed, trained and implemented by 3/31/20. <u>Update as of 4/10/20</u> : Training and tracking implemented as of 3/12/20.	3/12/2020	Completed	UM	✓	Self Identified	AAH	2020	Completed

**ALAMEDA ALLIANCE FOR HEALTH
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2019 DMHC AUDIT FINDINGS - Audit Review Period: 10/1/2017-9/30/2019

INTERNAL AUDITS

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
1	Payment Accuracy	Three out of 50 late paid claims (a compliance rate of 94 percent). This deficiency was caused by the Plan using the incorrect date to calculate interest on improperly denied and reprocessed claims. Three out of 30 high dollar claims. The deficiency was caused by the Plan not paying interest on a claim improperly denied for missing authorization when the independent practice association (IPA) authorized services but did not forward the authorization to the Plan, and underpaying claims due to processor error.	Late Claims – processing errors identified in this finding are attributable to human error by one specific individual. The incorrect handling was addressed verbally with the employee at the time of the audit. Refresher training on CLM-001 Claims Processing, CLM-003 Emergency Services Claims Processing and Claims Change Alert Clean Claim Interest Workflow was completed on March 13, 2020 to ensure that all staff who handles adjustments are using the appropriate received date for adjusted claims. <u>Update 5/1/2020:</u> At the Department's request, the Plan created a report to identify claims where the incorrect received date was used on an adjusted claim. The report was provided to the Department on 4/21/2020. The identified claims have been adjusted and the report has been updated to add the check date, check # and the amount of interest and penalties paid. Current policies and procedures do not require changes and meet compliance requirements. High Dollar Claims – processing errors identified in this finding are attributable to human error. Refresher training on CLM-001 Claims Processing and Claims Change Alert - Clean Claim Interest Workflow was completed on March 13, 2020 to ensure that all staff who handles adjustments are using the appropriate received date for adjusted claims.	4/29/2020	Completed	Claims	✓	State	DMHC	2019	Completed
2	Incorrect Claim Denials	Claims were improperly denied and should have been paid in three out of 50 denied claims (a compliance rate of 94 percent). The deficiency was caused by the Plan not re-processing retro enrollment, incorrectly denying a claim as duplicate and a system configuration issue that incorrectly denied claims as not the financial responsibility of the Plan.	Retro Eligibility Denial – The Plan's Claims management is working with its Information Technology/Analytics Department to create a retroactive eligibility report to identify claims that were denied correctly at the time of processing, but may be impacted due to the retroactive reinstatement of eligibility. Once the report is completed, the Plan will make sure to adjudicate any claims found to be improperly denied since May 29, 2018, and provide evidence that the claims were adjudicated appropriately. <u>Update 5/1/2020:</u> Report was put into production on 5/1/2020 and will be run weekly. Claims is working with IT to identify impacted claims from 5/29/2018-9/30/2019 and will adjust impacted claims and provide the final spreadsheet to the Department by 5/15/2020. Division Of Financial Responsibility (DOFR) Denial - this issue was identified as a configuration error for one specific service, and corrected in October 2019 prior to the audit. <u>Update 5/1/2020:</u> At the Department's request, the Plan created a report to identify claims where the service had been denied incorrectly. The report was provided to the Department on 4/21/2020. The identified claims are being adjusted and should be complete by 5/15/2020. The report will then be updated to add the check date, check # and the amount of interest paid. Duplicate Denial - duplicate claims refresher training on HS-004 Duplicate Claims was completed on 3/13/2020 for all staff that handles adjustments. Due to the unique cause of this non-system related error, a remediation report cannot be run.	4/15/2020 5/15/2020	Completed	Claims	✓	State	DMHC	2019	Completed
3	Clear & Accurate Denial Explanation	Plan provided an incorrect denial explanation in three out of 50 denied claims (a compliance rate of 94 percent).	The Plan reviewed the deficient cases and found that the three denial errors identified in the audit were related to Division of Financial Responsibility (DOFR) issues. The Plan will review the services where there are DOFR conflicts, come to agreement with the delegates, and make any required configuration changes to the system. <u>Update 5/1/2020:</u> System changes for March Vision were completed and put into production on 4/16/2020. The claims were originally denied correctly as the responsibility of CHCN but contained an additional incorrect message that they were forwarded to March Vision. These claims do not need to be re-adjudicated and re-denied again. Due to the Coronavirus Pandemic, meetings with CHCN have been put on hold. The Plan has updated the system to correct the configuration with out of area office visits that was identified during the audit. At the Department's request, the Plan created a report to identify claims where these services had been denied incorrectly. The report was provided to the Department on 4/21/2020. The identified claims are being adjusted and should be complete by 5/15/2020. The report will then be updated to add the check date, check # and the amount of interest paid.	6/30/2020 5/15/2020	Completed	Claims	✓	State	DMHC	2019	Completed
4	Change in Plan Personnel	Plan shall within five days, file an amendment when there are changes in personnel of the plan. Plan did not file the Board of Governors changes for three members.	The Plan has updated its internal procedures to ensure key personnel requirements are met. The Plan implemented a monthly quality check capturing any changes with the Plan's Board of Governor member seats. The Plan's Compliance team staff completed updated training for key personnel filing procedures on March 30, 2020. As of 3/31/2020, the Plan has also completed updates to the filings for Board members Lubin, Meade, and Stein as requested: Lubin: DMHC Filing #20201241 Meade: DMHC Filing #20200184/#20201243 Stein: DMHC Filing #20200644	4/1/2020	Completed	Compliance	✓	State	DMHC	2019	Completed

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2019 DMHC AUDIT FINDINGS - Audit Review Period: 10/1/2017-9/30/2019

INTERNAL AUDITS

#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
5	Control over Mailroom Claims Processing	Plan does not have sufficient control over its mailroom claims processing as the mailroom staff does not stamp the date of receipt on paper claims. In addition, the Plan's mailroom staff does not count the number of claims sent to vendors for further processing, impeding the Plan's ability to reconcile the number of claims received and processed.	The Plan has an established process for receiving claims in its onsite mailroom for capturing receipt dates. The Plan performs quality checks for reconciliations of claims count scanned and received to ensure all claims are captured for processing. The Plan has daily logs of professional and facility claims received and scanned. The logs have the original claim count, the claim count successfully scanned, the rejected claim count and the merged claim count. The Plan utilizes the daily log counts to perform reconciliation when the files are received and loaded. Included with the CAP response is the weekly reconciliation sample report and sample logs of claims as evidence of this quality internal control process for counting the number of claims.	4/1/2020	Completed	Support Services/ Claims	✓	State	DMHC	2019	Completed

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2019 DHCS AUDIT FINDINGS - Audit Review Period: 6/1/2018-5/31/2019

#	Category	Deficiency	Corrective Action Plan (CAP)	Repeat Finding (Yes/No)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	INTERNAL AUDITS			
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1	UM Delegation	The Plan did not ensure a delegate complied with all contractual and regulatory requirements. The delegate required PA for an initial visit with a mental health provider to determine if the member had mild-to-moderate mental health issues, which the contract does not allow.	The Alliance scheduled a meeting with Beacon to discuss the findings and will put a corrective action plan in place. <u>Update as of 12/5/19</u> : Beacon has revised policy, and submitted to AAH for review. AAH will review and discuss changes with Beacon on the next Operations call. <u>Update as of 1/8/20</u> : Plan reviewed documents and agree with the changes for member self-referral process. Discussing with DHCS prior to final CAP submission.	No	1/8/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
2	UM Delegation	The Plan did not ensure a delegate complied with all contractual and regulatory requirements. The delegate required a two-step prior authorization (PA) process for BHT services, which is allowed, but did not send written notification when it denied services at the first step. The delegate did not consistently apply criteria for approving BHT.	The Alliance scheduled a meeting with Beacon to discuss the findings and will put a corrective action plan in place. <u>Update as of 12/5/19</u> : Beacon has revised policy, and submitted to AAH for review. AAH will review and discuss changes with Beacon on the next Operations call. <u>Update as of 1/8/20</u> : Plan reviewed documents and still have open items not documented. Plan will be meeting with Beacon to discuss criteria and procedures for further documentation needed. <u>Update as of 2/7/20</u> : Met with Beacon to review their criteria and approval process. Requested policy language changes to meet the regulatory requirements. Policy was approved by Committee on 1/27/20. Updated CAP response submitted to DHCS on 2/7/20.	No	2/7/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
3	UM Delegation	(1.1.3) The Plan did not review ownership and control disclosure information for their Utilization Management (UM) delegates	The Plan will ensure that its delegated providers complete the Ownership and Control disclosure forms. The Plan will create a tracking log and document any follow up attempts made with the delegate to ensure accuracy. <u>Update as of 12/27/19</u> : PR has created a tracking log and is working on a desktop procedure.	Yes	1/1/2020	Completed	Provider Services	✓	State	DHCS	2019	Completed
4	UM Delegation	The Plan did not ensure receipt of all contractual and regulatory reports during the audit period.	The Plan will conduct staff retraining of delegation reporting procedures to ensure all are tracked and monitored for receipt and review. <u>Update as of 12/5/19</u> : Staff training was conducted on 12/3/19.	Yes	12/1/2019	Completed	Compliance	✓	State	DHCS	2019	Completed
5	UM Delegation	The Plan's oversight of its delegate did not identify unclear NOA letters, and incorrect appeal and SFH information	The Alliance scheduled a meeting with Beacon to discuss the findings and will put a corrective action plan in place. <u>Update as of 12/5/19</u> : Beacon has developed on a new process regarding NOA letters, appeal rights and SFH information. AAH will review and discuss changes with Beacon on the next Operations call. <u>Update as of 1/8/20</u> : Plan reviewed documents and agreed with changes of procedure checklist and training materials.	No	1/15/2020	Completed	Utilization Management		State	DHCS	2019	Completed
6	Referral Tracking process	The Plan did not track all approved PAs; the specialty referral tracking process did not include modified PAs and in-network approved services.	The UM Department is working with analytics to expand the routine referral tracking report to include all approved authorizations. <u>Update as of 12/5/19</u> : Clarity is being sought from DHCS on the scope of specialty referral tracking. <u>Update as of 1/8/20</u> : An updated referral tracking report is being developed to include all decision types and specialty services that require authorization. <u>Update as of 2/7/20</u> : Updated report sample generated and submitted to DHCS. Working with Analytics to create routine report that captures all needed data elements. <u>Update as of 3/5/2020</u> : UM met with Analytics to create the routine report capturing all needed elements. Report is in development. <u>Update as of 5/8/20</u> : Specialty Tracking Report has been created by Analytics, including all required elements, and will now be routinely reported quarterly through UMC and HCQC. Reported at HCQC on 5/21/20. <u>Update as of 6/12/20</u> : Report sent to HCQC on 5/21/20 and reviewed at UMC at 5/29/20.	Yes	5/21/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
7	Prior Authorizations	A review of PA data showed non-qualified Plan staff denied retrospective cases for administrative reasons other than non-eligibility for membership. The Plan denied retrospective service requests without review by a medical director if the provider submitted the request more than 30 days after the service delivery date, or if requests did not meet Plan-imposed conditions. The Plan's contract did not specify submission timeframes or other conditions that, if not met, allowed eliminating medical necessity review of retrospective requests for covered services.	Policy and procedure UM-001 Utilization Management will be updated to comply with the contractual requirements. Workflows will be updated to have all retrospective requests reviewed by a medical director. Workflows have been updated to have all retrospective requests reviewed by a medical director. <u>Update as of 12/5/19</u> : Clarity is being sought from DHCS on allowing a time limit of 30 days. <u>Update as of 1/8/20</u> : Plan received clarity from DHCS and is updating internal procedures. <u>Update as of 2/7/20</u> : P&Ps updated to reflect that only an MD can deny retro PA requests. P&Ps approved at HCQC on 1/16/20.	Yes	1/16/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
8	Prior Authorizations	(1.2.2) The Plan did not ensure it used appropriate processes to review and approve medically necessary covered services when it did not ensure that qualified medical personnel rendered medical decisions. Dependent practitioners reviewed, assessed and approved requests for continued hospital stays	The process for ensuring LVNs perform only within their scope of practice was updated and implemented on 10/2/19. Additional changes to the UM systems to better track the change in process are being developed. <u>Update as of 12/5/19</u> : Changes to the UM systems to better track the RN oversight role with the LVNs completed. Other Managed Medi-Cal plans have LVNs performing UM. Clarity is being sought from DHCS on the use of LVNs in UM. Policies and procedures and job descriptions are being reviewed to be aligned with the updated oversight process. <u>Update as of 1/8/20</u> : Plan received clarity from DHCS and updated procedures for RN oversight.	No	1/8/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
9	Prior Authorizations (UM and Rx)	The Plan's notice of action (NOA) letters did not follow specifications in Health and Safety Code Section 1367.01. Provider letters in medical cases did not include the decision makers' direct phone number or contained the incorrect number. Letters did not explain the reasons for the denial. Pharmacy NOAs were not concise.	Accurate phone numbers for the decision makers are on the NOA, monitoring will be conducted through internal audits. UM NOA template letters were updated and implemented on 11/4/2019, internal auditing will be conducted monthly to ensure that the letters are clear and concise and explain the reasons for denial. Pharmacy NOA template letters were updated and implemented in April 2019, internal auditing will be conducted at least monthly to ensure that the letters are clear and concise and explain the reasons for denial. The pharmacy team also meets with the PBM on a weekly basis to optimize PA review process, NOA letter language and reasons for denial.	Yes	11/4/2019	Completed	Utilization Management /Pharmacy		State	DHCS	2019	Completed

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10	Prior Authorizations	The Plan did not ensure that all contracting practitioners were aware of the procedures for orthotic items; the Plan provided inaccurate information about authorization requirements for orthotic items	The Alliance's Authorization Grid will be updated to include the accurate information about authorization requirements for orthotics. The updated grid will be uploaded on the website. <u>Update as of 12/5/19</u> . A meeting will be scheduled the week of 12/9 to discuss changes. <u>Update as of 1/8/20</u> . Meeting was conducted and PA grid will be updated to reflect corrections. <u>Update as of 2/7/20</u> . PA grid is being updated for all services requiring PA, so that MDs do not receive repeat communication about changes to the PA grid. Orthotics will be included in the comprehensive update. <u>Update as of 3/5/20</u> . Prior Auth requirement for Orthotics was added to the PA grid on the Provider Portal	No	3/2/2020	Completed	Utilization Management	✓	State	DHCS	2019	Completed
11	Appeals	The Plan's appeal notification letters did not comply with contractual regulations. NAR letters were not clear or concise, and contained inaccurate information	The G&A staff will attend additional training to review contractual regulations. Internal audits will be conducted monthly by the manager or director to monitor compliance. <u>Update as of 12/5/19</u> . Training conducted on 11/14/2019.	No	11/22/2019	Completed	G&A	✓	State	DHCS	2019	Completed
12	Case Management & Care Coordination - HRAs	The Plan did not follow the specified timeframes required for completion of the HRAs for newly enrolled SPD members. The Plan did not ensure that HRAs were completed within 45 calendar days of enrollment for those identified by the risk stratification mechanism as higher risk, and within 105 calendar days of enrollment for those identified as lower risk.	HRA tracking had been implemented in early 2019, and continues at present. HRAs are sent out within the required timeframes. Robo calls are made to low risk members to encourage them to complete and send in the HRA within the timeframe. Direct calls are made by CM staff on high risk members to encourage them to complete and send in the HRA within the timeframe. A tracking log is kept to ensure that the required timelines are met.	No	9/16/2019	Completed	Case Management	✓	State	DHCS	2019	Completed
13	Case Management & Care Coordination - Initial Health Assessment (IHA)	The Plan did not ensure that all providers documented all required components of an IHA. Preventive services identified as USPSTF "A" and "B" recommended services were not provided, or status of these recommended services was not documented	The QI Department revised its provider medical record request letter to include: all categories that support IHA completion; a hyperlink and/or copy of the SHA/IHEBA form; and sample documentation of a compliant SHA/IHEBA. Providers were re-educated on the SHA/IHEBA requirements.	No	9/30/2019	Completed	Quality	✓	State	DHCS	2019	Completed
14	Complex Case Management (CCM)	2.2.1 The Plan did not implement its monitoring of the CCM program to address member needs. The Plan did not close its CCM cases after 90 days, or present them at Case Rounds as stated in its policy	Existing aging reports are being utilized by the Case Management Department in CCM Rounds to ensure that members' cases are either reviewed and closed, or extended past 90 days.	Yes	10/14/2019	Completed	Case Management	✓	State	DHCS	2019	Completed
15	Access & Availability	3.1.1 The Plan did not maintain an accurate provider directory.	The Plan will continue to verify 10 providers per week and has added the following two processes to continuously maintain an accurate provider directory: 1. Provider Data Comparison to manually review provider data received from our delegates (AHS, CHCN, and CFMG) started September 2019 and 2. Provider Data Validation Yearly Project to review directly contracted providers who appear in the Provider Directory. In addition, the Provider Relations Department includes a Provider Demographic form in all provider quarterly packets and work with providers to obtain the completed forms during provider visits.	Yes	11/1/2019	Completed	Provider Services	✓	State	DHCS	2019	Completed
16	Emerg Family Planning Claims/SSS	The Plan paid non-contracted family planning services at less than the Medi-Cal Fee-For-Service rate. The Plan's claim system misclassified non-contracted family services as non-billable. The Plan is required to pay all covered family planning services regardless if these services are contracted with the Plan.	This finding is specific to one provider, Planned Parenthood, based on the list of services identified in the contract. No other provider was impacted by this issue. The claims system has been re-configured to reimburse services as follows: * services listed in the Planned Parenthood contract will be reimbursed at the contracted rate * covered Medi-Cal services not listed in the contract will be reimbursed at 100% of the prevailing Medi-Cal rate	No	9/5/2019	Completed	Claims	✓	State	DHCS	2019	Completed
17	Emerge Family Planning Claims	The Plan did not inform members of the correct minor consent provision for family planning services in its Evidence of Coverage (EOC).	The Plan has updated its 2020 EOC to include the appropriate minor consent provisions. The EOC was submitted to DHCS for review and approval on 10/7/19.	No	10/7/2019	Completed	Compliance	✓	State	DHCS	2019	Completed
18	Access to Pharm Services	The Plan did not monitor the provision of drugs prescribed in emergency situations.	The Pharmacy Department is working with the PBM to create routine monitoring reports of drugs prescribed in emergency situations. <u>Update as of 1/8/20</u> : Internal meeting was conducted to ensure requirements are clear and next steps for updating policy and monitoring reports. <u>Update as of 2/11/20</u> : Draft P&P and monitoring log have been created and are under review. <u>Update as of 4/10/20</u> : The P&P and monitoring log were approved at the most recent P&T Committee meeting.	Yes	3/17/2020	Completed	Pharmacy	✓	State	DHCS	2019	Completed
19	Grievances	4.1.1 The Plan did not document review and final resolution of clinical grievances by a qualified health care professional	The G&A workflow for Quality of Care review was updated and implemented on 4/15/2019 to include the CMOs review and final resolution.	Yes	4/15/2019	Completed	G&A	✓	State	DHCS	2019	Completed
20	Grievances	4.1.2 The Plan's grievance system did not capture all complaints and expressions of dissatisfaction reported by members.	The G&A staff will attend additional training to review contractual regulations. Internal audits will be conducted monthly by the manager or director to monitor compliance. <u>Update as of 12/5/19</u> . Training was conducted on 11/14/2019.	No	11/22/2019	Completed	G&A	✓	State	DHCS	2019	Completed
21	Grievances	The Plan's grievance system did not capture all complaints and expressions of dissatisfaction filed through Plan providers.	The Plan provided training to its delegated entities of the Plan's grievance process to ensure the Plan's system receives and resolves all complaints of dissatisfaction. Clinics will be trained by the delegate to ensure that the Alliance is capturing all complaints. <u>Update as of 1/8/20</u> : AHS provided training sign in sheet. CHCN is working on next steps of educating providers. <u>Update as of 2/7/20</u> : CHCN provided an attestation to complete its provider training by the end of Q1 2020. <u>Update as of 4/10/20</u> : Meeting AHS week of 4/6 to discuss implementation. <u>Update as of 4/20/20</u> : Process for forwarding complaints received by AHS has been implemented as of 4/20/20.	Yes	3/24/2020 5/1/2020	Completed	G&A/Provider Services/ Compliance	✓	State	DHCS	2019	Completed
22	Grievances	4.1.4 The Plan sent member resolution letters without completely resolving all complaints.	The G&A staff will attend additional training to review contractual regulations. Internal audits will be conducted monthly by the manager or director to monitor compliance. <u>Update as of 12/5/19</u> . Training was conducted on 11/14/2019.	Yes	11/22/2019	Completed	G&A	✓	State	DHCS	2019	Completed

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23	Quality Program	The QIPD did not list the individuals' qualifications, which was inconsistent with Plan policy.	The 2019 Annual Quality Improvement Program Description (QIPD) was revised to include the leadership positions and their qualifications (Licensure, Education, Work Exp) The program description was presented and approved in the July 18, 2019 Health Care Service oversight committee.	No	7/18/2019	Completed	Quality	✓	State	DHCS	2019	Completed
24	Provider Training	The Plan did not ensure provider training was conducted within 10 working days	During the last review period of June 2017 through May 2018, the Plan acknowledged deficiencies in the NPO process to be corrected by the end of December 2018. Since January 2019, the plan is meeting its goal of conducting training with the 10 day working timeframe 100% of the time.	Yes	1/1/2019	Completed	Provider Services	✓	State	DHCS	2019	Completed
25	Fraud, Waste, and Abuse (FWA)	The Plan did not conduct preliminary investigations of all suspected cases of fraud and abuse.	FWA reporting procedures will be revised to include the preliminary investigation details to DHCS within 10 working days. Staff training of the revised procedure will be completed by 12/01/19. <u>Update as of 12/5/19:</u> Staff training will be conducted on 12/11/19 to review the updated procedure. <u>Update as of 1/8/20:</u> Staff training was conducted on 12/11/19	Yes	12/11/2019	Completed	Compliance		State	DHCS	2019	Completed
26	Fraud, Waste, and Abuse (FWA)	The Plan did not investigate all suspected fraud and abuse incidents promptly. The Plan did not conduct a preliminary or follow-up investigation of 4 of 12 suspected fraud and abuse cases until two to six months after it became aware of the incidents.	FWA reporting procedures will be revised to include the preliminary investigation details to DHCS within 10 working days. All cases will be resolved and closed within 90 days of receipt. Staff training of the revised procedure will be completed by 12/01/19. <u>Update as of 12/5/19:</u> Staff training will be conducted on 12/11/19 to review the updated procedure. <u>Update as of 1/8/20:</u> Staff training was conducted on 12/11/19	Yes	12/11/2019	Completed	Compliance		State	DHCS	2019	Completed
27	Fraud, Waste, and Abuse (FWA)	The Plan's compliance officer did not develop and implement fraud, waste, and abuse policies and procedures	The Plan's designated compliance officer will develop and attest to all new and updated policies and procedures prior to committee review.	No	12/13/2019	Completed	Compliance	✓	State	DHCS	2019	Completed
28	State Supportive Services Claims	The Plan did not forward all misdirected claims within 10 working days.	The post-adjudication script that adds the forwarding action was corrected and deployed.	No	7/11/2019	Completed	IT/ Claims	✓	State	DHCS	2019	Completed

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1	Utilization Management (UM) Program	1.1.1 The Plan did not continuously update and improve its UM program during the audit period.	The Plan's policy and procedure UM-001 includes the annual review process of the UM program. The 2018 UM program was approved by Committee timely this year on 3/20/18. The Plan will continue to update its UM program annually and track for a timely approval by Committee.	3/31/2018	Completed	Utilization Management	✓	State	DHCS	2018	Completed
2	Prior Authorizations	1.2.1 The Plan did not conduct IRR testing to evaluate the consistency of UM criteria application during the audit period.	The Plan has implemented an IRR testing policy and procedure to ensure clinical staff is evaluated on an annual basis to ensure consistency in decision making and criteria application. - UM/Appeals IRR conducted on 5/25/18 - Pharmacy IRR conducted on 12/17/18 <u>Update as of 1/31/19:</u> IRR testing for Health Care Services (Pharmacy & UM) has been completed as of 1/31/19.	12/17/2018	Completed	Utilization Management/ Pharmacy	✓	State	DHCS	2018	Completed
3	Prior Authorizations	1.2.2 The Plan did not use appropriate processes to determine medical necessity for PA requests. The Plan's UM staff used outdated criteria and criteria that did not meet the case details.	The Plan has updated its policy and procedure to ensure the Plan's criteria is reviewed at least annually. IRR testing of clinical staff is completed annually to ensure consistency in decision making and criteria application. - UM/Appeals IRR conducted on 5/25/18 - Pharmacy IRR conducted on 12/17/18 <u>Update as of 1/31/19:</u> IRR testing for Health Care Services (Pharmacy & UM) has been completed as of 1/31/19.	12/17/2018	Completed	Utilization Management	✓	State	DHCS	2018	Completed
4	Prior Authorizations	1.2.3 The Plan denied retrospective service requests for medical services without documentation of a qualified health care professional's review for medical necessity.	The Plan updated its policy and procedure for the retrospective authorization request process to include details of the review process. The P&P and workflow will be reviewed and approved on 1/17/2019. Staff training will then be conducted on 1/22/19. <u>Update as of 1/31/19:</u> Updated P&P and workflow retro authorization request processes were approved at HCQC on 1/17/2019. Staff training was conducted on 1/29/2019.	1/22/2019	Completed	Utilization Management	✓	State	DHCS	2018	Completed
5	Prior Authorizations	1.2.4 The Plan did not respond to pharmacy requests within 24 hours or one business day.	The Plan monitors pharmacy authorization request timeframes by a daily aging report. Staff training of the turnaround timeframe requirements was provided on 10/02/18. <u>Update as of 1/07/19:</u> The Plan has determined that timeframe requirements were not consistently met due to a lack of coverage on weekends and holidays. The Plan has updated its Pharmacy Benefit Management contract to include coverage for weekends and holidays as of 12/1/18. Staff training of the updated procedures will be completed by 1/22/19. <u>Update as of 1/31/19:</u> Staff training was completed on 1/23/2019.	1/22/2019	Completed	Pharmacy	✓	State	DHCS	2018	Completed
6	Prior Authorizations	1.2.5 The Plan's NOA letters were not clear and concise, or at sixth grade reading level.	<u>Update as of 3/5/19:</u> Continuing internal audits revealed issues with how TruCare generates letters, leading to potentially confusing language for members. A team is working on a plan to mitigate the issues. Once the TruCare issues are resolved, staff will be retrained on the mitigation procedures. In the meantime, audits continue to ensure that the language is clear and concise and a process for final review before sending out is being developed. The updated timeline for completion is 4/30/19. <u>Update as of 4/10/19:</u> Denial rationale language has been updated. Staff training was completed on 3/29/19.	4/30/2019	Completed	Utilization Management/ Pharmacy		State	DHCS	2018	Completed
7	Prior Authorizations	1.2.6 The Plan provided incorrect appeal, grievance, and state fair hearing information in translated pharmacy member notifications. The translated "Your Rights" attachments did not follow the required format.	The Plan will update its pharmacy member notifications to ensure the translated versions are in the required format with updated member rights information by 1/25/19. <u>Update as of 2/4/19:</u> Updated translated versions of the "Your Rights" attachments have been provided to the Pharmacy Benefits Manager. <u>Update as of 2/19/19:</u> Updated translated versions of the "Your Rights" attachments have been placed into production by the Pharmacy Benefits Manager.	1/25/2019	Completed	Pharmacy	✓	State	DHCS	2018	Completed
8	Prior Authorizations	1.2.7 The Plan provided conflicting information to providers about podiatry benefits, which required PA; it therefore did not communicate to providers the services that required PA.	The Plan will be updating its Prior Authorization Grid and Provider Training Presentation to include clear communication of the prior authorization process including clarification of the podiatry benefit. <u>Update as of 1/07/19:</u> The Plan will be updating its prior authorization grid and provider training materials by 1/25/19. <u>Update as of 1/31/19:</u> The PA Grid and Provider Training Presentation have been updated. The PA Grid and updated Provider Manual have been posted to the Plan website.	1/25/2019	Completed	Utilization Management	✓	State	DHCS	2018	Completed
9	Referral Tracking process	1.3.1 The Plan did not track authorized PAs to completion and inform providers of the referral tracking process.	The Plan has updated its referral tracking policy and procedure. Routine reporting has been developed to track authorization PAs to completion. The Plan's provider manual has been updated to include information on the Plan's referral tracking process for providers. <u>Update as of 1/07/19:</u> The Plan will be uploading the provider manual to the website by 1/25/19. <u>Update as of 1/31/19:</u> The updated Provider Manual has been posted to the Plan website.	1/25/2019	Completed	Utilization Management	✓	State	DHCS	2018	Completed
10	Appeal	1.4.1 The Plan did not ensure health care professionals with appropriate clinical expertise in treating the member's condition resolved pharmacy appeals. The Plan allowed the Pharmacy Director to resolve appeals for medication requests instead of requiring a clinical professional with expertise in treating the member's condition.	The Plan updated its appeal procedures to reflect MD review for final decision for pharmacy appeals on 09/26/2018 and conducted staff training on 10/30/2018.	10/30/2018	Completed	Health Care Services	✓	State	DHCS	2018	Completed

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11	Appeal	1.4.2 The Plan did not translate acknowledgement and resolution appeal letters into the required threshold languages.	The Plan's appeal policies and procedures in place are compliant with the translation requirements. Staff training refresher of translation of letters was conducted on 10/30/2018.	10/30/2018	Completed	Grievance & Appeals	✓	State	DHCS	2018	Completed
12	Appeal	1.4.3 The Plan did not update its provider manual to include the new timeframes for filing a state fair hearing that became effective July 1, 2017.	The Plan updated its provider manual on 12/25/2018 to include the correct new SFH filing timeframes. <u>Update as of 1/07/19:</u> The Manual is scheduled to be uploaded on our website on 1/25/19. <u>Update as of 1/31/19:</u> The updated Provider Manual has been posted to the Plan website.	1/25/2019	Completed	Grievance & Appeals/ Provider Relations	✓	State	DHCS	2018	Completed
13	Delegation Oversight	1.5.1 The Plan did not collect and review ownership and control disclosure information for their UM delegates.	The Plan's subcontractor policy & procedure addresses the ownership and control disclosure information requirements. <u>Update as of 1/07/19:</u> The Plan has requested ownership and control disclosure information of its UM delegates as of 1/4/19. <u>Update as of 1/30/19:</u> All forms from the Plan's UM delegates have been received as of 1/31/2019 with the exception of the Plan Pharmacy Benefits Manager (PBM). <u>Update as of 3/6/19:</u> All forms from the Plan's UM delegates have been received.	3/15/2019	Completed	Provider Relations	✓	State	DHCS	2018	Completed
14	Delegation Oversight	1.5.2 The Plan did not require corrective action for all identified deficiencies as a part of their annual oversight audits.	The Plan updated its corrective action plan policy and procedure on 11/08/18 to ensure all identified deficiencies are a part of annual audits such as policy and procedure deficiencies. UM annual delegation audits conducted for 2018 reflect the policy and procedure deficiencies in the corrective action.	11/8/2018	Completed	Compliance	✓	State	DHCS	2018	Completed
15	Delegation Oversight	1.5.3 The Plan did not continuously monitor and evaluate the functions of its UM delegates. The Plan did not ensure receipt of all contractual and regulatory reports during the audit period.	The Plan has updated its monitoring of UM delegates to ensure all contractual and regulatory reports are being tracked for review. The Plan's delegation reporting tracking log has been updated to document all UM delegation reporting. <u>Update as of 1/07/19:</u> The Plan will update the desktop procedure and conduct staff training on the monitoring process by 1/22/19. <u>Update as of 1/31/19:</u> The Plan completed staff training on 12/20/2018.	1/22/2019	Completed	Compliance	✓	State	DHCS	2018	Completed
16	Initial Health Assessment (IHA)	2.4.1 The Plan did not ensure that new members receive an IHA within 120 days from enrollment. The Plan's IHA completion records were inaccurate.	The Plan updated its procedures to monitor IHA completion and validate the procedure codes. Medical record auditing procedures will be conducted to monitor IHA completion and conduct validity testing. <u>Update as of 1/07/19:</u> The Plan completed the audit and is completing the summary report for Committee by 1/17/19.	1/17/2019	Completed	Quality Management	✓	State	DHCS	2018	Completed
17	Complex Case Management (CCM)	2.5.1 The Plan did not implement its policy and did not consistently monitor its CCM program.	The Plan monitors its daily aging report to ensure compliance with its CCM program.	12/1/2018	Completed	Health Services	✓	State	DHCS	2018	Completed
18	Complex Case Management (CCM)	2.5.2 The Plan did not ensure PCP participation in the provision of CCM services to each eligible member.	The Plan's updated CCM policy and procedure includes a process for PCP participation. The PCP Input Form was implemented for use on 5/31/18.	5/31/2018	Completed	Health Services	✓	State	DHCS	2018	Completed
19	Access & Availability	3.1.1 The Plan did not initiate and implement steps to monitor wait times for providers to answer members' telephone calls.	The Plan will be updating its policy and procedure to include the telephone wait times standards for answering and returning calls. The Plan will monitor wait times for providers and answering member telephone calls through a quarterly survey. <u>Update as of 1/31/19:</u> The Plan has updated its P&P to include all wait time standards. The Plan conducted a survey in January 2019 to assess and monitor wait times as required.	1/31/2019	Completed	Quality Management	✓	State	DHCS	2018	Completed
20	Access & Availability	3.1.2 The Plan did not maintain an accurate and complete provider directory.	The Plan implemented an audit process of the provider directory. The Plan expanded its annual audit for its Pharmacy Benefit Manager (PBM) to include monitoring its provider data included in the directory. <u>Update as of 1/30/2019:</u> Provider Directory Data P&P and desktop procedure for internal auditing have been updated.	2/28/2019	Completed	Provider Services/ Pharmacy	✓	State	DHCS	2018	Completed
21	Emergency & Family Planning Claims	3.5.1 The Plan denied emergency room (ER) service and family planning (FP) claims containing procedures that normally require prior authorization outside of an ER or FP setting.	The Plan updated its system configuration to ensure ER and FP claim procedure codes were updated and will not be denied for services not being authorized. Monitoring reports have been implemented to review any claims denied incorrectly that are adjusted the following week.	11/30/2018	Completed	Claims	✓	State	DHCS	2018	Completed
22	Emergency & Family Planning Claims	3.5.2 The Plan did not pay the greater of \$15 or 15 percent interest annually for emergency service claims not reimbursed within 45 working days of receipt.	The Plan updated its system to ensure interest is paid based on the greater of the \$15 or 15 percent interest annually for emergency services not reimbursed timely. <u>Update as of 1/07/19:</u> The Plan will run a pre-payment monitoring report prior to each check run to ensure interest is paid based on the greater of the \$15 or 15% per annum for emergency services claims not adjudicated timely. <u>Update as of 1/31/2019:</u> The Plan's pre-payment monitoring report process is now in place prior to each check run to ensure interest is paid accurately for emergency services claims when interest is required. All claims identified on the weekly report are manually adjusted as needed prior to payment to providers.	1/25/2019	Completed	Claims	✓	State	DHCS	2018	Completed

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#	Category	Deficiency	Corrective Action Plan (CAP)	Completion Date	Internal CAP Status	Department Responsible	Validation Status	State/Self Identified	Agency	Year	Status
23	Emergency & Family Planning Claims	3.5.3 The Plan improperly denied family planning claims for out of network, non-contracted providers. These claims were denied based on edits in the Plan's claims system and subsequent review by claims analysts.	The Plan provided staff training on 6/11/2018 to ensure FP claims edits for out of network claims are reviewed and not inappropriately denied. Monitoring reports have been implemented to review any claims denied incorrectly. Any claims identified as denied incorrectly are adjusted the following week manually.	12/31/2018	Completed	Claims	✓	State	DHCS	2018	Completed
24	Emergency & Family Planning Claims	3.5.4 The Plan did not disclose the specific rationale used in determining why claims are rejected.	<u>Update as of 3/6/19:</u> The Plan will send via fax blast to the provider network training materials for reading remittance advice forms from Alliance claims by March 31. The training materials will also be included in all provider quarterly packets by May 31, 2019. <u>Update 4/8/2019:</u> The training guide created by the Claims director for providers has been sent to the entire Alliance network via fax as of 4/1/2019; the guide was also posted to the Alliance website as of 4/1/2019. The guide is currently also being hand-delivered by the Provider Relations team via the 2nd quarter provider packets.	4/1/2019	Completed	Claims	✓	State	DHCS	2018	Completed
25	Emergency Pharmacy Provisions	3.6.1 The Plan did not ensure the provision of sufficient amounts of drugs prescribed in emergency situations.	The Plan updated its policy and procedure to ensure emergency provisions of drugs are prescribed in emergency situations. The monitoring report was updated to include all supply claims to ensure members have access to medically necessary drugs.	12/11/2018	Completed	Pharmacy	✓	State	DHCS	2018	Completed
26	Grievances	4.1.1 The Plan's process omitted medical director review of QOC grievances prior to sending resolution letters.	The Plan updated its grievance procedures and letters to include MD review for quality of care grievances. <u>Update as of 1/07/19:</u> Implementation will be completed by 3/31/19 once RN staff are on board and trained on the updated process. <u>Update as of 3/5/2019:</u> Health Care Services has successfully recruited one nurse, and is in the process of filling the remaining vacancy. <u>Update as of 4/10/19:</u> Training is to be completed by 4/11/19. The checklist for standard and expedited grievances has been updated. <u>Update as of 5/8/19:</u> The review process for QOC grievances was implemented on 4/15/2019.	4/15/2019	Completed	Health Care Services	✓	State	DHCS	2018	Completed
27	Grievances	4.1.2 The Plan sent member resolution letters without completely resolving all complaints.	The Plan updated its grievance procedure to include a process for resolving all complaints and resolutions resolved outside the 30 day timeframe. Staff training was conducted on 7/17/18.	7/17/2018	Completed	Grievance & Appeals		State	DHCS	2018	Completed
28	Grievances	4.1.3 The Plan did not update its provider manual to include the new timeframes for filing grievances that became effective July 1, 2017.	The Plan updated its Provider Manual on 12/25/2018 to include the correct new grievance filing timeframes. <u>Update as of 1/07/19:</u> The Manual is scheduled to be uploaded on our website on 1/25/2019. <u>Update as of 1/25/19:</u> The Plan has posted the updated Provider Manual to its website.	1/25/2019	Completed	Grievance & Appeals/ Provider Relations	✓	State	DHCS	2018	Completed
29	Grievances	4.1.4 The Plan's grievance system did not capture and process all complaints and expressions of dissatisfaction	The Plan provided training to its delegated entities of the Plan's grievance process to ensure the Plan's system receives and resolves all complaints of dissatisfaction. New provider orientation materials and the provider manual will include education materials of the Plan's grievance process for new and existing providers. <u>Update as of 1/07/19:</u> The Plan will be uploading the provider manual to the website by 1/25/19. <u>Update as of 1/25/19:</u> The Plan has posted the updated Provider Manual to its website.	1/25/2019	Completed	Grievance & Appeals/ Provider Relations	✓	State	DHCS	2018	Completed
30	HIPAA	4.3.1 The Plan did not report the discovery of PHI breaches to the DHCS Information Security Officer.	The Plan updated its procedures to ensure reporting of PHI incidents are reported to all DHCS contacts including the DHCS Information Security Officer. Staff training on updated procedures was conducted on 8/22/18 and 10/3/18.	10/3/2018	Completed	Compliance	✓	State	DHCS	2018	Completed
31	HIPAA	4.3.2 The Plan did not report all suspected security incidents or unauthorized disclosures of PHI to DHCS within 24 hours of discovery.	The Plan updated its procedures and tracking log to ensure monitoring of reporting to DHCS occurs timely. Staff training on updated procedures was conducted on 8/22/18 and 10/3/18.	10/3/2018	Completed	Compliance	✓	State	DHCS	2018	Completed
32	Provider Training	5.2.1 The Plan did not ensure provider training was conducted within 10 working days.	The Plan monitors its tracking log to ensure provider training is conducted within 10 working days. Staff training of the required timeframe was conducted on 12/17/18.	12/31/2018	Completed	Provider Services	✓	State	DHCS	2018	Completed
33	Provider Training	5.2.2 The Plan did not specify in its written agreement provider training responsibilities for two delegated entities.	The Plan updated its contract with the two delegated entities to ensure provider training requirements. <u>Update 12/31/2018:</u> The Plan has updated its contract with one of the delegates to include delegation of provider training requirements. The other delegate's contract is in progress to be finalized. Estimated time for contract to be completed is 2/28/19. <u>Update as of 3/4/19:</u> The remaining delegate has agreed to the provider training responsibilities; the final contract will be signed once the delegate agrees to terms for non-related items. <u>Update as of 8/5/19:</u> Both delegates involved in the finding (CHCN and Beacon) delegation agreements were updated. CFMG contract still needs to be finalized.	6/30/2019	Completed	Provider Services	✓	State	DHCS	2018	Completed
34	Provider Training	5.2.3 The Plan did not ensure training materials provided by two delegated entities included information on Plan policies, procedures, services, and member rights and responsibilities.	The Plan's delegated entities have updated their training materials to include the required information. <u>Update 12/31/2018:</u> The Plan is currently working with the delegate to incorporate this information. Target date for materials to be updated is 1/31/19. <u>Update as of 1/30/2019:</u> CHCN and Beacon have revised their training materials to include member rights and responsibilities, grievances and AAH services.	1/31/2019	Completed	Provider Services	✓	State	DHCS	2018	Completed

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35	Fraud, Waste, and Abuse (FWA)	6.3.1 The Plan did not conduct and report preliminary investigations of all suspected cases of fraud and abuse to DHCS within 10-working days.	The Plan updated its fraud and abuse policy and procedure as of 7/17/18 to ensure timely reporting of incidents to DHCS. Staff training on updated procedures was conducted on 7/17/18. The Plan updated its monitoring tracking log to monitor the reporting timeframe requirement.	7/17/2018	Completed	Compliance	✓	State	DHCS	2018	Completed
36	Fraud, Waste, and Abuse (FWA)	6.3.2 The Plan did not conduct prompt and complete investigations of all suspected fraud and abuse incidents.	The Plan updated its fraud and abuse policy and procedure as of 7/17/18 to investigate all suspected incidents and update DHCS until the case closure. Standardized investigation form for documentation was implemented as of 7/17/18. Staff training on updated procedures was conducted on 7/17/18.	7/17/2018	Completed	Compliance	✓	State	DHCS	2018	Completed

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37	State Supportive Services	SSS.1 The Plan denied state supported services (SSS) claims containing procedures that normally require prior authorization outside of a SSS setting. These claims were denied based on edits in the Plan's claims system and review by claims analysts; the Plan's process did not include exceptions for FP or ER services.	The Plan updated its system configuration to ensure SSS claim procedure codes were updated and will not be denied for services not being authorized. Monitoring reports have been implemented to review any claims denied incorrectly that are adjusted the following week.	11/30/2018	Completed	Claims	✓	State	DHCS	2018	Completed
38	State Supportive Services	SSS.2 The Plan did not disclose the specific rationale used in determining why claims are rejected.	The Plan's Remittance Advice (RA) includes the specific rationale for claims denials. Denial codes can be applied at the Header level, line level or both. The Plan's claims processing system edits each claims and assigns all denial or informational codes that are applicable to the claim. <u>Update as of 1/31/2019:</u> The Plan will provide training to providers to ensure comprehension concerning the remittance advice set-up. <u>Update as of 3/6/19:</u> The Plan will send via fax blast to the provider network training materials for reading remittance advice forms from Alliance claims by March 31. The training materials will also be included in all provider quarterly packets by May 31, 2019. <u>Update 4/8/2019:</u> The training guide created by the Claims director for providers has been sent to the entire Alliance network via fax as of 4/1/2019; the guide was also posted to the Alliance website as of 4/1/2019. The guide is currently also being hand-delivered by the Provider Relations team via the 2nd quarter provider packets.	4/1/2019	Completed	Claims	✓	State	DHCS	2018	Completed
1	Prior Authorizations	Authorizations were auto-approved for Sutter hospital.	Effective 9/17/18, the Plan started to review and impose standard UM authorization guidelines for Sutter hospital authorizations.	9/17/2018	Completed	Utilization Management	✓	Self Identified	AAH	2018	Completed
2	Appeal	The Plan's expedited appeals checklist does not include a reminder to call the member when the case is de-escalated from urgent to routine.	The expedited appeals checklist has been updated. Staff training will be conducted by 10/01/18. Checklist includes requirements of De-expedited: Decision to de-expedite must be made within 24 hours. Send ack letter within 3 calendar days notifying of priority change and right to contact DMHC. Follow standard appeal process. If 24 hour TAT is not met, proceed with expedited appeal.	10/1/2018	Completed	Grievance & Appeals	✓	Self Identified	AAH	2018	Completed
3	Delegation Oversight	Some authorization cases included many errors with EviCore's notices of actions. Plan oversight of authorizations and notices is in process.	Reestablished bi weekly meetings with EviCore and conducted monthly focused file audit which included NOAs, conducted clinical case rounds for overturned appeals. The plan will continue to monitor during annual audit review process. The Plan will be terminating services with EviCore and consuming this function to review authorization effective 4/1/19.	12/1/2018	Completed	Utilization Management	✓	Self Identified	AAH	2018	Completed
4	Care Coordination	The Plan did not annually review the County MOU for CCS services.	<u>Update 9/27/2019:</u> MOUs have transitioned to Provider Services. Provider Services is in discussion with the county on review MOUS, including CCS. <u>Update as of 12/2/19:</u> The MOUs have been transitioned to the Provider Services team. The BHCS MOU was executed with an effective date of August 1, 2019	8/1/2019	Completed	Provider Services	✓	Self Identified	AAH	2018	Completed
5	Care Coordination	The Plan did not annually review the County MOU for Early intervention/development disabilities.	<u>Update 9/27/2019:</u> MOUs have been transitioned to Provider Services. Provider Services is in discussion with the county on review MOUS, including EI/DD services. <u>Update as of 12/2/19:</u> The Plan is currently working on developing a full county MOU to include services for early intervention and development disabilities services <u>Update 7/10/20:</u> The MOU was sent to the County for review on June 16, 2020. <u>Update 10/9/20:</u> The County has accepted the Alliance's edits and the MOU is currently under review for final approval with the County. <u>Update 11/10/20:</u> The County has cancelled the November 3rd meeting. This agenda item will be carried over to the December 15th docket. <u>Update 5/14/21:</u> The MOU was approved by the county board on April 6, 2021.	7/28/20 TBD	Completed	Provider Services	✓	Self Identified	AAH	2018	Completed
6	Initial Health Assessment (IHA)	The Plan did not have a process for validating the procedure codes used for IHA completion.	P&P will be updated to include the detail of the process for annual validation and codes. The validated for this year will occur prior to 11/1/18. <u>Update 11/06/18:</u> Codes were validated and updated by QM department.	11/1/2018	Completed	Quality Management	✓	Self Identified	AAH	2018	Completed
7	Initial Health Assessment (IHA)	The Plan does not have a system in place for monitoring member's missed appointments.	Missed appointments are identified during the Medical Record Review that is part of a FSR. The criteria for missed primary care appointments and outreach efforts, which is part of DHCS's tool. The FSR review nurse evaluates this information and if a deficiency is identified the provider is educated on the importance of outreaching to the member and that documentation of the outreach attempts is required.	11/26/2019	Completed	Quality Management	✓	Self Identified	AAH	2018	Completed
8	Access & Availability	The Plan did not monitor appointment wait times.	Policy and procedure is in place for monitoring appointment wait time standards. Standardized process for monitoring and corrective action plan in place as of 9/20/18.	9/20/2018	Completed	Quality Management	✓	Self Identified	AAH	2018	Completed
9	Grievances	Some exempt grievance cases were not resolved within the next business day timeframe (applied to 1-3 cases).	Policies and procedures in place are compliant with the exempt grievance resolution timeframe requirements. Staff training refresher of resolving all exempt grievances by close of next business day was conducted on 10/12/18.	10/12/2018	Completed	Member Services	✓	Self Identified	AAH	2018	Completed
10	Quality Improvement	Reporting of the HCQC was not consistently reported to the Board.	The Chief Medical Officer will provide HCQC summary updates to the Board starting in November. The meeting minutes will be included in the Board materials.	11/9/2018	Completed	Quality Management	✓	Self Identified	AAH	2018	Completed
11	Utilization Management	The Plan did not routinely review overturned UM denials for trends & to develop plans for intervention where needed.	The Plan will pull reporting of UM denial trends that will be presented at the UM committee. The first UM committee for presenting the overturn UM denial trends at UM committee will be on 9/28/18. These findings will be presented to the HCQC and subsequently to the Board of Governors.	9/28/2018	Completed	Utilization Management	✓	Self Identified	AAH	2018	Completed

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12	Utilization Management	The Plan did not have a clear process for peer-to-peer clinician discussions concerning denied services.	Steps Plan took or will take to correct deficiency: 1. Plan develop a desktop procedure on peer to peer discussion by 9/14/2018. 2. Plan to train physicians and pharmacists of desktop procedure and when and how to document peer-to-peer clinician discussions by 9/26/2018. 3. Plan has started a weekly meeting with physicians and pharmacist for peer to peer discussions as of 7/17/2018.	9/26/2018	Completed	Utilization Management	✓	Self Identified	AAH	2018	Completed



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

Health Care Services

Steve O'Brien, MD

To: Alameda Alliance for Health Board of Governors Dr.

From: Steve O'Brien, Chief Medical Officer

Date: January 12th, 2024

Subject: Health Care Services Report

Utilization Management: Outpatient

- Awaiting date by IT for the Automation process for initial CoC authorization determinations and letter generation for first 6-12 months. The volume thus far is low at 50 cases total.
- CoC requests from members and/or providers starting 11/1/23 have been cross checked against Anthem PA information. For members where AAH cannot identify a history with Anthem, the members requests will be worked manually by the OP team to ensure member care is not delayed. We are monitoring authorization volume and waiting on analytic reports to distinguish Anthem transition auth volume from other requests.
- Reporting is being analyzed to identify members who DHCS has categorized as special populations to ensure enhanced CoC benefits are managed properly for our new members. Provider relations contracting team continuing to engage in contract negotiations with identified OON providers to bring them into AAH.
- We have developed an internal flag within our eligibility database to identify Anthem transition and adult expansion members.
- Reporting requirements for DHCS began November 22nd and will continue through 12/31/2024 as part of the DHCS monitoring and oversight process.
- OP processed 2,804 processed authorizations for the month of December for a YTD total of 44,238. The top 5 categories of auth type are radiology, OP Rehab, TQ, Home Health and Outpatient facility

Outpatient Authorization Denial Rates			
Denial Rate Type	October 2023	November 2023	December 2023
Overall Denial Rate	4.3%	4.0%	3.9%
Denial Rate Excluding Partial Denials	4.1%	3.8%	3.7%
Partial Denial Rate	0.2%	0.3%	0.3%

Turn Around Time Compliance			
Line of Business	October 2023	November 2023	December 2023
Overall	99%	100%	99%
Medi-Cal	99%	100%	99%
IHSS	99%	99%	100%
<i>Benchmark</i>	<i>95%</i>	<i>95%</i>	<i>95%</i>

Utilization Management: Inpatient

- The Inpatient UM team processed a total of 1,960 reviews in the month of December. Volumes of reviews were as follows: Acute Hospitalizations (1,463), Skilled (326), Short Term Custodial (105), Skilled Bed-holds (53), Acute Rehab/ LTAC (8) and Subacute (5). Of these reviews only 19 results in Denials. We continue to see an increase in the SNF Admissions related to 2023 volume increases from both the Long-Term Care carve-in and the dually eligible (Medicare and Medi-Cal) population has been sustained in quarter 4. These new populations have a higher hospitalization rate, which contributed to increases in acute inpatient admissions.
- IP UM has begun completing authorizations for Inpatient Admissions for the members transitioning from Anthem, the Adult Expansion Population and the LTC Phase 2 Carve in Populations.
Auth TAT compliance was 96% for the months of October, November and December. This exceeded the benchmark TAT of 95% for both our MediCal and Commercial Lines of Business.
- IP UM is receiving ADT feed for Authorization automation from Alameda Health Sytem’s, Alta Bates Summit Medical Center, Eden Hospital, Washington Hospital, and St Rose. IP UM team has, in working with IT, automated the auth request process for these hospitals. This will cut down on the administrative burden on the hospital provider side while facilitating real time communication on member admissions.
- As part of the Transitional Care Services (TCS) requirement for Population Health Management, the IP UM team is identifying high risk members admitted to a hospital, conducts discharge risk assessment, provides the name of Care Manager for inclusion in the discharge summary, and refers to Case Management department for follow up. In 2024, TCS will also include simplified requirements for low-risk members and the IP team has operationalized the enhanced TCS requirements.
- IP UM continues weekly hospital rounds with tertiary care centers UCSF and Stanford, as well as contracted hospital providers; Alameda Health System, Sutter, Kindred

LTACH, Kentfield LTACH, and Washington, to discuss UM issues, address discharge barriers, and improve throughput and real time communication.

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	September 2023	October 2023	November 2023
Authorized LOS	5.1	5.3	5.0
Admits/1,000	50.9	52.5	52.2
Days/1,000	259.8	279.0	261.0

Turn Around Time Compliance			
Line of Business	October 2023	November 2023	December 2023
Overall	95%	96%	96%
Medi-Cal	95%	96%	96%
IHSS	100%	97%	100%
<i>Benchmark</i>	95%	95%	95%

Inpatient Authorization Denial Rates			
Denial Rate Type	October 2023	November 2023	December 2023
Full Denials Rate	0.8%	1.6%	2.0%
Partial Denials	1.1%	0.8%	1.1 %
All Types of Denials Rate	1.9%	2.3%	3.1%

Utilization Management: Long Term Care

- LTC census during December was 1821 members.
- During Q3 2023, LTC members had a total of 146 admissions with an average LOS of 5.6 days, which is down from 6.7 reported last quarter.

LTC Summary – IP Utilization Q3 2023	
Admissions	146
Days	821
Readmissions	37

LTC Summary – ER Visits Q3 2023	
Alliance	342
CHCN	4
AHS	3

- LTC Deliverables due to DHCS 01/29/24.
- Met with Regional Center of East Bay to discuss options for sharing member information to provide comprehensive care coordination to align with the Phase 2 ICF/DD Carve Ins.
- LTC Staff continue to participate in SNF collaboratives around the county to ensure that our facility partners are kept up to date with the processes and program enhancements.
- Continue to reconcile census and authorizations as well as generate referrals to TCS and other internal/external programs to provide wraparound supports to members preparing to discharge from an LTC custodial facility.

Anthem transition: So far, we have received 33 COC requests that were either Anthem authorizations that expired prior to 1/1/24 or were not provided on their log. Per the Anthem log, we are expecting an additional 272 LTC members with open authorizations, but many of the Anthem authorizations that expired still have members in the facility. ICF DD/Subacute: Currently expecting 173 additional members.

- LTC Completed auths:

COUNT ALL	Q1- 2023	Q2- 2023	Q3-2023	Q4-2023
Post Service/ Retrospective	5	15	29	93
Routine (Non-Urgent) Pre-Service	1253	762	988	821
Urgent Pre-Service	26	15	43	33

*Volume has decreased 11% this quarter, but we expect an increase in Q1 with the expansion of ICF/DD and Subacute as well as the Anthem membership.

LTC: Turn Around Time Compliance			
	October 2023	November 2023	December 2023
Numerator	281	279	267
Denominator	303	310	334
Met %	92.7	90%	80%
<i>Benchmark</i>	95%	95%	95%

This is the first time LTC has reported out on TAT and we have identified some opportunities for process improvements and data analysis that we are currently exploring within the system. Actions taken include:

- 24 Letters were not sent after cases were updated; staff has been reeducated.
- Urgency levels from the initial case creation are determining TAT, when extensions could be at a different urgency/TAT calculation
- Request received dates at the line level are not being updated from the initial date causing incorrect TAT calculation, staff has been trained and this is an ongoing process
- Hired additional staff and filling open positions

Pharmacy

- Pharmacy Services process outpatient pharmacy claims, and pharmacy prior authorization (PA) has met turn-around time compliance for Groupcare line of business:

Line of Business	Turn Around Rate compliance (%)
GroupCare	100%

Decisions	Number of PAs Processed
Approved	22
Denied	27

Closed	58
Total	107

- Medications for diabetes, weight management, acne, migraines, menopause, nerve pain and asthma are in the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Diabetes	Criteria for approval not met
2	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.5ML	Weight Management	Criteria for approval not met
3	TRETINOIN EXTERNAL CREAM 0.025%	Acne	Criteria for approval not met
4	QULIPTA ORAL TABLET 60 MG	Migraines	Criteria for approval not met
5	IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG	Menopause	Criteria for approval not met
6	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML	Weight Management	Criteria for approval not met
7	JARDIANCE ORAL TABLET 10 MG	Diabetes	Criteria for approval not met
8	ZTLIDO EXTERNAL PATCH 1.8%	Nerve Pain	Criteria for approval not met
9	JARDIANCE ORAL TABLET 25 MG	Diabetes	Criteria for approval not met
10	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BRETH ACTIVATED 100-62.5-25 MCG/ACT	Asthma	Criteria for approval not met

- Pharmacy is continuing to build out the Congestive Heart Failure Transition of Care pilot program with Case management to reduce the number of re-admissions after members are discharged from hospitals. More diagnoses with the greatest impact on member outcomes will be added to the screening criteria in the coming months.

Case and Disease Management

- CM has extended Transitional Care Services (TCS) to all members, starting January 1, 2024. CM collaborated with IT to prioritize the use of the ADT feed and automate referrals into the system of record when a member is admitted or discharged.
- CM anticipates 11 Complex cases to be transitioned from Anthem. The CM team is also working closely with Member Services and Provider Services to outreach to members who called in (prior to 1/1/24) about Continuity of Care for their providers.
- Major Organ Transplant (MOT) CM Bundle continues to be offered to members needing evaluation and transplantation of major organs and bone marrow. The volume continues to increase, (currently 464 members). Case management nurses support

members throughout the MOT process, and coordinate services with the AAH UM department and the Centers of Excellence staff.

- CM is working to include high utilizers in its population health telephone outreach, where complex case management eligible members are invited to engage in complex case management.
- CM is responsible for acquiring Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation (former completed by Transportation broker, Modivcare). CM continues to educate the provider network, including hospital discharge planners, and dialysis centers about PCS form requirements.
- As if January 1, 2024, Disease Management programming is offered for Asthma, Diabetes, Cardiovascular Disease and Depression diseases in accordance with the Population Health Management Policy Guide. CM is working closely with IPD team and Anthem to ensure effective transition for members formerly with Anthem regarding case management and transportation services.

Case Type	Cases Opened in November 2023	Total Open Cases as of November 2023	Cases Opened in December 2023	Total Open Cases as of December 2023
Care Coordination	548	985	544	1009
Complex Case Management	36	123	38	139
Transitions of Care (TCS)	164	289	220	331

CaAIM

Enhanced Case Management

- The last Populations of Focus (Justice Involved & Birth Equity) launched on 01/01/24.
- ECM anticipates 168 authorization requests for Continuity of Care for members previously assigned to Anthem. The ECM team is working closely with each provider to confirm all authorizations are on file with the Alliance.
- Meetings continue for the Justice Involved (JI) Pilot with ROOTS.
- Meetings continue with Anthem and Kaiser to discuss cases for continuity of care for the ECM/CS transition.
- AAH continues to collaborate with Health Care Services Agency (HCSA) to discuss Street Medicine alignment. The Alliance will be bringing on the Street Medicine providers as ECM providers.

Case Type	ECM Outreach in September 2023	Total Open Cases as of September 2023	ECM Outreach in October 2023	Total Open Cases as of October 2023	ECM Outreach in November 2023	Total Open Cases as of November 2023
ECM	480	1334	754	1509	387	1673

Community Supports (CS)

- Community Supports is expecting 541 authorizations for Continuity of Care for members previously assigned to Anthem. The CS team is working closely with each provider to confirm all authorizations are on file with the Alliance.
- CS services are focused on offering services or settings that are medically appropriate and cost-effective alternatives. The Alliance now offers:
 - Housing Navigation
 - Housing Deposits
 - Tenancy Sustaining Services
 - Medical Respite
 - Medically Tailored/Supportive Meals
 - Asthma Remediation
 - (Caregiver) Respite Services
 - Personal Care & Homemaker Services
 - Environmental Accessibility Adaptations (Home Modifications)
- A Self-Funded Pilot ended for 2 additional Community Supports-like Services continues to support members diverting from skilled nursing or transitioning to home on 12/31/23. East Bay Innovations (EBI) is the provider. The Alliance expanded the provider network for these services starting 1/1/24.
- AAH CS staff team continues to meet regularly with each CS provider to work through logistical issues as they arise, including referral management, claims payment and member throughput.
- To meet the regulatory requirements of a closed loop referral process, AAH continues to work with FindHelp as the support platform. AAH has started with onboarding Community Supports providers and the CS team is working closely with each CS provider to bring them onto the platform.

- The following CS network expansion went live 1/1/24:
 - Asthma Remediation for adults
 - Through HCSA and Roots Community Health Clinic
 - Further network expansion for Nursing Facility Transition/Diversion
 - Omatochi
 - Further network expansion for Community Transition Services
 - Omatochi
 - Sobering Centers
 - Cherry Hill – operated by Horizon
 - Medically Tailored Meals/Medically Supportive Food
 - Alameda County Community Food Bank

Community Supports	Services Authorized in September 2023	Services Authorized in October 2023	Services Authorized in November 2023
Housing Navigation	501	566	539
Housing Deposits	132	110	95
Housing Tenancy	844	815	787
Asthma Remediation	59	53	40
Meals	1217	1262	1182
Medical Respite	77	80	59
Transition to Home	5	4	4
Nursing Facility Diversion	7	7	8
Accessibility Adaptations	2	2	3
Homemaker Services	20	49	72
Caregiver Respite	1	1	2

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in November were 6.77 complaints per 1,000 members.
- The Alliance’s goal is to have an overturn rate of less than 25%, for the reporting period of November 2023; we did meet our goal at 15.6% overturn rate.

November 2023 Cases	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	1149	30 Calendar Days	95% compliance within standard	1149	100.0%	2.92
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	0.00
Exempt Grievance	1546	Next Business Day	95% compliance within standard	1543	99.8%	3.86
Standard Appeal	32	30 Calendar Days	95% compliance within standard	32	100.0%	0.09
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	0.00
Total Cases:	2727		95% compliance within standard	2724	99.8%	6.77

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

Grievances:

- 361 of 1,149 (31%) cases were related to Access to Care, the top 3 categories are:
 - (197) Timely Access
 - (61) Provider Availability
 - (44) Technology/Telephone
- Of the 197 Timely Access cases, 58 cases were related to AHS clinics.
- 120 of 1,149 (10.4%) cases were related to mental and behavioral health:
 - (46) cases were related to Access to care
 - (21) cases were related to Coverage dispute
 - (6) cases were related to Quality of Care

- (47) cases were related to Quality of Service

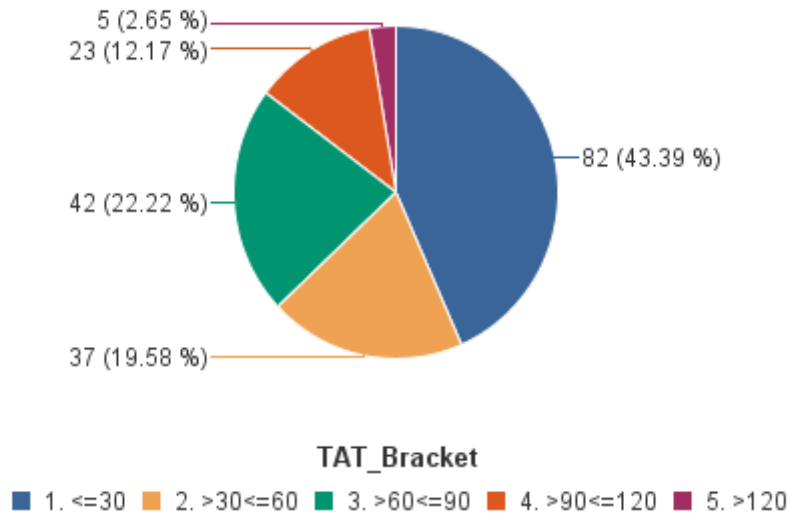
Appeals:

- 5 out of 32 (15.6%) cases were overturned for the month of November 2023:
 - (4) Disputes Involving Medical Necessity
 - (1) Out of Network

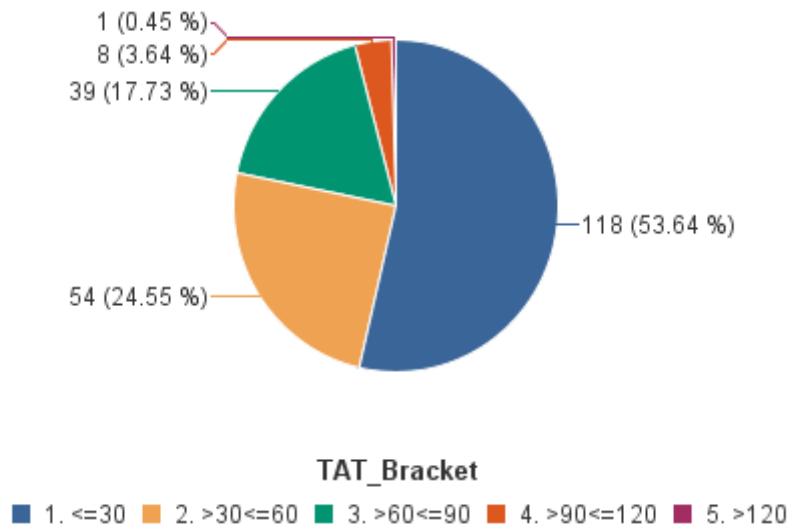
Quality

- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.
- As part of an effort to streamline the PQI review process, Quality of Access issues are reviewed by the Access & Availability team and Quality of Language issues by the Cultural & Linguistics team after they are triaged by the QI Clinical team. Quality of Care and Service issues continue to be reviewed by the QI Clinical staff.
- 99.55% of cases in November and 97.35% of cases in December were leveled and closed within the required 120-day turnaround timeframe. Therefore, turnaround times for case review and closure remain well within the benchmark of 95% per PQI P&P QI-104 for this lookback period.
- When cases are open for >120 days, it continues to be primarily due to delay in receipt of medical records or provider responses. Ongoing efforts are made to identify barriers with specific providers to find ways to better collaborate to achieve resolution.

PQI Aging Report as of 12/31/2023 N= 189



PQI Aging Report as of 11/30/2023 N= 220



Alameda Alliance Provider Incentive Programs

Provider Pay for Performance

- The Alliance Pay-for-Performance (P4P) program goal is to enhance quality, performance, and outcomes through provider incentives. The P4P program offers performance-based incentives payments for delivered services. Through this program primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. The 2024 P4P Program is aligned with Managed Care Accountability Set (MCAS), DHCS Quality Factor rating and the DHCS Clinical Quality Bold Goals. It focuses on four key areas: Preventative Care, Access, Readmission and Member Satisfaction.
- In an effort to boost provider participation and elevate quality rates the funding for the 2024 P4P Program has been increased from 5 million to 7.5 million dollars. The following measures are included in the program:

Clinical Quality Measure	
1	Breast Cancer Screening (BCS)
2	Cervical Cancer Screening (CCS)
3	Child and Adolescent Well-Care Visits (WCV)
4	Colorectal Cancer Screening (COL-E)
5	Controlling High Blood Pressure (140/90) (CBP)
6	Follow-up After ED Visits for Mental Illness (FUM) – 30 day
7	Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)
8	Lead Screening in Children (LSC)
9	Well-Child Visits in the First 30 Months of Life: Two or More Visits (W30)
10	Well-Child Visits in the First 30 Months of Life: Two or More Visits (W30)
Other Measures	
11	Members with at least one primary care visit completed by the PCP Group within the measurement year
12	Readmission Rate
13	Member Satisfaction Survey: Non-Urgent Appt Availability
14	Member Satisfaction Survey: Urgent Appt Availability

Health Information Exchange (HIE) Participation

- As part of the 2024 P4P program, the Alliance is offering incentive payment to encourage participation in the Manifest MedEX Health Information Exchange (HIE). Manifest MedEx, the largest nonprofit health data network in California, is poised to enhance efficiency and member experience by facilitating faster, more informed care coordination. It also aides in identifying and resolving care gaps, managing population health, and streamlining HEDIS reporting. Provider/Provider Groups can earn the following incentive payment through participation in the HIE program:

Members at the end of the Measurement Year	15-999	1,000 - 4,999	5,000 - 14,999	15,000+
New Participant	\$2,000	\$ 3,000	\$ 5,000	\$10,000
Ongoing Participant	\$1,000	\$ 1,500	\$ 2,500	\$ 5,000

Health Equity Incentive Pilot

- Alameda Alliance for Health is committed and dedicated to advancing health equity and addressing health disparities that exist in our community. As part of our commitment the Alliance is pleased to pilot a Health Equity Incentive program. The Health Equity Incentive Pilot will concentrate on three measures across three distinct domains from the MCAS list that fell below the MPL in 2022. This program specifically targets race/ethnicities that were 5% below the overall administration rate in 2022 for the selected measures.
- The Health Equity Pilot represents a one-million-dollar investment aimed at closing disparity gaps for the following measures and race/ethnicities.

#	Domain	Measure
1	Children	6 or more well-child visits in the first 15 months of life (W15) for the following race/ethnicities: <ul style="list-style-type: none"> - Korean - Asian or Pacific Islander - Unknown - Black - Filipino - White - Other
2	Cancer Prevention	Cervical Cancer Screening (CCS) for the following race/ethnicities: <ul style="list-style-type: none"> - Amerasian - Asian Indian - Filipino - American Indian or Alaskan Native - Guamanian - Hawaiian - Korean - Samoan - White
3	Chronic Disease	Controlling High Blood Pressure (CBP) for the following race/ethnicities: <ul style="list-style-type: none"> - Asian Indian - Samoan - Unknown - Asian or Pacific Islander - Japanese - Filipino - American Indian or Alaskan Native



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Health Equity

Lao Paul Vang

To: Alameda Alliance for Health Board of Governors
From: Lao Paul Vang, Chief Health Equity Officer
Date: January 12th, 2024
Subject: Health Equity Report

The details below are updates from last month's report, except the Key Findings Report.

Internal Collaboration

- **Meetings and check-ins with Division Chiefs Update:**
 - A meeting is being arranged for January to meet with the Native American Health Center of Oakland. Feedback will be reported at the next Board of Governors Meeting.
- **Population Health Management (PHM), Quality Improvement (QI), and Utilization Management (UM) Update:**
 - Discussed and shared thoughts on DEI Training P&P updates and which department these P&Ps should reside in.
 - Discussed an informational item on Community engagement roles.
 - Discussed collaboration on future work/initiatives that have possible overlap within our departments.
- **Vendor Management (VM) and Integrated Project Division (IPD) Update:**
 - A kick-off meeting is scheduled on January 5th to gain a better understanding of how supplier diversity impacts other DEI and health equity strategies.

External Collaboration

- **Bi-weekly meetings with Local Health Plans' Chief Health Equity Officers (CHEOs) Update** - The following items were discussed at the December meeting:
 - Discussed and shared lessons learned and best practices on how to navigate and file for NCQA Health Equity Accreditation (3 local health plans have already achieved NCQA Health Equity Accreditation).
 - Discussed and developed surveys for all CHEOs to collect data on the system approach to the implementation of health equity and DEI programs.

- **Monthly Meetings with DHCS' Chief Health Equity Officer (DHCS CHEO) Update:**
 - Discussed and supported DHCS CHEO to schedule town hall meetings for Health Equity Roadmap development.

Advancing Health Equity Initiative (AHEI)

- **The 1:1 Leadership Session** with the key executive team has concluded, as well as the **Small Group Listening Sessions**. All **Key External Stakeholders 1:1 Sessions** have concluded, but two (to take place in January).
- **Key Findings Report:**
 - The key findings report will be developed at the conclusion of the assessments phase (which will include a total of (13) 1:1 conversations with internal leadership and external stakeholders, (11) small group listening sessions, and the September 2023 DEI survey).
 - The report will be finalized and presented in February 2024 and will inform and guide the strategic roadmap development process.
- **The Data Committee Team (QI, UM, PHM, Analytics) Update:**
 - Initial recommendations from the consultant were shared over (2) sessions - November 20, 2023, and December 20, 2023.
 - Continued Data Review work to provide ongoing support and guidance included a total of (7) group and individual meetings with representatives from PHM, QI, and the Analytics Data Team.
 - Final recommendation report to be delivered Q1 2024.
- **Non-utilization Data Assessment Update:**
 - Collaborating with Population Health Management (PHM), Quality Improvement (QI), and Utilization Management (UM) to specifically assess non-utilization data to identify health disparities.
- **Health Equity Workgroup Update:**
 - Members selected and meeting cadence agreed upon. Meetings are scheduled to begin in February 2024.
 - Strategic Planning Workbook and Mission & Vision Planning Workbook are prepared and awaiting review.
 - The Health Equity Workgroup is still in the early stages of creation.

- **Alliance Strategic Roadmap Update:**

- A Strategic Roadmap Committee was formed and will begin meeting in February to develop the comprehensive Alliance Roadmap.

- **DEI Training Curriculum Update:**

- Continued work on the Health Equity Curriculum, with meetings conducted with HR and NCQA representatives.
- Reviewed the existing DEI curriculum documentation as provided by Human Resources.
- Developed initial strategy approach and continued discussions with client in January to share next steps.
- Meetings with the DEI Training Curriculum Team will be scheduled starting in February.

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

- **DEIB Committee Update:**

- In December, the DEIB Committee sent out e-mails to the staff, letting them know 3 different ways they could donate to Building Futures for Giving for Christmas.
- The DEIB Committee created a Calendar of Events 2024 for the Alliance staff that focuses on DEI and Health Disparities.

- **VIA Committee Update:**

- Due to the holidays and vacations, the VIA Committee for December was canceled. The Next VIA Meeting is January 17, 2024.



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Information Technology

Sasikumar Karaiyan

To: Alameda Alliance for Health Board of Governors
From: Sasi Karaiyan, Chief Information & Security Officer
Date: January 12th, 2024
Subject: Information Technology Report

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of December 2023 despite supporting 97% of staff working remotely.
- As part of the call center processes of efficiency and effectiveness, IT is implementing Calabrio Analytics and Speech to Text features which will accurately and cost-effectively analyze customer interactions and agent activity along with its multichannel artificial intelligence and deep learning, all-in-one solution that captures and transforms data, turning raw interactions into usable data for reporting.
 - Tuning phrases activities for Calabrio Analytics and Speech to Text is currently in-progress and is expected to be completed by the end of January 2024.

IT Security Program

- IT Security 3.0 initiative is one of the Alliance's top priorities for fiscal year 2023 and 2024. Our goal is to continue to elevate and further improve our security posture, ensure that our network perimeter is secure from threats and vulnerabilities, and to improve and strengthen our security policies and procedures.
- The next phase of this program will kick-off in January 2024 and will include multiple phases and remediation efforts are now in progress.
 - **Key initiatives include:**
 - Implement actionable items from the Azure Governance best-practices and recommendations document.
 - Remediating issues from security assessments. (e.g., Cyber, Microsoft Office 365, & Azure Cloud).

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

IBM Hardware Upgrade

- HealthSuite application is housed using IBM hardware and software. The current hardware will reach its end-of-life in April 2024.
- This hardware upgrade will cover both production and DR sites and will begin January 2024 and provide larger capacity and improved performance in preparation for anticipated growth and new environments.
- The application migration activities will begin in March 2024.

Encounter Data

- In the month of December 2023, the Alliance submitted 246 encounter files to the Department of Health Care Services (DHCS) with a total of 272,142 encounters.
- Encounter receipts were lower than the last three months trend due to fewer receipts from CHCN and Kaiser. CHCN did not submit a file during the last week of December. Kaiser's submissions were expected to decrease, but not in December. The Data Exchange team will discuss the submissions with Kaiser to understand this change.
- The percentage of timely submissions was above 90% for both Institutional and Professional Claims.

Enrollment

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

HealthSuite

- The Alliance received 215,246 claims in the month of December 2023.
- A total of 215,111 claims were finalized during the month out of which 178,986 claims auto adjudicated. This sets the auto-adjudication rate for this period to 83.2%.
- HEALTHsuite application did not encounter any outages in December. This sets the uptime to 99.9% for the application.

TruCare

- A total of 17,320 authorizations were loaded and processed in the TruCare application.
- The TruCare application continues to operate with an uptime of 99.99%.

Information Technology

Supporting Documents

Enrollment

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

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

Month	Total MC ¹	MC ¹ - Add/ Reinstatements	MC ¹ - Terminated	Total GC ²	GC ² - Add/ Reinstatements	GC ² - Terminated
December	351,936	6,749	8,133	5,625	153	115

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

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

Auto-Assignments	Member Count
Auto-assignments MC	2,519
Auto-assignments Expansion	1,948
Auto-assignments GC	45
PCP Changes (PCP Change Tool) Total	2,739

TruCare Application

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

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

Transaction Type	Inbound automated Auths	Errored	Total Auths Loaded in TruCare
Paper Fax to Scan (UM, BH)	2,056	1,669	1,126
Provider Portal Requests (UM, BH)	3,597	666	3,553
EDI (CHCN historical)	3,619	1,088	3,399
Provider Portal to AAH Online (Long Term Care)	15	8	11
IP Auth from ADT	978	489	605
Provider Portal to AAH Online (Behavioral Health)	177	112	118 <i>(Manual + Automated)</i>
Manual Entry (all other not automated or faxed vs portal use)	N/A	N/A	1,687
Total			10,499

Key: EDI – Electronic Data Interchange

Web Portal Consumer Platform

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

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

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	6,538	4,463	274,968	497
MCAL	101,277	2,623	6,631	938
IHSS	3,544	107	62	29
Total	111,359	7,193	281,661	1,464

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

Category	Page Name	Page Views
Provider	Member Eligibility	946302
Provider	Claim Status	185783
Provider - Authorizations	Auth Submit	12635
Provider - Authorizations	Auth Search	5819
Member	Provider Directory	9117
Member My Care	Member Eligibility	3394
Provider - Claims	Submit professional claims	3314
Provider	Member Roster	2021
Member Help Resources	ID Card	2007
Member Help Resources	Find a Doctor or Hospital	1914
Member Help Resources	Select or Change Your PCP	1226
Member Home	MC ID Card	1146
Member My Care	My Claims Services	892
Provider - Reports	Reports	708
Provider - Provider Directory	Provider Directory	640
Provider	Behavior Health Forms SSO	578
Provider	Forms	511
Member My Care	Authorization	498
Member Help Resources	Request Kaiser as my Provider	488
Member My Care	My Pharmacy Medication Benefits	392
Member Help Resources	FAQs	266
Member Help Resources	Forms Resources	246
Provider - Home	Long Term Care Forms SSO	230
Member Help Resources	Authorizations Referrals	223
Member My Care	Member Benefits Materials	221
Provider - Provider Directory	Manual	215
Member Help Resources	Contact Us	201

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

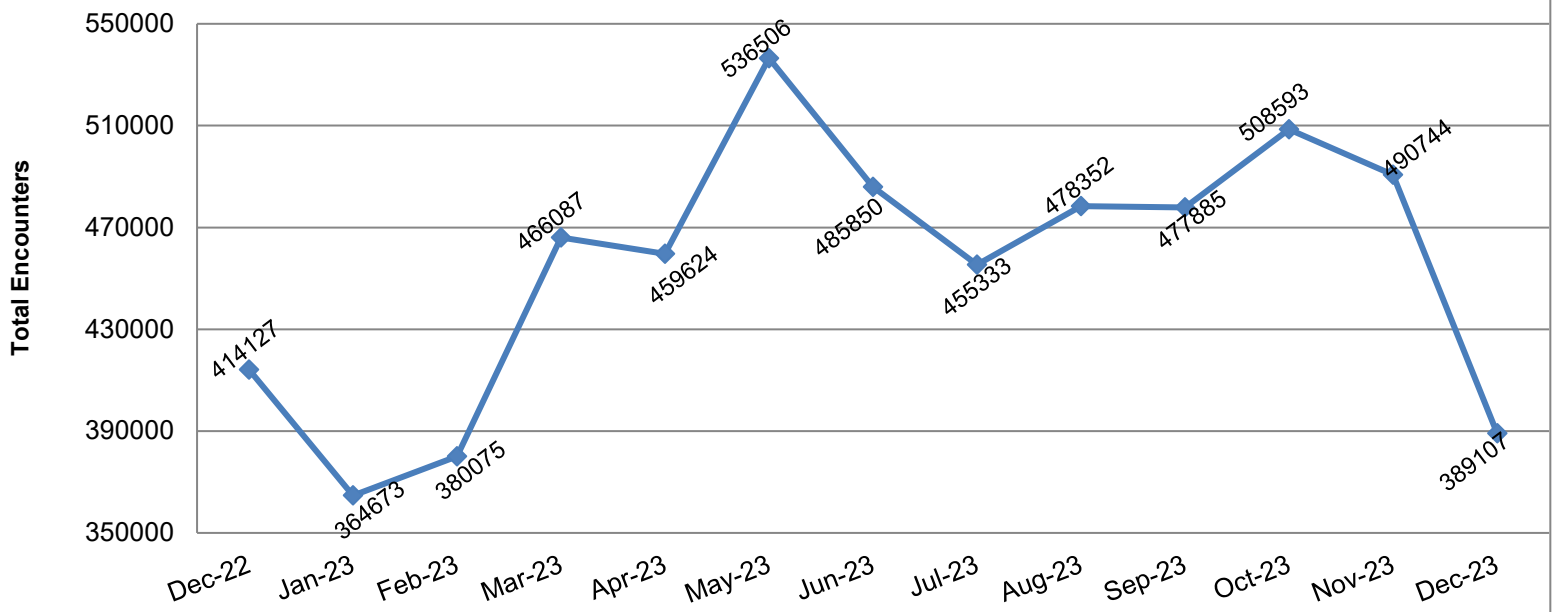
Encounter Data from Trading Partners 2023

- **ACBH:** December monthly files (0 records).
 - No longer receiving encounter files but through HCSA.
- **AHS:** December weekly files (6,284 records) were received on time.
- **BAC:** December monthly files (73 records) were received on time.
- **Beacon:** December weekly files (0 records).
 - No longer receiving encounter files.
- **CHCN:** December weekly files (58,566 records) were received on time.
- **CHME:** December monthly files (5,694 records) were received on time.
- **CFMG:** December weekly files (18,995 records) were received on time.
- **Docustream:** December monthly files (476 records) were received on time.
- **EBI:** December monthly files (811 records) were received on time.
- **FULLCIR:** December monthly files (177 records) were received on time.
- **HCSA:** December monthly files (2,087 records) were received on time.
- **IOA:** December monthly files (1,250 records) were received on time.
- **Kaiser:** December bi-weekly files (26,208 records) were received on time.
- **LAFAM:** December monthly files (0 records) were NOT received on time.
- **LogistiCare:** December weekly files (32,181 records) were received on time.
- **Magellan:** December monthly files (365,901 records) were received on time.
- **March Vision:** December monthly files (4,562 records) were received on time.
- **MED:** December monthly files (532 records) were received on time.
- **Quest Diagnostics:** December weekly files (15,834 records) were received on time.
- **SENECA:** December monthly files (52 records) were received on time.
- **TITANIUM:** December monthly files (97 records) were received on time.

Trading Partner Medical Encounter Inbound Submission History

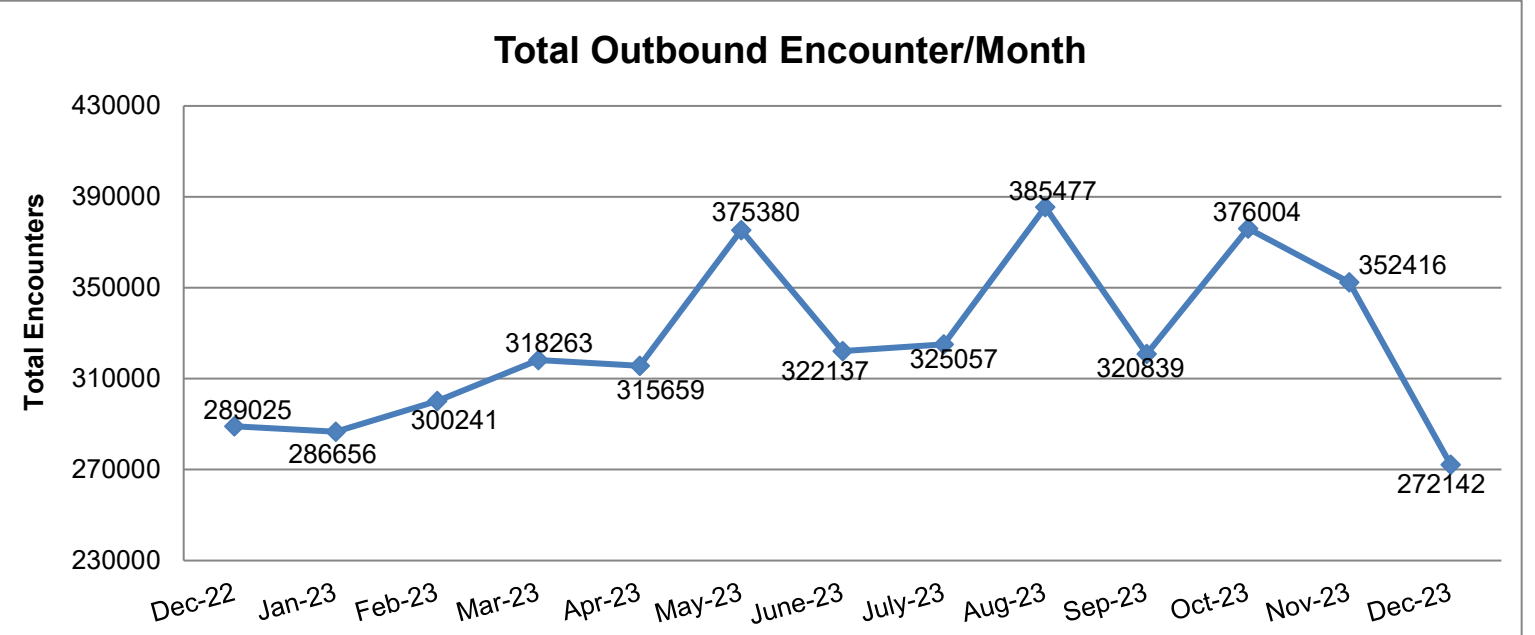
Trading Partners	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	July-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Health Suite	177828	163764	167475	238283	218296	251858	267437	224540	244907	247423	241298	247537	215246
ACBH	87	86	39	95									
AHS	6332	4568	5377	5088	6353	5380	6250	4363	4380	5479	5371	5243	6284
BAC	35	199	34	32	38	40	37	39	38	38	57	73	55
Beacon	10437	13824	11036	12159	15799	5822	4559	620					
CHCN	83258	87182	83191	82394	84654	117764	90418	102081	85836	77060	111275	87839	58566
CHME	4822	4574	5303	4729	5277	4987	5692	5706	5704	6212	7609	6445	5694
Claimsnet	12790	9679	11694	8851	16155	12526	9986	12379	8946	12302	12167	11670	18995
Docustream	1487	1327	1794	1361	865	575	607	567	744	562	400	705	476
EBI					976	15	910	1664	814	867	718	823	811
FULLCIR											888	598	177
HCSA	1781	1825	1976	590	78	72	5573	3824	3466	2490	1913	2403	2087
IOA			172	156	201	325	974	424	673	1086	967	1073	1250
Kaiser	81333	35798	56965	73095	68883	91196	53820	56673	76278	79751	81985	87005	26208
LAFAM											24		
Logisticare	16946	24456	18034	21647	20558	28628	20859	22235	27129	22456	25509	20781	32181
March Vision	4427	3598	3434	3281	4275	3647	5101	4468	4563	4933	4427	4428	4562
MED								9	11	144	194	523	532
Quest	12564	13793	13551	14326	17216	13671	13627	15741	14859	17008	13712	13077	15834
SENECA									4	74	79	56	52
TITANIUM												465	97
Total	414127	364673	380075	466087	459624	536506	485850	455333	478352	477885	508593	490744	389107

Total Encounters Received/Month



Outbound Medical Encounter Submission

Trading Partners	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Health Suite	97435	114224	128102	117672	117823	151866	126674	147199	170751	127465	163149	134823	136233
ACBH	60	56	21	73									
AHS	5208	5439	5260	3845	7300	5236	5070	5318	4251	4253	6355	5147	4936
BAC	33	196	33	32	38	40	37	39	37	38	52	67	53
Beacon	8001	11282	8910	9674	11927	2879	2233	318					
CHCN	55698	58881	58279	59074	60373	79256	65595	56593	74313	55365	62962	73866	39846
CHME	4729	4470	5181	4606	5159	4864	5577	5595	5546	6063	7475	6321	5588
Claimsnet	8983	8241	8334	6361	9834	10891	7445	8849	6386	7075	7452	8031	11581
Docustream	1268	1117	1521	1232	481	411	378	347	529	441	270	573	404
EBI					906	15	872	1574	804	855	710	794	802
FULLCIR											806	516	124
HCSA	1725	1777	1304	287	52	55	1781	3778	3405	2349	1876	2342	1991
IOA			168	152	45	276	751	410	654	984	65	934	1228
Kaiser	80464	35360	55930	72409	65652	72893	68887	55988	75591	78162	81165	85807	26113
LAFAM											2		
Logisticare	16729	24291	12223	27071	20411	28455	20787	21686	26670	22142	24497	25951	31546
March Vision	2938	2454	2308	2400	3006	2366	3408	2720	2737	2992	2863	2661	2752
MED								9	11	126	145	438	428
Quest	5754	18868	12667	13375	12652	15877	12642	14634	13788	12456	16082	3655	8394
SENECA									4	73	78	52	48
TITANIUM												438	75
Total	289025	286656	300241	318263	315659	375380	322137	325057	385477	320839	376004	352416	272142

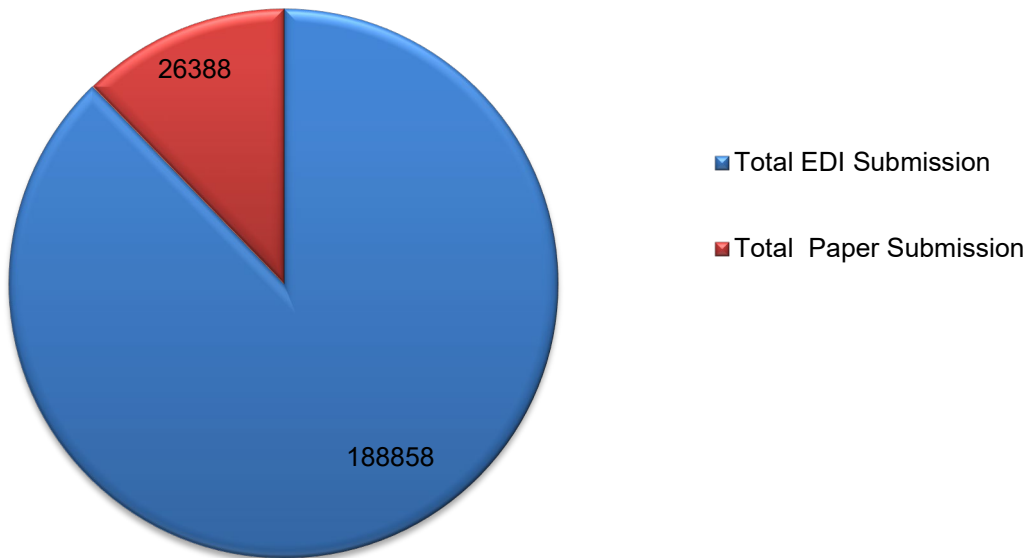


HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Dec	188858	26388	215246

Key: EDI – Electronic Data Interchange

EDI vs Paper Submission, December 2023



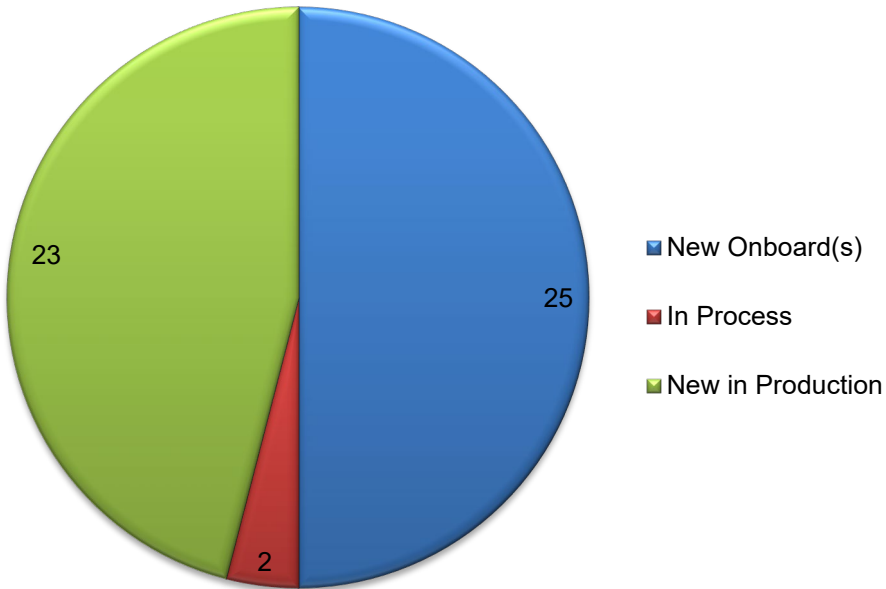
Onboarding EDI Providers - Updates

- December 2023 EDI Claims:
 - A total of 1993 new EDI submitters have been added since October 2015, with 23 added in December 2023.
 - The total number of EDI submitters is 2733 providers.

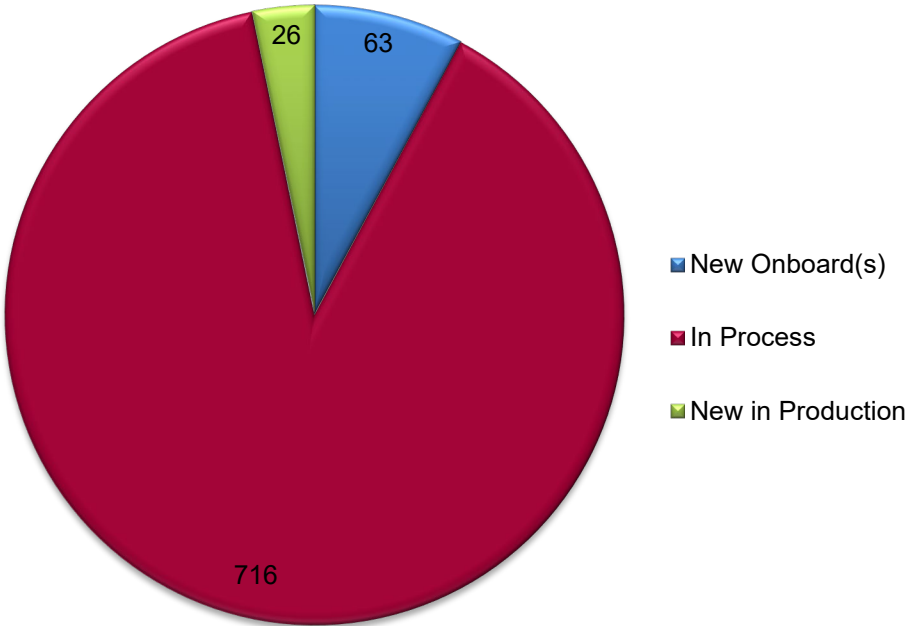
- December 2023 EDI Remittances (ERA):
 - A total of 853 new ERA receivers have been added since October 2015, with 26 added in December 2023.
 - The total number of ERA receivers is 869 providers.

	837				835			
	New On Boards	In Process	New In Production	Total In Production	New On Boards	In Process	New In Production	Total In Production
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722
Jun-23	79	7	72	2472	58	544	41	763
Jul-23	48	2	46	2518	62	583	23	786
Aug-23	44	1	43	2561	41	602	22	808
Sep-23	70	0	70	2631	46	621	27	835
Oct-23	36	2	34	2665	21	640	2	837
Nov-23	47	2	45	2710	45	679	6	843
Dec-23	25	2	23	2733	63	716	26	869

837 EDI Submitters - December 2023



835 EDI Receivers - December 2023



Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

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

File Type	December-23
837 I Files	41
837 P Files	205
Total Files	246

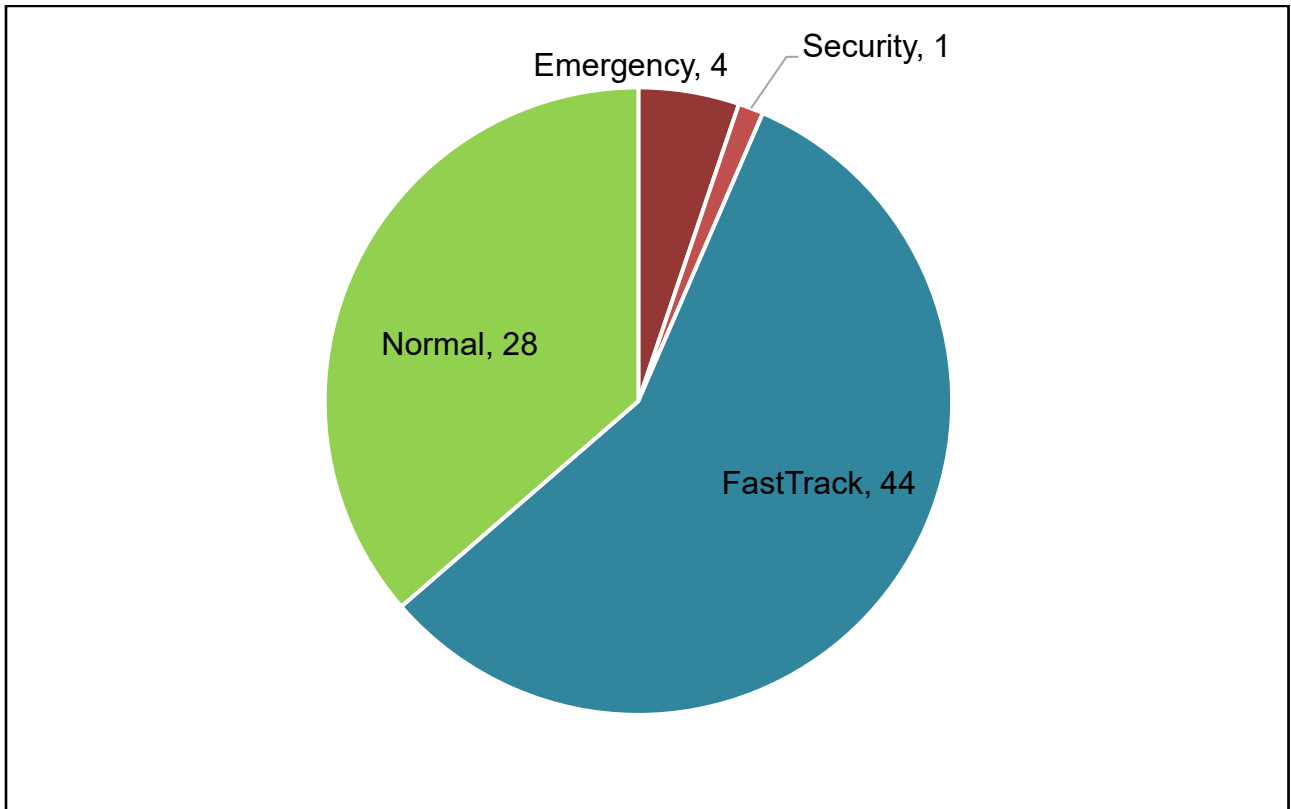
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	December-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	93%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	94%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

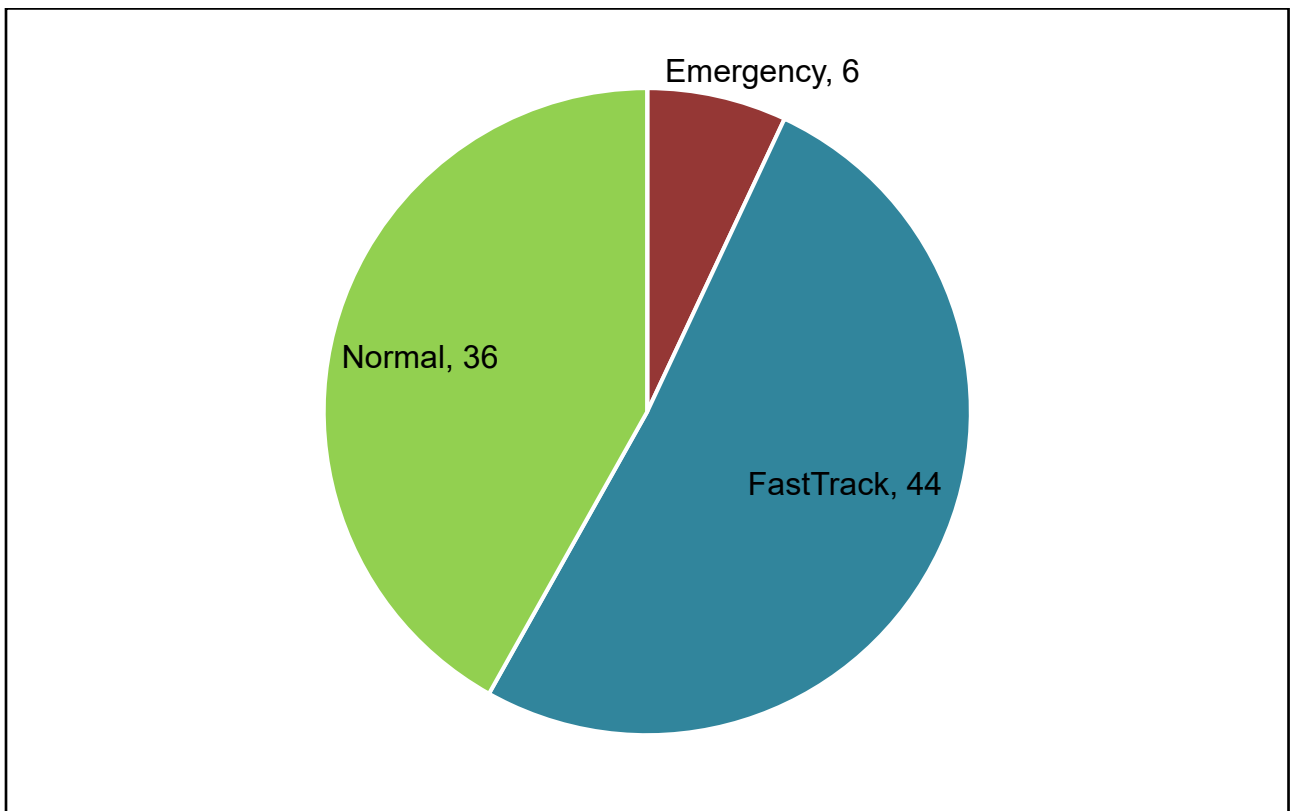
Change Management Key Performance Indicator (KPI)

- Change Request Overall Summary in the month of December 2023 KPI:
 - 77 Changes Submitted.
 - 86 Changes Completed and Closed.
 - 187 Active Change Requests in pipeline.
 - 13 Change Requests Cancelled or Rejected.

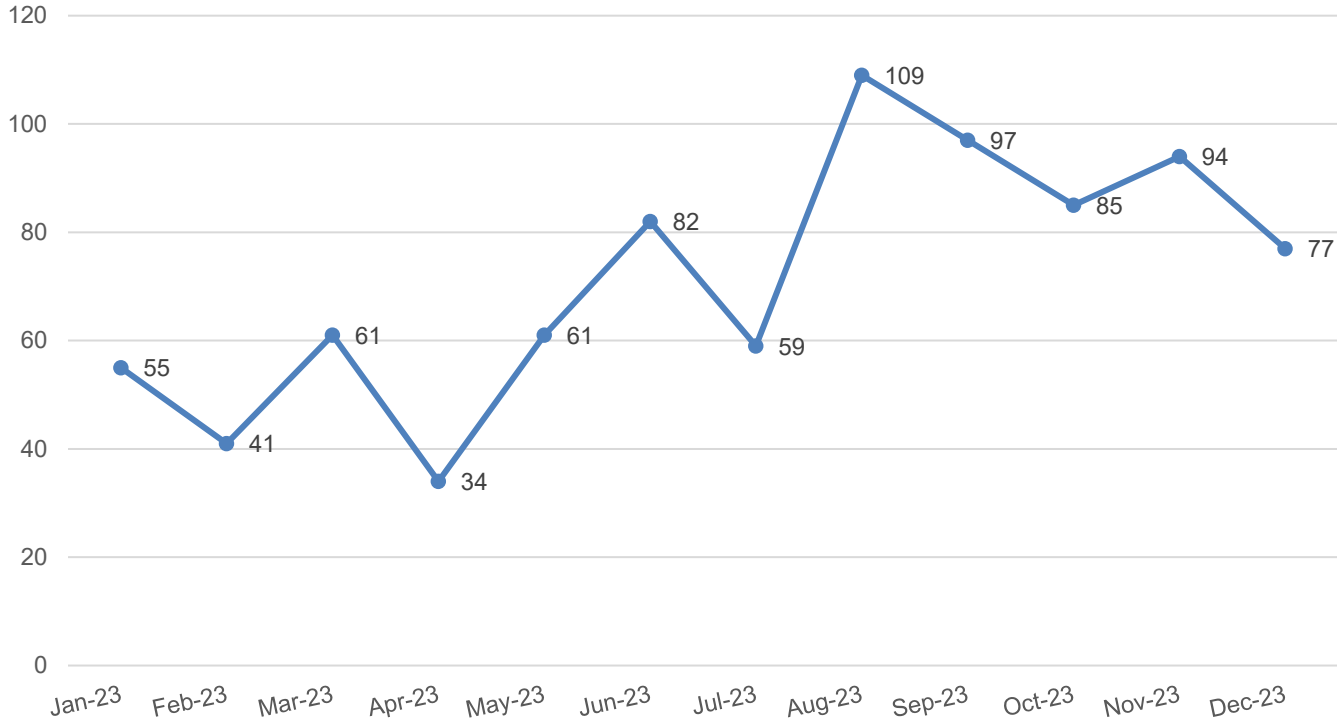
- 77 Change Requests Submitted/Logged in the month of December 2023



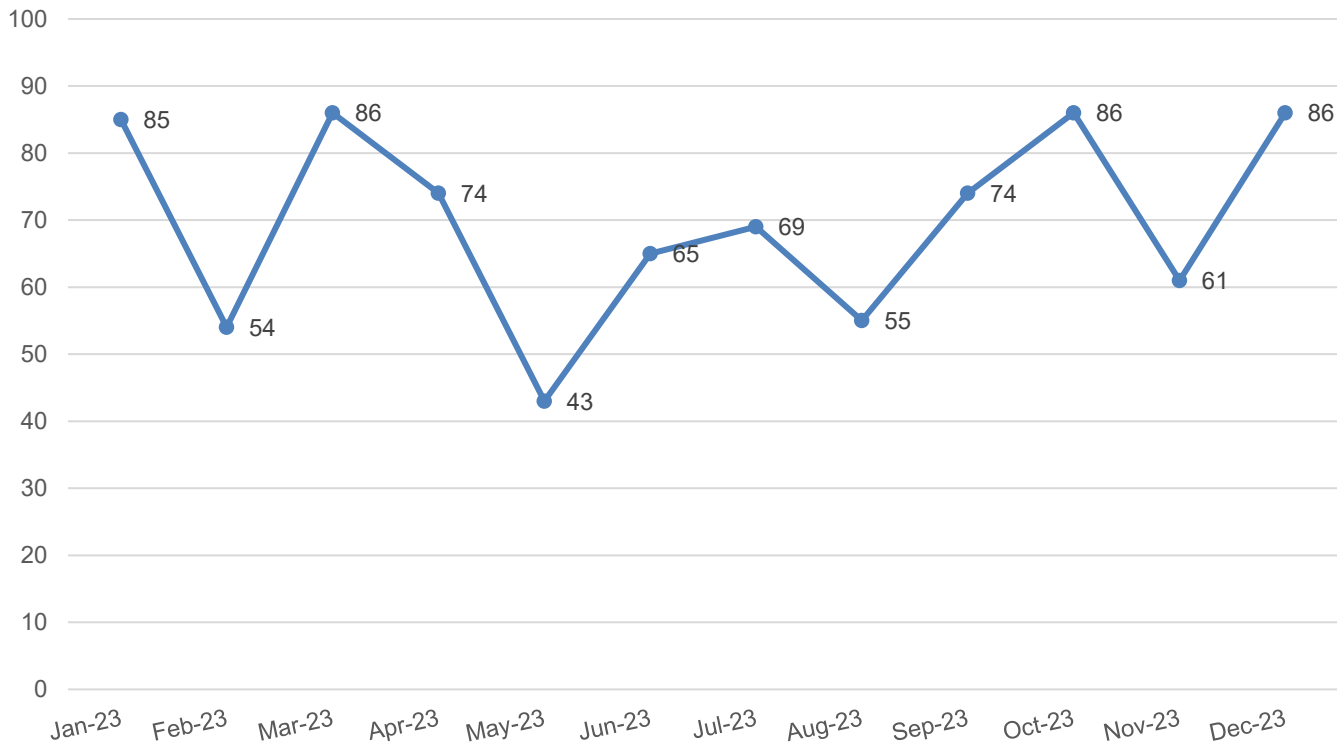
- 86 Change Requests Closed in the month of December 2023



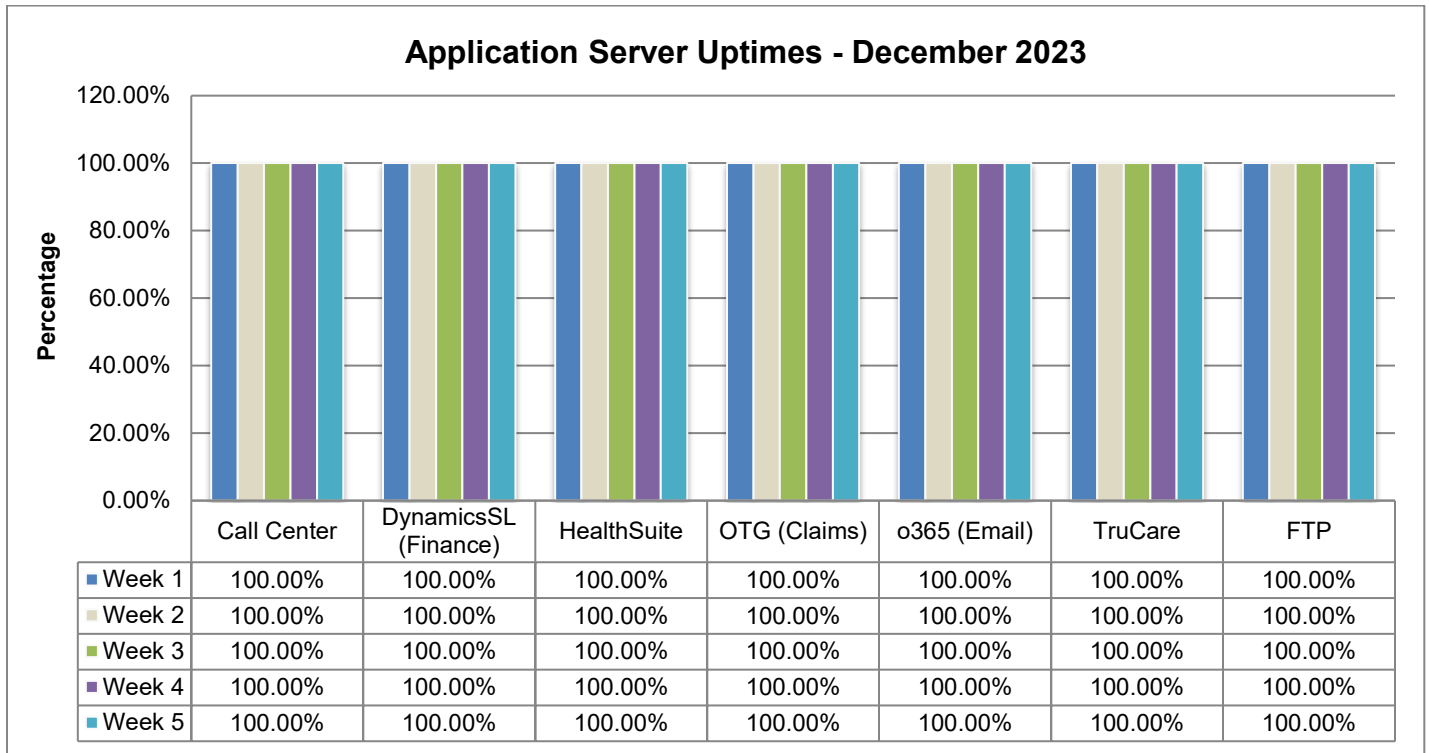
Change Requests Submitted: Monthly Trend



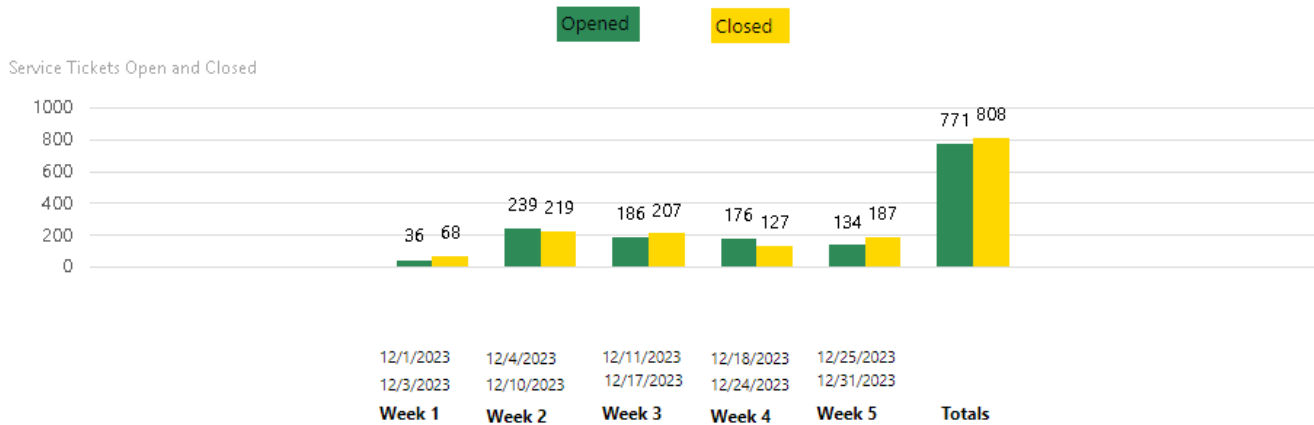
Change Requests Closed: Monthly Trend



IT Stats: Infrastructure



- All mission critical applications are monitored and managed thoroughly.
- No outages were reported during this reporting period.

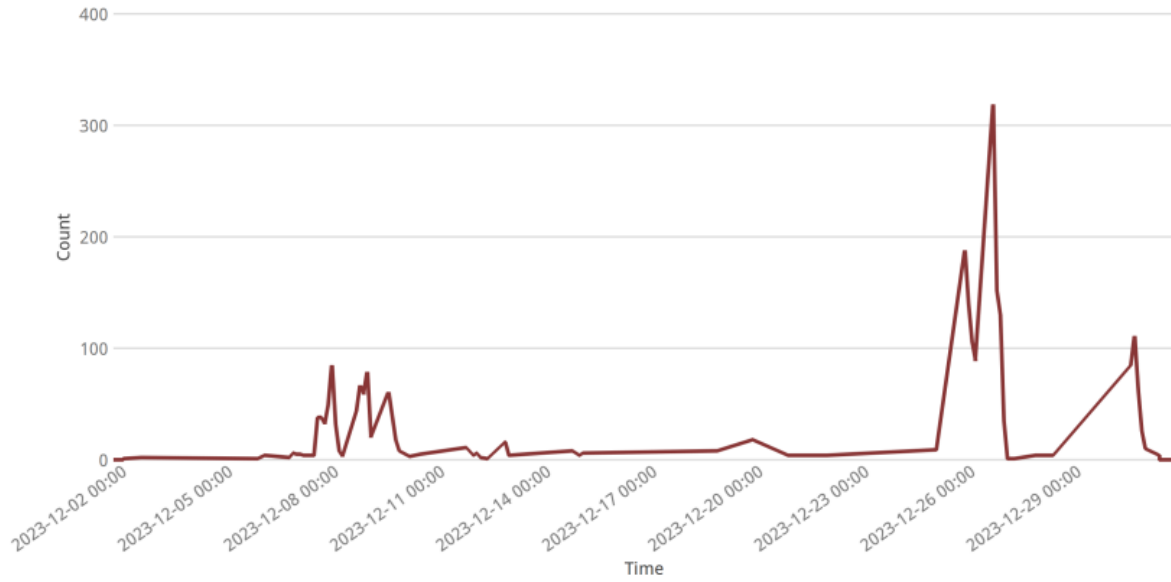


- 771 Service Desk tickets were opened in the month of December 2023, which is 7.71% higher than the previous month (747) and 6.61% lower than the previous 3-month average of 822.
- 808 Service Desk tickets were closed, which is 8.08% higher than the previous month (714) and 0.12% higher than the previous 3-month average of 807.

December 2023

All Intrusion Events

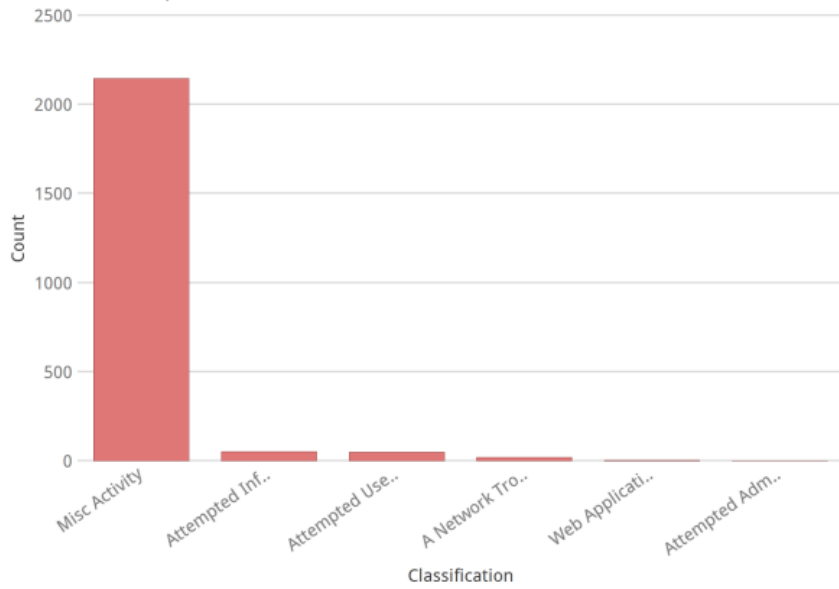
Time Window: 2023-12-01 09:29:00 - 2023-12-31 09:29:00



Dropped Intrusion Events

Time Window: 2023-12-01 09:30:00 - 2023-12-31 09:30:00

Constraints: Inline Result = !Alert,!Would *



Classification	Count
Misc Activity	2,146
Attempted Information Leak	50
Attempted User Privilege Gain	48
A Network Trojan was Detected	18
Web Application Attack	4
Attempted Administrator Privilege Gain	1

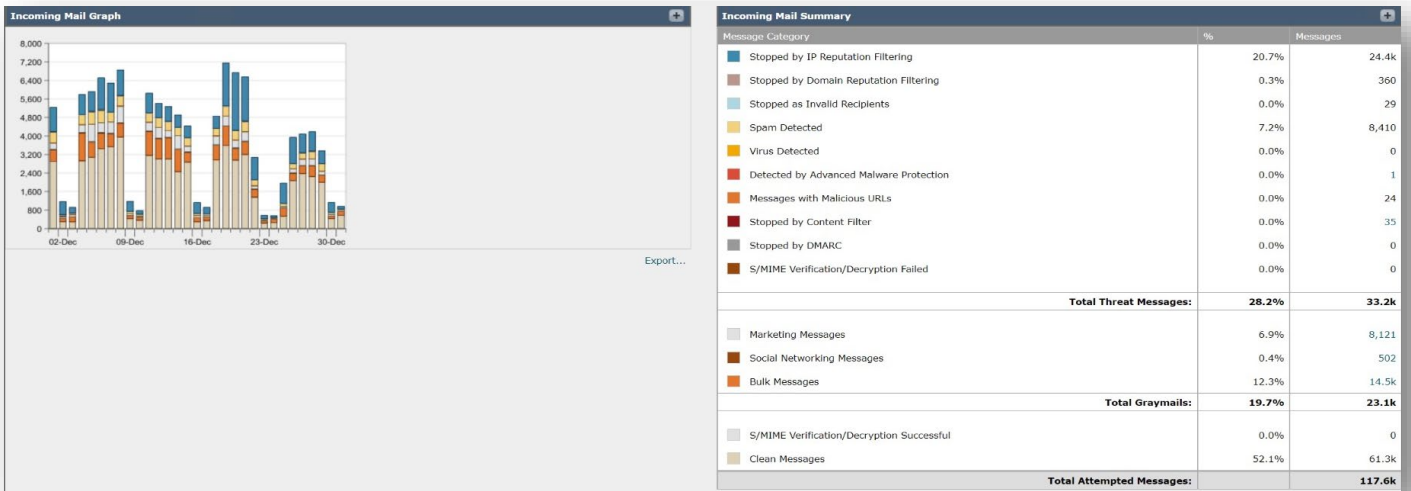
IronPort Email Security Gateways

Email Filters

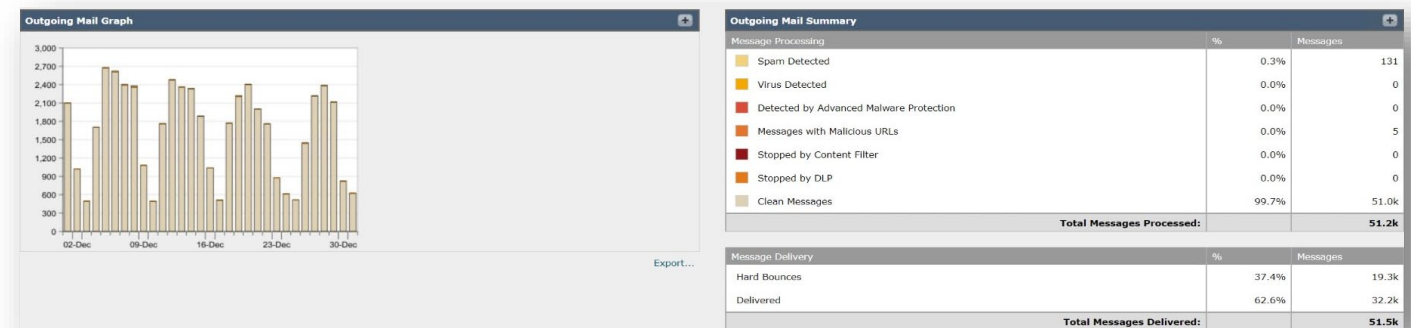
December 2023

MX4

Inbound Mail



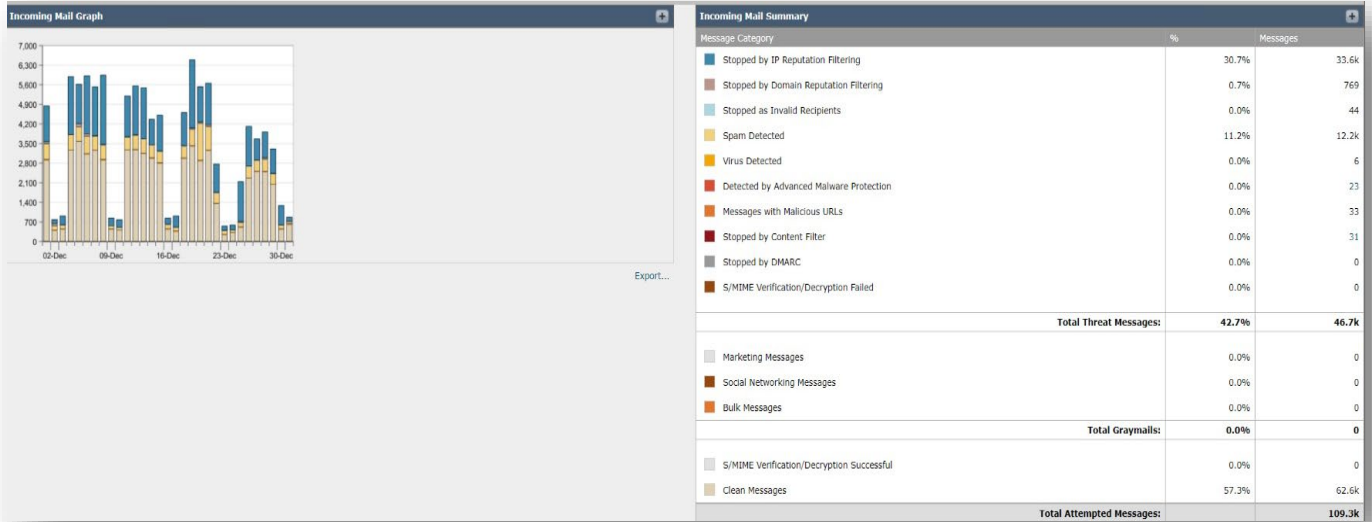
Outbound Mail



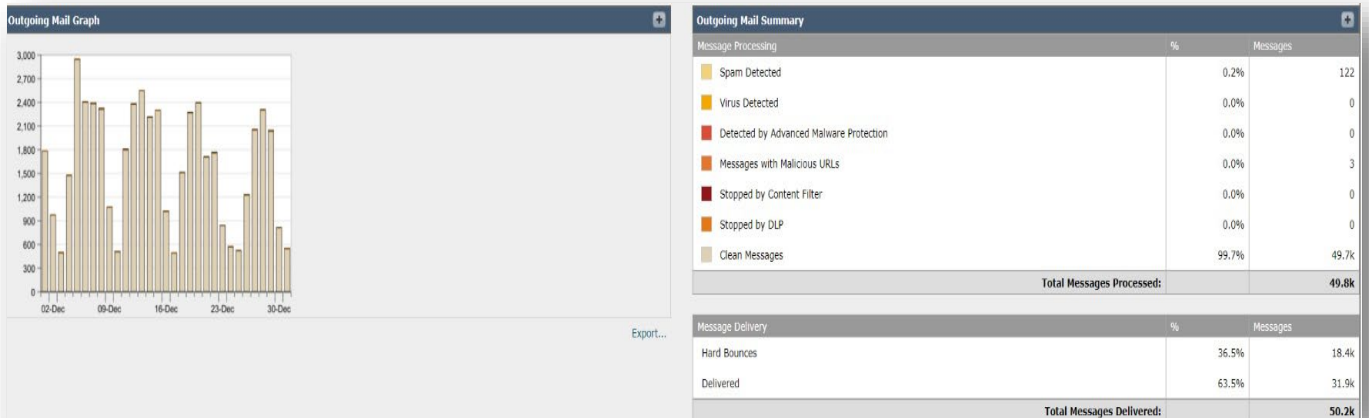
December 2023

MX9

Inbound Mail



Outbound Mail



Item / Date	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Stopped By Reputation	53.9k	41.9k	65.3k	60.9k	31.7k	33.2k	27.1k	30.4k	59.1k	99.7k	74k	74.1k	58k
Invalid Recipients	184	204	68	75	97	113	92	82	79	98	86	88	73
Spam Detected	10.8k	10.1k	12.5k	15.4k	14.5k	13.7k	14.1k	12.5k	27.9k	33.1	28.7k	25.8k	20.6k
Virus Detected	2	1	3	0	2	9	1	5	3	22	10	29	6
Advanced Malware	0	1	1	0	0	3	1	0	1	55	37	78	24
Malicious URLs	14	35	34	27	6	478	233	170	6	50	97	11	57
Content Filter	23	37	33	40	115	127	162	56	39	110	114	333	66
Marketing Messages	13.4k	13.7k	13.9k	15.5k	15.5k	18.5k	16.1k	15.7k	16.2k	8.4k	9.5k	8.9k	8.1k
Attempted Admin Privilege Gain	112	61	61	115	170	4	50	173	51	250	6	0	1
Attempted User Privilege Gain	797	107	307	87	428	42	66	162	47	329	146	48	48
Attempted Information Leak	78.9k	17.8k	17.1k	12.5k	24.4k	5	1	18	53	118	71	51	50
Potential Corp Policy Violation	1	0	0	0	0	4	2	0	0	0	0	0	0
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	0	0
Web Application Attack	0	19	1	2	2	7	1	8	0	15	7	4	4
Attempted Denial of Service	117	0	0	2.9k	109	0	0	1	0	4	0	0	0
Misc. Attack	111	240	1,288	2	521	2	3	1,862	151	2,901	1,023	347	2,146

- All security activity data is based on the current month's metrics as a percentage. This is compared to the previous three month's average, except as noted.
- Email based metrics currently monitored have remained with a return to a reputation-based block for a total of 57k.
- Attempted information leaks detected and blocked at the firewall is at 50 for the month of December 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain remained at 48 from a previous six-month average of 130.



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

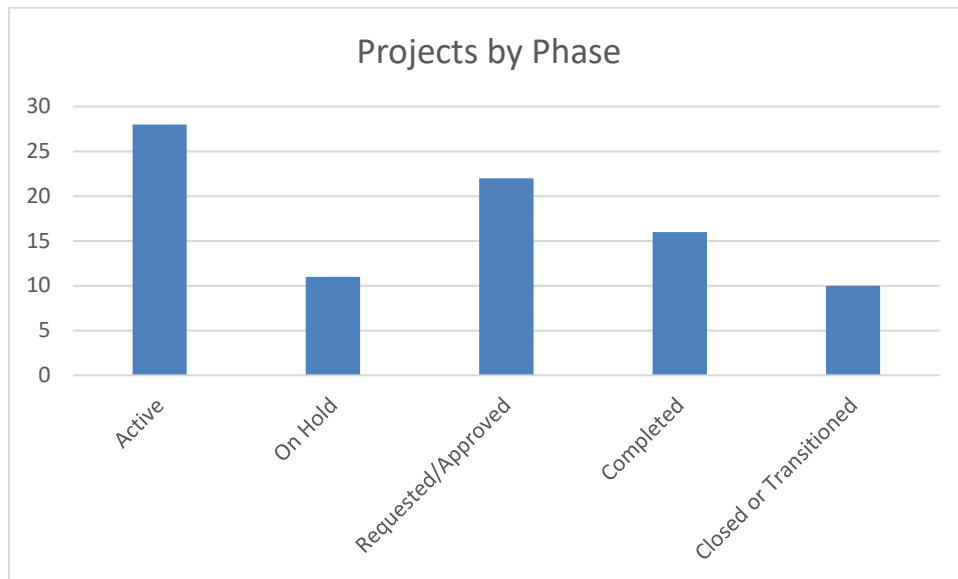
Integrated Planning

Ruth Watson

To: Alameda Alliance for Health Board of Governors
From: Ruth Watson, Chief Operating Officer
Date: January 12th, 2024
Subject: Integrated Planning Division Report – December 2023 Activities

Project Management Office

- 87 projects currently on the Alameda Alliance for Health (AAH) enterprise-wide portfolio
 - 28 Active projects (discovery, initiation, planning, execution, warranty)
 - 11 On Hold projects
 - 22 Requested and Approved Projects
 - 16 Complete projects
 - 10 Closed/Transitioned to Department or IT Led



Integrated Planning

CalAIM Initiatives

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

- Updated Provider Capacity file submitted to DHCS on November 16th
 - AAH is still awaiting approval for this MOC
 - Birth Equity – Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes
 - ECM MOC Addendum template was approved by DHCS on October 20th, 2023
 - Updated Provider Capacity document was approved by DHCS on November 15th, 2023
 - AAH will be contracting with additional providers to support these new PoFs
 - Community Supports (CS)
 - MOC for January 2024 CS elections submitted to DHCS on July 5th, 2023, and approved by DHCS on December 26th
 - AAH added three (3) additional CS services effective January 1st, 2024
 - Sobering Centers
 - Nursing Facility Transition/Diversion to Assisted Living Facilities
 - Community Transition Services/Nursing Facility to a Home
 - AAH received interest from various providers to contract for the provision of these new CS services
 - DHCS required all MCPs to submit an updated CS MOC for July 2024 by January 1st, 2024, even if the MCP was not adding any new CS services
 - Updated CS MOC was submitted to DHCS on December 29th
- Justice-Involved (JI) Initiative
 - CalAIM Re-entry
 - Go-live date for the CalAIM Re-Entry initiative is October 1st, 2024 for all MCPs
 - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period (10/1/2024 – 9/30/2026)
 - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of October 1st, 2024, even if facilities in their county will go-live at a later date
 - Bi-weekly workgroup meetings with Alameda County Sheriff's Office, Probation, Alameda County Behavioral Health, and AAH continue to support collaboration on the strategy for this initiative
 - Kaiser joined this workgroup in December 2023
 - A follow-up meeting with HCSA will be held on January 19th to continue the discussion of data sharing requirements for JI, specifically regarding data from the county's Social Health Information Exchange (SHIE) system

- Additional meetings will be held internally to further define the data requirements for AAH to share with external agencies in support of the JI initiatives
 - AAH is scheduled to meet with Wellpath (clinical provider within Santa Rita Jail) on January 8th to continue discussions about data sharing and also to learn about discharge planning
 - AAH met with the California Department of Corrections and Rehabilitation (CDCR) via a workgroup with several other MCPs across the state in December
 - CDCR expressed their interest in collaborating directly with the plans to develop re-entry processes for individuals released from state prisons
 - CDCR would like to form a workgroup with the MCPs to support this work and collaboration; the workgroup is expected to begin in early 2024
 - AAH has paused on pursuing consultant services to support re-entry initiatives and will instead look to forge connections with agencies directly
- JI ECM January 2024 Population of Focus
 - Justice-Involved ECM Population of Focus (PoF) went live on January 1st, 2024
 - AAH walked our external JI agencies through the referral process for ECM on December 21st in preparation for go-live
 - AAH has onboarded one new provider to support the JI ECM PoF; three (3) existing ECM providers are adding the JI population to the ECM populations they are already serving
- AAH/Roots JI Pilot Project
 - AAH's pilot for post-release services began in July 2023 in preparation for the 2024 programs related to this population
 - Monthly reporting from Roots began in October; a one-time lookback report for July-September 2023 was also received that provided data from the start of the pilot program
 - The team has started analyzing the data we received from Roots to support the development of our strategy for the re-entry initiative that commences in 2024
 - Monthly check-ins with Roots will continue into 2024
- Long Term Care (LTC) Carve-In – AAH became responsible for all members residing in LTC facilities as of January 1st, 2023, with the exception of Pediatric and Adult Subacute Facilities and Intermediate Care Facilities-Developmentally Disabled (ICF-DD), which go live January 1st, 2024
 - The following activities took place in December in preparation for this transition:
 - Submitted 14 LTC Deliverables to DHCS on November 27th, 2023

- Subacute and ICF/DD Provider trainings and claims submissions Provider trainings were completed in December
 - LTSS Liaison continued to outreach and connect with ICF/DD homes to establish rapport and answer questions in preparation for the transition
 - Continued configuration activities and testing in various AAH IT platforms including claims and case management systems
 - Continued weekly meetings with the various AAH departments to complete deliverables
 - Created ICF/DD and Subacute Member and Provider letters
 - Timelines created to complete the automated authorizations using the Treatment Authorization Request (TAR) data via a batch authorization process
- Population Health Management (PHM) Program – effective January 1st, 2023
 - PHM Disease Management Deliverables
 - DHCS-approved letters sent out to notify members of the availability of Asthma and Diabetes programs
 - Cardiovascular Disease (CVD) and Depression member letters sent in December for DHCS approval; goal is to mail to members in February
 - 2023 DHCS PHM Strategy Deliverable
 - DHCS approved PHM Strategy on December 11th, 2023
 - Held initial meetings with Alameda County Health Care Services Agency (HCSA) and City of Berkeley, Health Housing and Community Services, regarding Alliance collaboration with the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
 - Team will be proposing opportunities for collaborative goals that align with the Alliance PHM Strategy and the DHCS Clinical Quality Strategy Bold Goals
 - 2023 DHCS PHM Monitoring Requirements
 - Work continued to establish internal monitoring processes for PHM Key Performance Indicators (KPIs) and Quality metrics, including stratification by race, ethnicity, language, and age
 - Received updated template and will submit next quarterly report of PHM KPI data to DHCS on February 15th
 - Reviewing KPI performance and identifying areas for improvement
- Community Health Worker (CHW) Benefit – Medi-Cal benefit effective July 1st, 2022, designed to promote the MCP's contractual obligations to meet DHCS broader Population Health Management standards and as adjunctive services as part of the interventions to positively impact health outcomes
 - DHCS announced it will pause implementation of the certification process based on stakeholder input
 - AAH remains committed to building out it's CHW program and will adjust as new guidance is released
 - Developed a strategy to create infrastructure development, including:

- Funding proposal to boost provider engagement; workgroup plans to present recommendations to Executive Director, Operations by 1/31/2024
 - Confirmed that funding under IPP is specifically for CHWs who work with ECM/CS populations
 - Continued to explore contracting and credentialing changes in adherence with DHCS updated All Plan Letter (APL) 22-016 language
 - Created workflows, advanced entity interest forms, and reduced potential bottlenecks for CHW operations; internal reviews are scheduled for final approvals by January 30th
 - Presented PHM risk stratification gaps in identifying target populations to link CHW services
 - Exploring the following inquiries with PHM:
 - Application of risk stratification to identify member health disparities for CHW services
 - Pathways to gather member-level data for contracted providers
 - Monitoring plan for CHW Services (under PHM)
 - Developed data collection and quality strategy
 - Recruitment challenges remain a deterrent from program standup as many partners are CBOs and are new to billing Medi-Cal; additionally, the CHW reimbursement rate is low
 - CHW Workgroup is partnering with the Claims Department to create a new process to pend incorrect claims with misuse of U1 identifier
 - CHW network building continued with potential CHW partners:
 - Youth Alive
 - Family Resource Navigators
 - Inspiring Communities
 - First 5
 - Dr. De La Cruz (Pediatrics)
 - Pear Suite
 - Pair Team
 - Journey Health
 - Nutrible
 - Worked with Anthem for the January 2024 MCP Member Transition
 - Identified their CHW contracted provider network
 - Will conduct analysis to map new AAH members who received CHW services
 - AAH continued to participate in the HCSA CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs (Community Health Workers)
 - Working with Provider Services department to develop communication strategy and documents.
- CalAIM Incentive Payment Program (IPP) – three-year DHCS program to provide funding for the support of ECM and CS in 1) Delivery System Infrastructure, 2) ECM Provider Capacity Building, 3) Community Supports Provider Capacity

Building and Community Supports Take-Up, and 4) Quality and Emerging CalAIM Priorities:

- For Program Year 1 (1/1/2022 - 12/31/2022):
 - AAH earned \$14.8M which was 100% of the allocated funds
 - AAH distributed funding to ten (10) providers and organizations to support the ECM and CS programs
 - For Program Year 2 (1/1/2023 - 12/31/2023):
 - AAH was allocated \$15.1M for potential earnable dollars
 - On November 20th, the Alliance was notified by DHCS that it earned 60% of the 515 points allocated to Submission 3
 - DHCS expected to release funding no later than the estimated date of December 29th, 2023
 - AAH has distributed funding to twelve (12) providers and organizations to support the ECM and CS programs
 - Work has begun on the Submission 4 report, reflecting the lookback period of 7/1/2023-12/31/2023; this report is due to DHCS on March 1st, 2024
 - Planning for Wave 4 of the IPP Provider Application is underway
 - AAH continued to work with Anthem in preparation for the January 2024 transition to a single plan model
- Dual Eligible Special Needs Plan (D-SNP) Implementation – All Medi-Cal MCPs will be required to implement a Medicare Medi-Cal Plan (MMP) as of January 1st, 2026
 - Rebellis provided their Final Draft System Review; AAH internal review is in process
 - A decision by AAH is required by January 31st, 2024, on whether to continue use of the existing Claims (HEALTHsuite) and Medical Management (TruCare) platforms or if new Claims and / or Medical Management systems are needed to support the addition of the D-SNP line of business
 - Updated Pro forma was reviewed with the CEO, COO, and CFO on December 14th, 2023
 - Rebellis is working on the requested changes based on review by AAH
 - Development of the project schedule and project status reporting continues

Other Initiatives

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

- The second Bi-Quarterly Report (BQR) for the measurement period of July – December 2023, was submitted to DHCS on December 21st, 2023; if approved by DHCS, payment in the amount of \$1.1M (100% of eligible funds) is expected in April 2024
- Partner meetings continued with Local Education Agencies (LEAs) regarding project plan activities for successful completion of the milestones
- The Alameda County SBHIP Steering Group, comprised of Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), Alameda Alliance, and Anthem continued to meet to provide strategic program direction

- The Steering Group advises in the development of an Alameda County Learning Exchange (LE) which support targeted interventions and development of sustainability resources for LEAs
- The Alliance has hosted two SBHIP LEs; participants include LEAs and Steering Group Partners, with a focus on program updates, LEA project plan sharing, and the current school-based behavioral landscape
 - ACOE hosted it's second SBHIP Office Hours session on December 14th; these sessions are designed to help LEAs build billing capacity and to develop "sustainability roadmaps" for SBHIP program activities
- The Center for Healthy Schools and Communities is supporting LEAs through monthly Learning Communities, and through the development and coordination of resources (i.e., Coordination of Services Team (COST) toolkit, School-Based Behavioral Health framework, and Crisis Protocols); more activities are planned for 2024
- To-date, \$6.3M has been awarded to the Alliance by DHCS for completed deliverables, and a total of \$5.4M has paid to LEA and SBHIP partners

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

- The Submission 2 (S2) Report for reporting period January – October 2023 was submitted to DHCS on December 27th, and payment for earned dollars is expected from DHCS in March/April 2024
- HCSA continues to complete deliverables and milestones outlined in the December 2022 MOU:
 - HCSA has submitted 21 deliverables to-date:
 - HHIP data reporting
 - Housing Financial Supports Progress Report
 - Street Medicine Data and Program Model as well as Contracting recommendations
 - 2023 Q1 and Q2 Housing Community Supports Capacity Building progress reports
 - Housing Community Supports Legal Services Pilot grant agreement execution with legal service provider, hiring of 1.0 FTE staff attorney, and completion of the first bi-quarterly program report
 - An executed contract with a Data Reporting firm and Project Manager for the 2024 Point-in-Time (PIT) Count
 - As of December 31st, \$12.1M in total payments has been paid to HCSA for HHIP milestone completion
- Workgroup meetings continued with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives related to street health, recuperative care coordination, medical respite, medically frail beds, and data needs
- DHCS previously shared a HHIP Reinvestment Fund Option (RFO) structure with MCPs in September; however, DHCS has not formally released details as to whether the RFO will take place or if DHCS will explore other avenues for utilizing unearned funds

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

- Managed Care Contract Operational Readiness (OR)
 - Group 2 Deliverables Status
 - Total Deliverables submitted to DHCS – 226
 - Approved by DHCS – 223
 - In Review – 3
 - Additional Information Requests (AIR) – 0
 - On Hold – 0
- MCP Member Transition
 - Anthem Member Transition – Medi-Cal members previously assigned to Anthem transitioned to AAH effective January 1st, 2024
 - Kaiser Direct Contract – members previously assigned to AAH but delegated to Kaiser transitioned to Kaiser effective January 1st, 2024
 - Bi-weekly workgroups with Kaiser and Anthem continued in December in support of the transition work and collaboration between the plans.
 - Targeted workgroups for both Anthem and AAH Case Management teams have been initiated to support warm hand-offs
 - Project team finalized mapping of incoming data elements from Anthem to values within our medical management system, TruCare, to support development of a prior authorization batch loading process
 - IT development continued for the batch loading of prior authorizations from Anthem
 - Testing will begin by January 16th and the process will be pushed to production by January 25th
 - IT teams are developing the ability to flag all members who were part of the Anthem member transition as well as those that are part of the DHCS-defined Special Populations to support Continuity of Care (CoC) requirements
 - Flags will be visible in all systems by January 11th
 - AAH received refreshed data from Anthem for transitioning members on a weekly basis throughout December
 - Daily inpatient data files are being shared with AAH from December 22nd, 2023, through January 9th, 2024
 - Sharing of care plans and assessment documents from Anthem has been delayed and is expected to be shared with AAH by January 5th
 - DHCS notified AAH on December 29th that we successfully demonstrated a 90%+ overlap with the Anthem Network so no corrective action plan was necessary (**note: DHCS required a 90% overlap in PCPs, specifically*)
 - AAH has initiated outreach to out of network providers and will focus contracting efforts on providers in Alameda County and larger medical groups as our top priority; providers in contiguous counties will be the second priority
 - DHCS Bi-weekly monitoring and oversight reporting began on November 22nd
 - Reports were submitted to DHCS on December 6th and December 20th
 - Next report will be due on January 5th

- The Member Sampling Report is a new DHCS deliverable AAH will complete monthly to demonstrate adequate use of the data received from DHCS and Anthem, particularly to monitor CoC efforts for the Special Populations
 - Initial report completed on December 6th
 - Next report will be due on January 10th
- Business Continuity Plan – required as part of our 2024 Operational Readiness
 - Disaster Recovery Plan
 - Included in the overall Business Continuity Plan (BCP)
 - Development of the Disaster Recovery Plan is complete
 - Engagement with BCP Consultant – Quest
 - Quest is working with AAH business areas on the completion of the BCP Questionnaire
 - Go Live date was extended from January 31st, 2024, to March 1st, 2024
- Memorandums of Understanding (MOUs) with Third Parties – required as part of our 2024 Operational Readiness (OR)
 - MOUs associated with OR requirements were due to DHCS on December 29th
 - DHCS has published seven (7) final DHCS MOU templates; one (1) MOU template for Women, Infant, and Children (WIC) is pending from DHCS
 - Two (2) MOUs have been moved from 12/29/2023 to 7/1/2024
 - Drug Medi-Cal/DMC-ODS MOU – Alcohol and Substance Use Disorder (SUD) treatment.
 - LGA MOU – Targeted Case Management (TCM)
 - MOU Quarterly Report
 - First submission to DHCS sent on December 29th, 2023
 - Next submission is due February 15th, 2024
- Adult Expansion - Effective January 1st, 2024, DHCS is expanding eligibility for full scope Medi-Cal to individuals who are 26 through 49 years of age and who do not have satisfactory immigration status (SIS) as required by Welfare and Institutions Code section 14011.2, if otherwise eligible. This new coverage is referred to as the Age 26-49 Adult Expansion.
 - Estimated transitioning population is 25,000-30,000 members
 - The following activities are in progress in preparation for this expansion:
 - Member data transfer from CHCN was received in November; AHS member data transfer is expected in December
 - Data will be used to assign members, where possible, to their prior PCPs
 - Data from CHCN and AHS will include HealthPAC members
 - Continued to prepare AAH's IT platforms to ingest the TAR data and create authorizations via a batch authorization process
 - Standard CoC requirements apply to this population

Equity and Practice Transformation (EPT) Payments Program – DHCS is implementing a one-time \$700M primary care provider practice transformation program called the Equity and Practice Transformation (EPT) Payments Program. The five-year program is

designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models.

- DHCS released program guidance, FAQs, assessment tool, and initial program application in August and September 2023; formal program milestones, MCP expectations, and funding details are still pending
- A total of 14 program applications were submitted to DHCS on October 23rd, 2023, with the Alliance as the selected MCP
- AAH evaluated all 14 applications (6 are considered as small/medium sized practices) according to DHCS criteria and submitted scored applications to DHCS on November 21st, 2023
- DHCS was expected to make final decisions on practices selected for program participation by December 11th, 2023, for the program launch on January 1st, 2024; DHCS informed MCPs on December 11th that the announcement was delayed and as of December 31st, practice selections are still pending
- The MCP Initial Planning Incentive Payment Program milestone submission deadline, specific to activities associated with small/medium sized practices, was extended from December 29th, 2023, to January 19th, 2024

Recruiting and Staffing

Integrated Planning Open position(s):

- All budgeted positions are currently filled
- Recruitment for new positions effective February 2024 will start soon

Integrated Planning

Supporting Documents

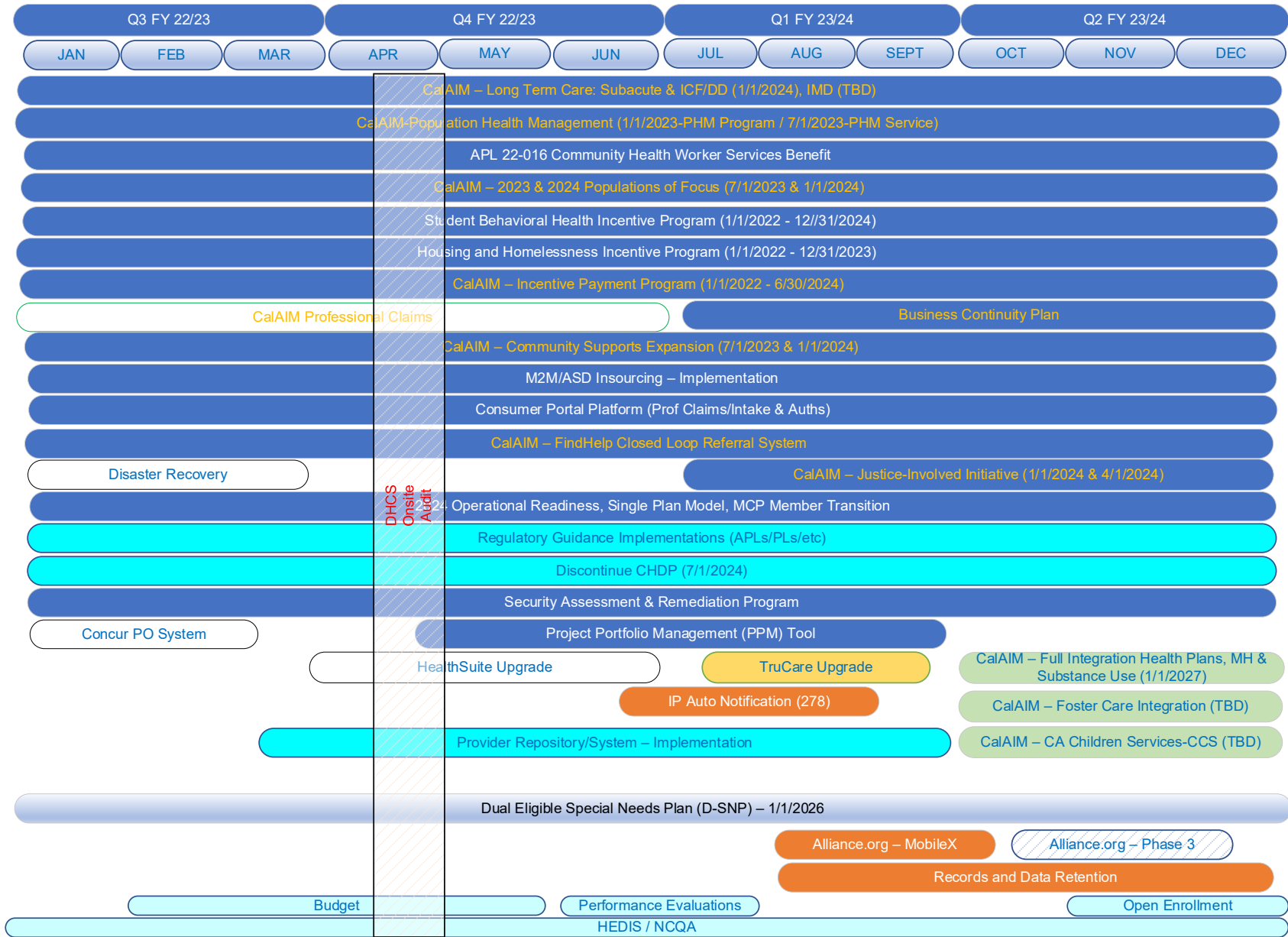
Project Descriptions

Key projects currently in-flight:

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

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

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





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

Analytics

Tiffany Cheang

To: Alameda Alliance for Health Board of Governors

From: Tiffany Cheang, Chief Analytics Officer

Date: January 12th, 2024

Subject: Performance & Analytics Report

Member Cost Analysis

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

Current reporting period: Oct 2022 – Sep 2023 dates of service

Prior reporting period: Oct 2021 – Sep 2022 dates of service

(Note: Data excludes Kaiser membership data.)

- For the Current reporting period, the top 10.0% of members account for 88.0% of total costs.
- In comparison, the Prior reporting period was lower at 9.4% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
 - The SPD (non duals) and ACA OE categories of aid decreased to account for 56.4% of the members, with SPDs accounting for 24.1% and ACA OE's at 32.3%.
 - The percent of members with costs >= \$30K increased from 2.0% to 2.7%.
 - Of those members with costs >= \$100K, the percentage of total members has slightly increased to 0.6%.
 - For these members, non-trauma/pregnancy inpatient costs continue to comprise the majority of costs, decreasing to 41.2%.
 - Demographics for member city and gender for members with costs >= \$30K follow the same distribution as the overall Alliance population.
 - However, the age distribution of the top 10.0% is more concentrated in the 45-66 year old category (38.2%) compared to the overall population (20.6%).

Analytics

Supporting Documents

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

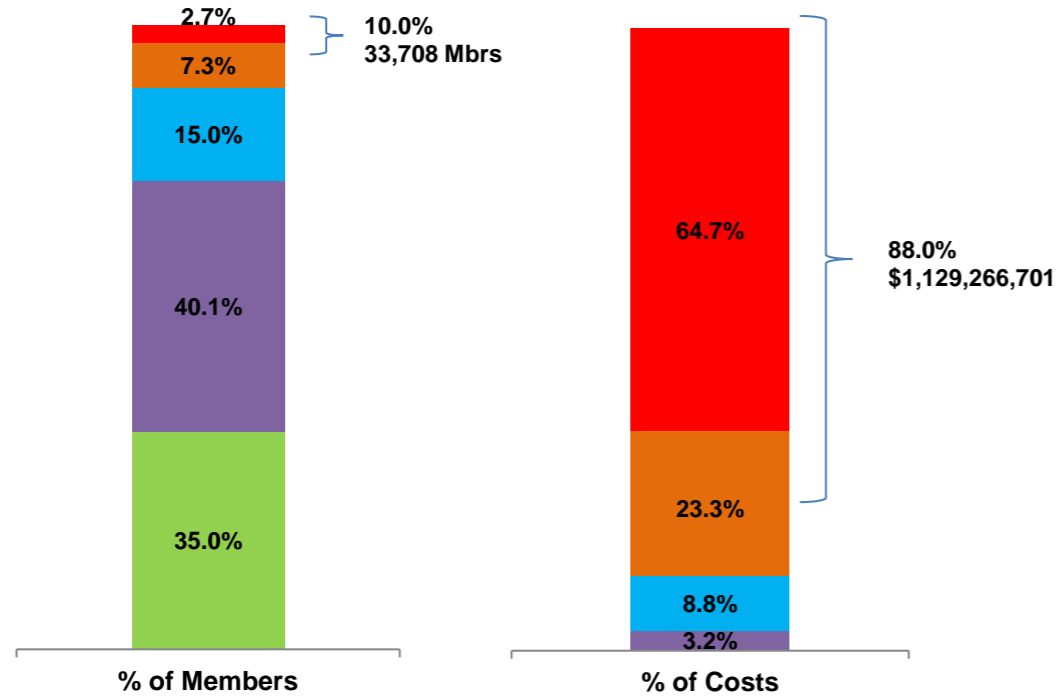
Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2022 - Sep 2023

Note: Data incomplete due to claims lag

Run Date: 12/28/2023

Member Cost Distribution



Top 10.0% of Members = 88.0% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
\$100K+	2,018	0.6%	\$ 445,244,557	34.7%
\$75K to \$100K	1,141	0.3%	\$ 97,227,087	7.6%
\$50K to \$75K	2,446	0.7%	\$ 150,976,888	11.8%
\$40K to \$50K	1,412	0.4%	\$ 63,071,231	4.9%
\$30K to \$40K	2,147	0.6%	\$ 74,305,976	5.8%
SubTotal	9,164	2.7%	\$ 830,825,739	64.7%
\$20K to \$30K	3,426	1.0%	\$ 83,783,076	6.5%
\$10K to \$20K	9,250	2.7%	\$ 129,935,502	10.1%
\$5K to \$10K	11,868	3.5%	\$ 84,722,384	6.6%
SubTotal	24,544	7.3%	\$ 298,440,961	23.3%
Total	33,708	10.0%	\$ 1,129,266,701	88.0%

Cost Range	Members	% of Members	Costs	% of Costs
\$30K+	9,164	2.7%	\$ 830,825,739	64.7%
\$5K - \$30K	24,544	7.3%	\$ 298,440,961	23.3%
\$1K - \$5K	50,642	15.0%	\$ 112,674,553	8.8%
< \$1K	135,551	40.1%	\$ 41,455,606	3.2%
\$0	118,351	35.0%	\$ -	0.0%
Totals	338,252	100.0%	\$ 1,283,396,859	100.0%

Enrollment Status	Members	Total Costs
Still Enrolled as of Sep 2023	300,085	\$ 1,161,650,112
Dis-Enrolled During Year	38,167	\$ 121,746,747
Totals	338,252	\$ 1,283,396,859

Notes:

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

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

10.0% of Members = 88.0% of Costs

Lines of Business: MCAL, IHSS; Excludes Kaiser Members

Dates of Service: Oct 2022 - Sep 2023

Note: Data incomplete due to claims lag

Run Date: 12/28/2023

10.0% of Members = 88.0% of Costs

24.1% of members are SPDs and account for 29.0% of costs.

32.3% of members are ACA OE and account for 31.9% of costs.

7.7% of members disenrolled as of Sep 2023 and account for 10.0% of costs.

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

35.2% of members are SPDs and account for 33.9% of costs.

33.3% of members are ACA OE and account for 35.1% of costs.

12.3% of members disenrolled as of Sep 2023 and account for 13.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Members	% of Members
IHSS	IHSS	156	601	757	2.2%
MCAL	MCAL - ADULT	842	4,534	5,376	15.9%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	377	1,927	2,304	6.8%
	MCAL - ACA OE	2,682	8,198	10,880	32.3%
	MCAL - SPD	2,710	5,422	8,132	24.1%
	MCAL - DUALS	633	2,046	2,679	7.9%
	MCAL - LTC	115	7	122	0.4%
	MCAL - LTC-DUAL	798	78	876	2.6%
Not Eligible	Not Eligible	851	1,731	2,582	7.7%
Total		9,164	24,544	33,708	100.0%

Member Breakout by LOB

LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	31	1.5%
MCAL	MCAL - ADULT	181	9.0%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	44	2.2%
	MCAL - ACA OE	672	33.3%
	MCAL - SPD	710	35.2%
	MCAL - DUALS	57	2.8%
	MCAL - LTC	33	1.6%
	MCAL - LTC-DUAL	41	2.0%
Not Eligible	Not Eligible	249	12.3%
Total		2,018	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=\$30K	Members with Costs \$5K-\$30K	Total Costs	% of Costs
IHSS	IHSS	\$ 11,830,367	\$ 6,847,512	\$ 18,677,879	1.7%
MCAL	MCAL - ADULT	\$ 74,640,287	\$ 52,427,973	\$ 127,068,259	11.3%
	MCAL - BCCTP	\$ -	\$ -	\$ -	0.0%
	MCAL - CHILD	\$ 25,269,829	\$ 22,146,856	\$ 47,416,685	4.2%
	MCAL - ACA OE	\$ 259,824,680	\$ 99,925,483	\$ 359,750,163	31.9%
	MCAL - SPD	\$ 257,421,671	\$ 69,852,459	\$ 327,274,130	29.0%
	MCAL - DUALS	\$ 45,860,059	\$ 24,231,290	\$ 70,091,349	6.2%
	MCAL - LTC	\$ 11,016,851	\$ 98,510	\$ 11,115,361	1.0%
	MCAL - LTC-DUAL	\$ 53,624,158	\$ 1,370,270	\$ 54,994,427	4.9%
Not Eligible	Not Eligible	\$ 91,337,838	\$ 21,540,608	\$ 112,878,446	10.0%
Total		\$ 830,825,739	\$ 298,440,961	\$ 1,129,266,701	100.0%

Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	\$ 5,185,686	1.2%
MCAL	MCAL - ADULT	\$ 41,617,299	9.3%
	MCAL - BCCTP	\$ -	0.0%
	MCAL - CHILD	\$ 10,039,563	2.3%
	MCAL - ACA OE	\$ 156,159,297	35.1%
	MCAL - SPD	\$ 150,863,228	33.9%
	MCAL - DUALS	\$ 11,628,901	2.6%
	MCAL - LTC	\$ 5,041,293	1.1%
	MCAL - LTC-DUAL	\$ 5,149,694	1.2%
Not Eligible	Not Eligible	\$ 59,559,595	13.4%
Total		\$ 445,244,557	100.0%

% of Total Costs By Service Type

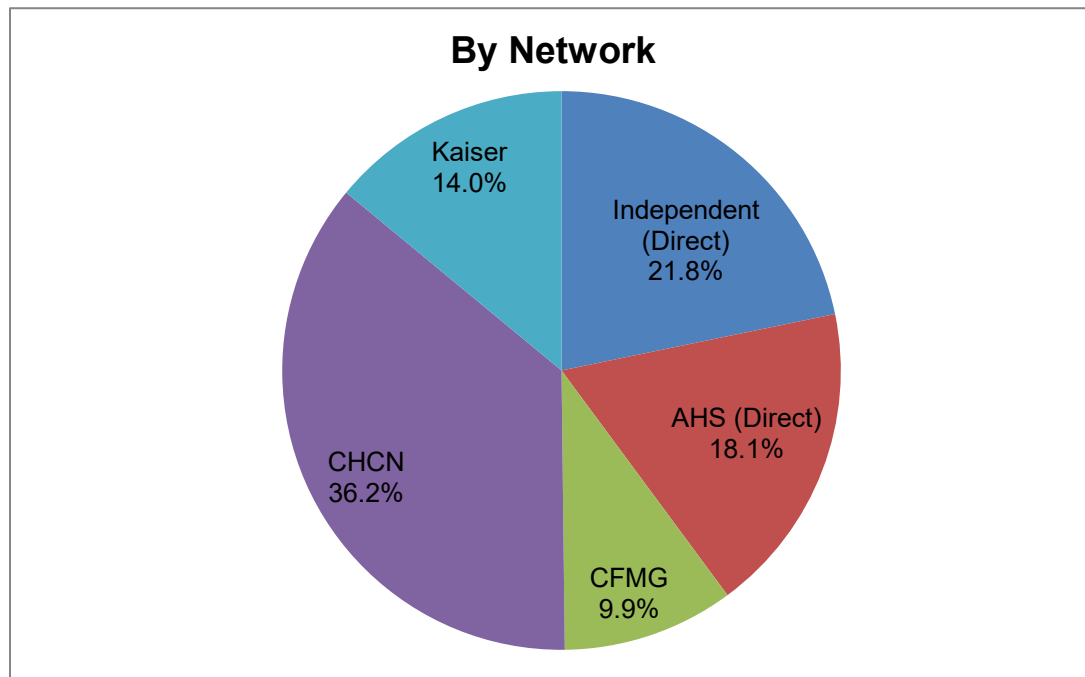
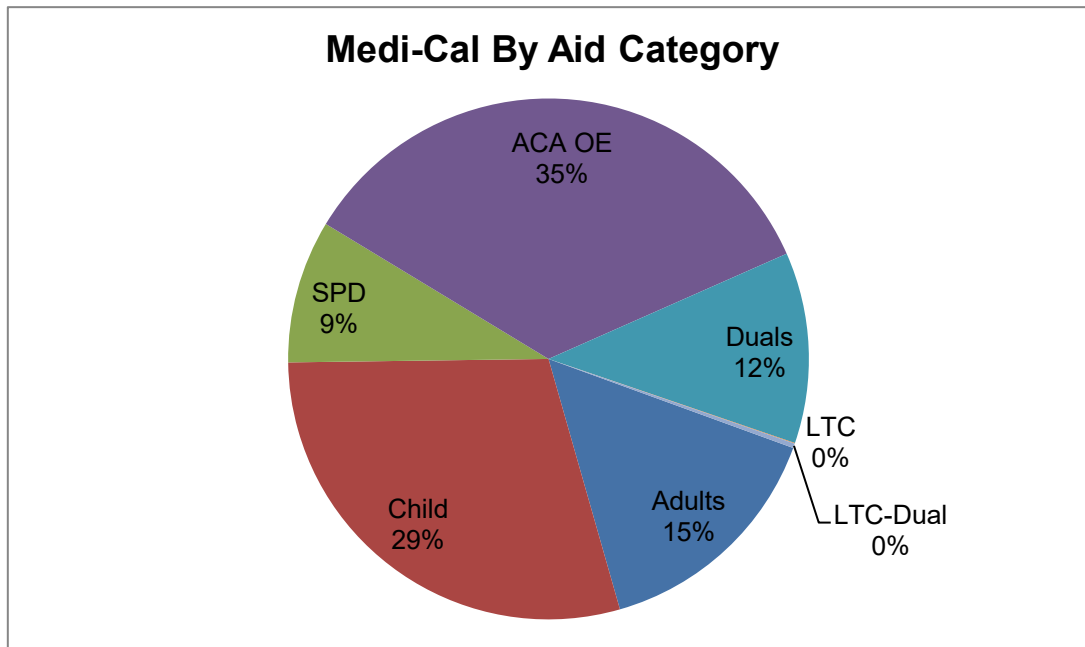
Cost Range	Breakout by Service Type/Location									
	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
\$100K+	8%	0%	1%	0%	49%	1%	14%	4%	2%	12%
\$75K to \$100K	3%	0%	1%	0%	27%	2%	6%	4%	5%	38%
\$50K to \$75K	3%	0%	2%	0%	23%	2%	5%	4%	4%	44%
\$40K to \$50K	5%	0%	1%	1%	30%	5%	5%	5%	2%	23%
\$30K to \$40K	10%	0%	2%	0%	25%	11%	6%	6%	1%	18%
\$20K to \$30K	3%	1%	4%	0%	25%	6%	7%	7%	1%	17%
\$10K to \$20K	0%	0%	9%	1%	26%	5%	10%	8%	2%	14%
\$5K to \$10K	0%	0%	12%	1%	21%	7%	11%	11%	1%	16%
Total	5%	0%	3%	0%	35%	3%	10%	5%	2%	21%

Notes:

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

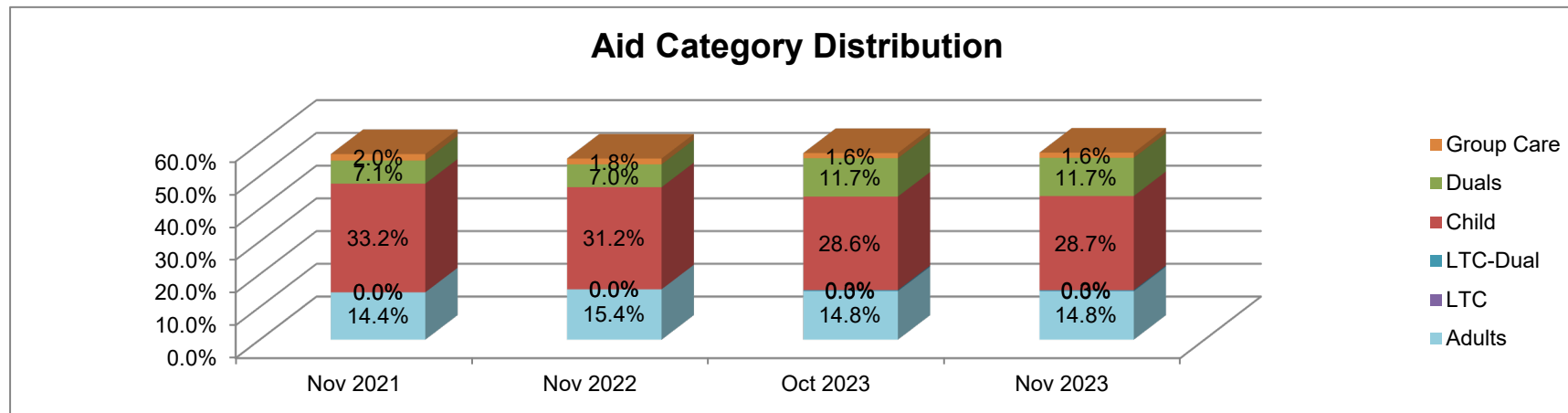
Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Category of Aid Trend							
Category of Aid	Nov 2023	% of Medi-Cal	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Adults	52,222	15%	10,597	9,958	791	21,859	9,017
Child	101,557	29%	8,412	9,260	31,949	33,755	18,181
SPD	30,887	9%	10,201	4,432	1,130	12,871	2,253
ACA OE	120,666	35%	19,740	36,972	1,253	46,993	15,708
Duals	41,217	12%	24,616	2,513	1	9,746	4,341
LTC	139	0%	139	-	-	-	-
LTC-Dual	980	0%	979	-	-	-	1
Medi-Cal	347,668		74,684	63,135	35,124	125,224	49,501
Group Care	5,586		2,188	835	-	2,563	-
Total	353,254	100%	76,872	63,970	35,124	127,787	49,501
Medi-Cal %	98.4%		97.2%	98.7%	100.0%	98.0%	100.0%
Group Care %	1.6%		2.8%	1.3%	0.0%	2.0%	0.0%
<i>Network Distribution</i>			21.8%	18.1%	9.9%	36.2%	14.0%
			% Direct: 40%	% Delegated: 60%			

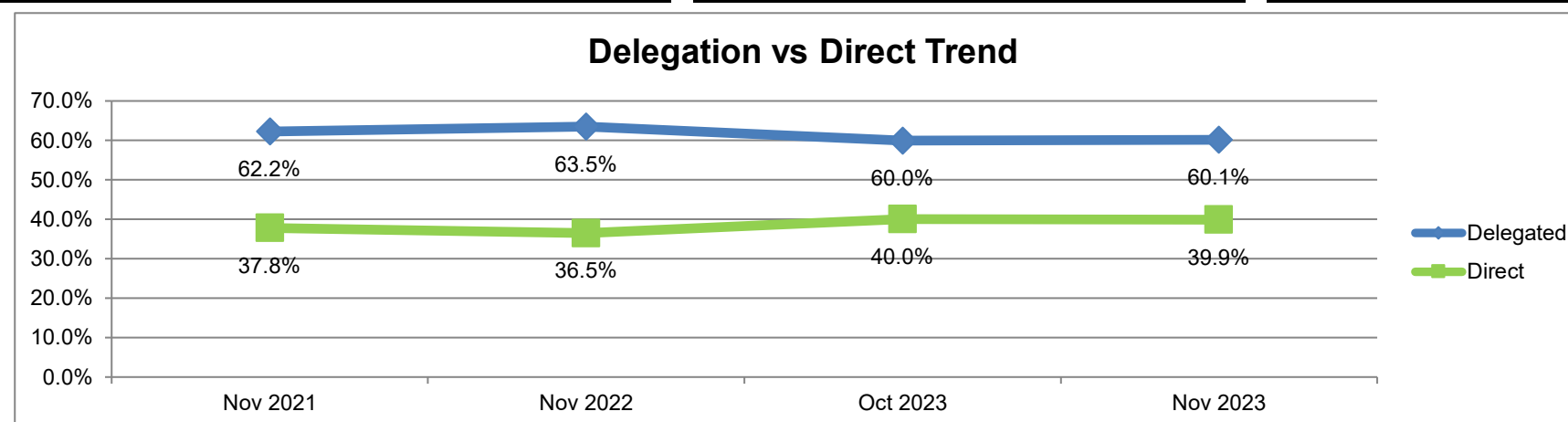


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

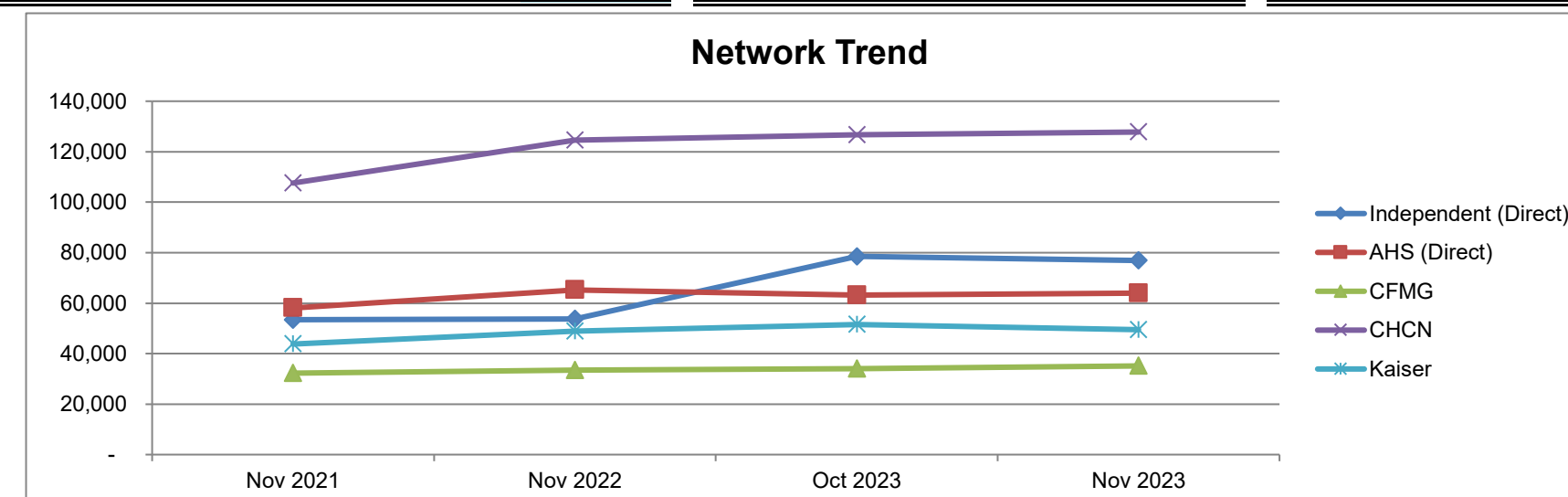
Category of Aid Trend												
Category of Aid	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Adults	42,623	50,069	52,396	52,222	14.4%	15.4%	14.8%	14.8%	17.5%	4.3%	-0.3%	
Child	97,935	101,653	101,120	101,557	33.2%	31.2%	28.6%	28.7%	3.8%	-0.1%	0.4%	
SPD	26,427	28,365	30,888	30,887	9.0%	8.7%	8.7%	8.7%	7.3%	8.9%	0.0%	
ACA OE	101,508	117,328	121,430	120,666	34.4%	36.0%	34.3%	34.2%	15.6%	2.8%	-0.6%	
Duals	20,832	22,719	41,496	41,217	7.1%	7.0%	11.7%	11.7%	9.1%	81.4%	-0.7%	
LTC	-	-	135	139	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	
LTC-Dual	-	-	997	980	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%	-1.7%	
Medi-Cal Total	289,325	320,134	348,462	347,668	98.0%	98.2%	98.4%	98.4%	10.6%	8.6%	-0.2%	
Group Care	5,826	5,791	5,605	5,586	2.0%	1.8%	1.6%	1.6%	-0.6%	-3.5%	-0.3%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



Delegation vs Direct Trend												
Members	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Delegated	183,640	206,973	212,266	212,412	62.2%	63.5%	60.0%	60.1%	12.7%	2.6%	0.1%	
Direct	111,511	118,952	141,801	140,842	37.8%	36.5%	40.0%	39.9%	6.7%	18.4%	-0.7%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



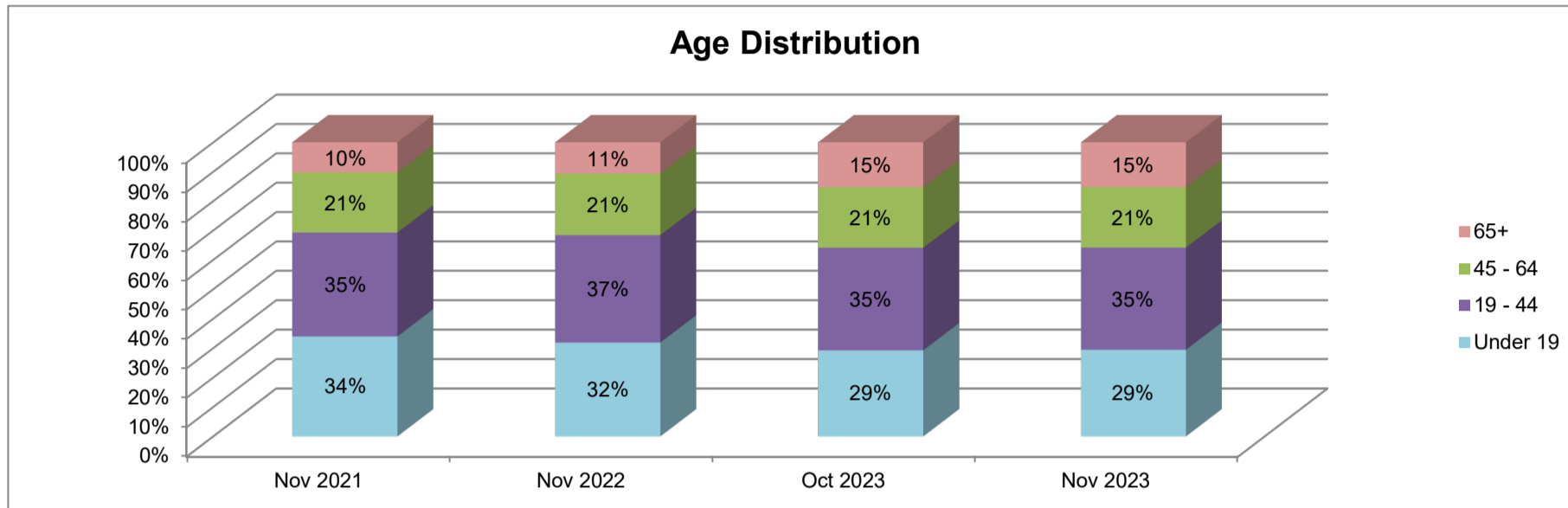
Network Trend												
Network	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Independent (Direct)	53,438	53,736	78,530	76,872	18.1%	16.5%	22.2%	21.8%	0.6%	43.1%	-2.1%	
AHS (Direct)	58,073	65,216	63,271	63,970	19.7%	20.0%	17.9%	18.1%	12.3%	-1.9%	1.1%	
CFMG	32,266	33,498	34,035	35,124	10.9%	10.3%	9.6%	9.9%	3.8%	4.9%	3.2%	
CHCN	107,583	124,637	126,705	127,787	36.5%	38.2%	35.8%	36.2%	15.9%	2.5%	0.9%	
Kaiser	43,791	48,838	51,526	49,501	14.8%	15.0%	14.6%	14.0%	11.5%	1.4%	-3.9%	
Total	295,151	325,925	354,067	353,254	100.0%	100.0%	100.0%	100.0%	10.4%	8.4%	-0.2%	



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

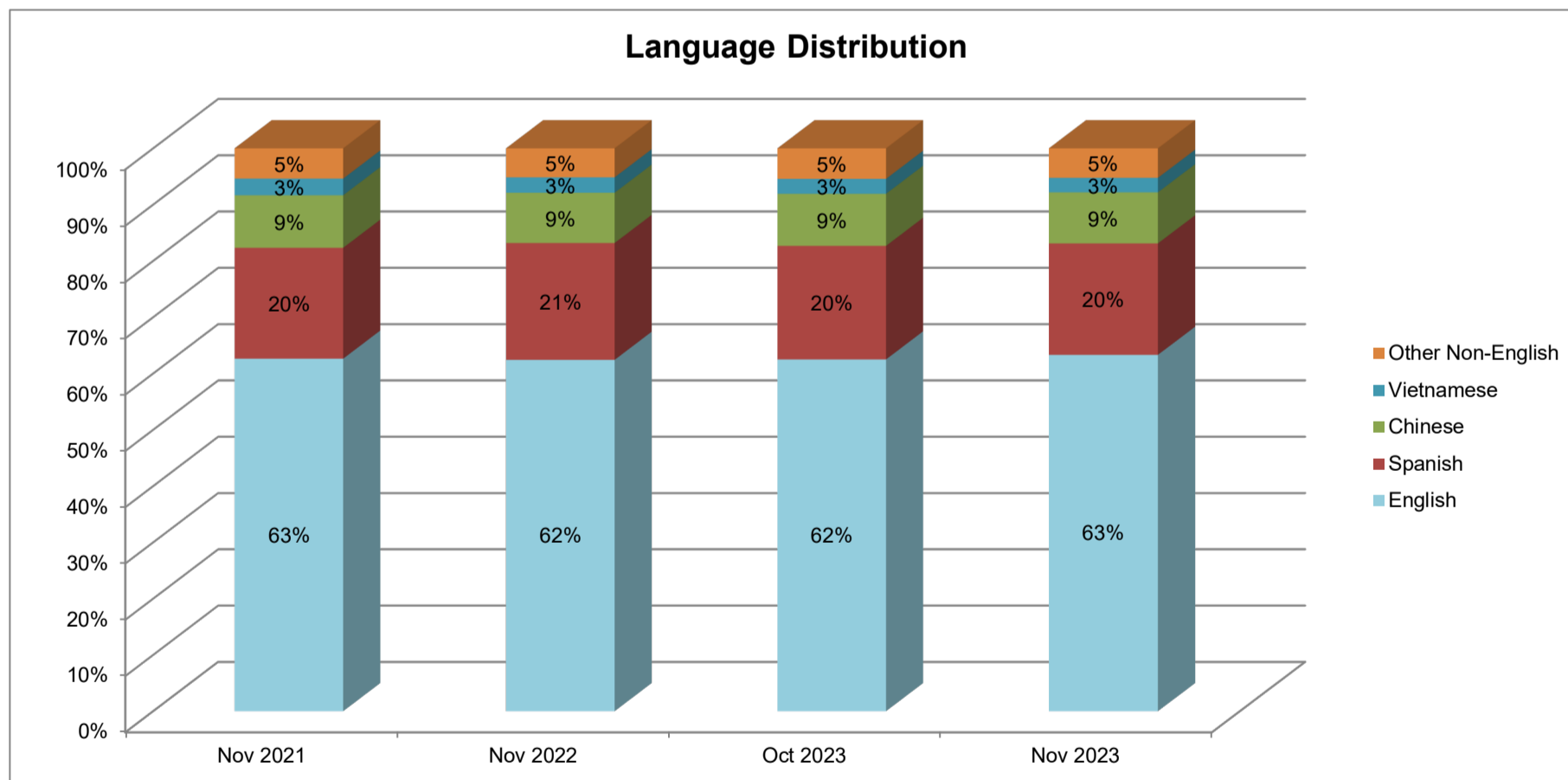
Age Category Trend

Age Category	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023
Under 19	100,206	103,882	103,512	103,912	34%	32%	29%	29%	4%	0%	0%
19 - 44	104,239	119,055	123,390	122,668	35%	37%	35%	35%	14%	3%	-1%
45 - 64	60,571	68,281	73,229	72,865	21%	21%	21%	21%	13%	7%	0%
65+	30,135	34,707	53,936	53,745	10%	11%	15%	15%	15%	55%	0%
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%



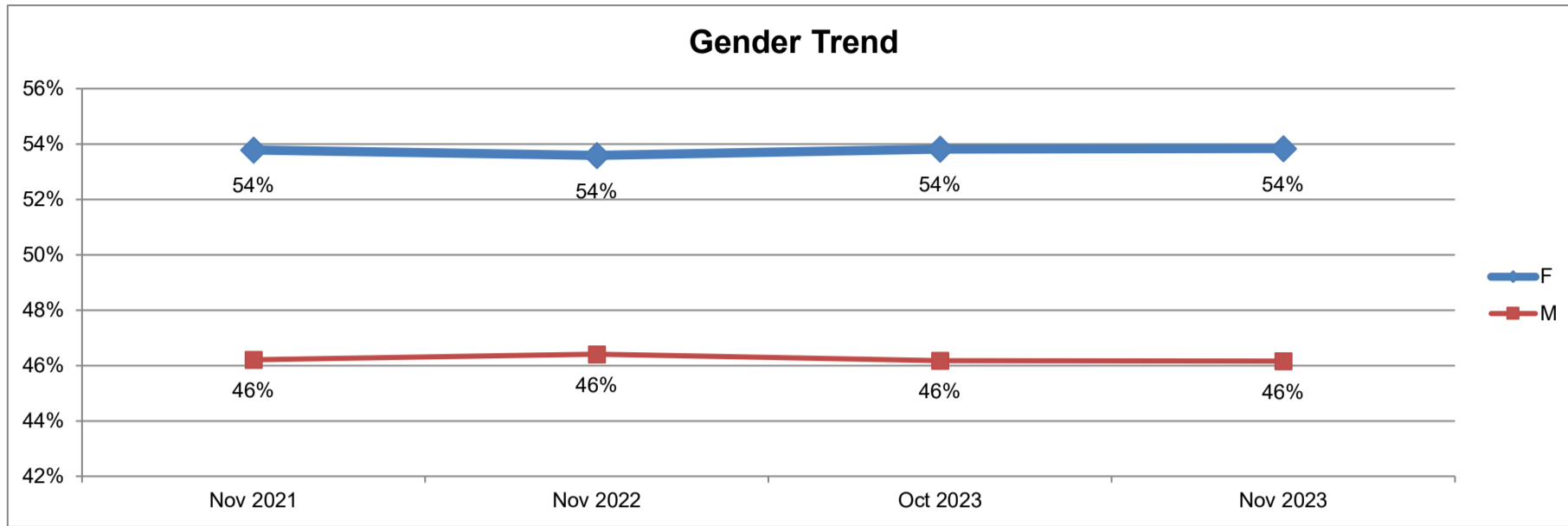
Language Trend

Language	Members				% of Total (ie.Distribution)				% Growth (Loss)		
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023
English	184,858	203,441	221,283	223,617	63%	62%	62%	63%	10%	10%	1%
Spanish	58,130	67,653	71,409	69,914	20%	21%	20%	20%	16%	3%	-2%
Chinese	27,553	29,111	32,770	32,047	9%	9%	9%	9%	6%	10%	-2%
Vietnamese	8,737	8,906	9,405	9,104	3%	3%	3%	3%	2%	2%	-3%
Other Non-English	15,873	16,814	19,200	18,508	5%	5%	5%	5%	6%	10%	-4%
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%

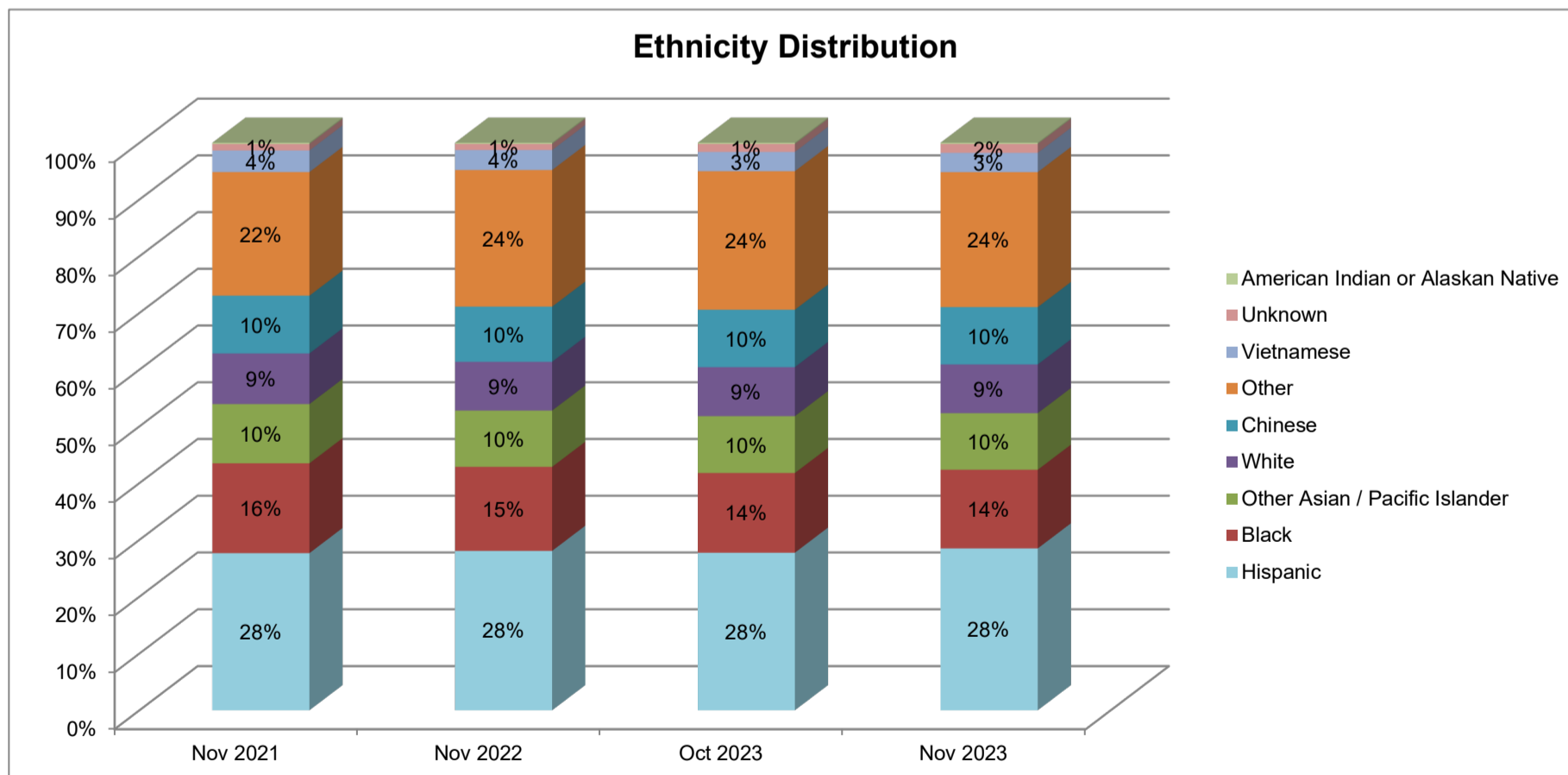


Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

Gender Trend												
Gender	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
F	158,755	174,661	190,566	190,159	54%	54%	54%	54%	10%	9%	0%	
M	136,396	151,264	163,501	163,031	46%	46%	46%	46%	11%	8%	0%	
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%	



Ethnicity Trend												
Ethnicity	Members				% of Total (ie.Distribution)				% Growth (Loss)			
	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021	Nov 2022	Oct 2023	Nov 2023	Nov 2021 to Nov 2022	Nov 2022 to Nov 2023	Oct 2023 to Nov 2023	
Hispanic	81,601	91,418	98,158	100,583	28%	28%	28%	28%	12%	10%	2%	
Black	46,720	48,247	49,717	48,956	16%	15%	14%	14%	3%	1%	-2%	
Other Asian / Pacific Islander	30,820	32,346	35,487	35,233	10%	10%	10%	10%	5%	9%	-1%	
White	26,352	28,029	30,637	30,364	9%	9%	9%	9%	6%	8%	-1%	
Chinese	30,070	31,699	35,807	35,686	10%	10%	10%	10%	5%	13%	0%	
Other	64,332	78,525	86,487	84,093	22%	24%	24%	24%	22%	7%	-3%	
Vietnamese	11,226	11,442	12,050	11,990	4%	4%	3%	3%	2%	5%	0%	
Unknown	3,399	3,526	4,980	5,553	1%	1%	1%	2%	4%	57%	12%	
American Indian or Alaskan Native	631	693	744	732	0%	0%	0%	0%	10%	6%	-2%	
Total	295,151	325,925	354,067	353,190	100%	100%	100%	100%	10%	8%	0%	



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

Medi-Cal By City

City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	133,506	38%	20,448	29,525	14,247	55,439	13,847
Hayward	54,529	16%	11,071	11,493	6,028	17,044	8,893
Fremont	32,757	9%	13,029	4,750	1,489	8,504	4,985
San Leandro	31,227	9%	6,714	4,272	3,514	11,241	5,486
Union City	14,516	4%	5,193	2,091	681	3,914	2,637
Alameda	13,482	4%	3,178	1,989	1,728	4,504	2,083
Berkeley	12,882	4%	2,953	1,507	1,332	5,234	1,856
Livermore	10,641	3%	1,652	536	1,794	4,833	1,826
Newark	8,264	2%	2,519	2,528	365	1,485	1,367
Castro Valley	8,805	3%	1,954	1,298	1,132	2,614	1,807
San Lorenzo	7,234	2%	1,328	1,231	672	2,596	1,407
Pleasanton	6,099	2%	1,440	331	541	2,753	1,034
Dublin	6,569	2%	1,560	380	657	2,844	1,128
Emeryville	2,424	1%	578	435	307	710	394
Albany	2,046	1%	386	182	366	709	403
Piedmont	439	0%	94	124	27	87	107
Sunol	73	0%	18	10	6	24	15
Antioch	65	0%	16	16	17	8	8
Other	2,110	1%	553	437	221	681	218
Total	347,668	100%	74,684	63,135	35,124	125,224	49,501

Group Care By City

City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	1,764	32%	390	333	-	1,041	-
Hayward	629	11%	302	131	-	196	-
Fremont	598	11%	419	55	-	124	-
San Leandro	593	11%	241	81	-	271	-
Union City	304	5%	197	38	-	69	-
Alameda	284	5%	100	20	-	164	-
Berkeley	163	3%	50	12	-	101	-
Livermore	101	2%	31	3	-	67	-
Newark	133	2%	84	27	-	22	-
Castro Valley	195	3%	83	30	-	82	-
San Lorenzo	130	2%	43	17	-	70	-
Pleasanton	62	1%	21	3	-	38	-
Dublin	100	2%	35	7	-	58	-
Emeryville	34	1%	16	6	-	12	-
Albany	19	0%	8	1	-	10	-
Piedmont	10	0%	2	-	-	8	-
Sunol	-	0%	-	-	-	-	-
Antioch	23	0%	7	5	-	11	-
Other	444	8%	159	66	-	219	-
Total	5,586	100%	2,188	835	-	2,563	-

Total By City

City	Nov 2023	% of Total	Independent (Direct)	AHS (Direct)	CFMG	CHCN	Kaiser
Oakland	135,270	38%	20,838	29,858	14,247	56,480	13,847
Hayward	55,158	16%	11,373	11,624	6,028	17,240	8,893
Fremont	33,355	9%	13,448	4,805	1,489	8,628	4,985
San Leandro	31,820	9%	6,955	4,353	3,514	11,512	5,486
Union City	14,820	4%	5,390	2,129	681	3,983	2,637
Alameda	13,766	4%	3,278	2,009	1,728	4,668	2,083
Berkeley	13,045	4%	3,003	1,519	1,332	5,335	1,856
Livermore	10,742	3%	1,683	539	1,794	4,900	1,826
Newark	8,397	2%	2,603	2,555	365	1,507	1,367
Castro Valley	9,000	3%	2,037	1,328	1,132	2,696	1,807
San Lorenzo	7,364	2%	1,371	1,248	672	2,666	1,407
Pleasanton	6,161	2%	1,461	334	541	2,791	1,034
Dublin	6,669	2%	1,595	387	657	2,902	1,128
Emeryville	2,458	1%	594	441	307	722	394
Albany	2,065	1%	394	183	366	719	403
Piedmont	449	0%	96	124	27	95	107
Sunol	73	0%	18	10	6	24	15
Antioch	88	0%	23	21	17	19	8
Other	2,554	1%	712	503	221	900	218
Total	353,254	100%	76,872	63,970	35,124	127,787	49,501



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

Human Resources

Anastacia Swift

To: Alameda Alliance for Health Board of Governors

From: Anastacia Swift, Chief Human Resources Officer

Date: January 12th, 2024

Subject: Human Resources Report

Staffing

- As of January 1st, 2024, the Alliance had 546 full time employees and 1-part time employee.
- On January 1st, 2024, the Alliance had 66 open positions in which 23 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 43 positions open to date. The Alliance is actively recruiting for the remaining 43 positions and several of these positions are in the interviewing or job offer stage.
- Summary of open positions by department:

Department	Open Position January 1 st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	25	11	14
Operations	30	8	22
Healthcare Analytics	3	1	2
Information Technology	7	2	5
Finance	1	1	0
Compliance & Legal	0	0	0
Human Resources	0	0	0
Health Equity	0	0	0
Executive	0	0	0
Total	66	23	43

- Our current recruitment rate is 10%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in December 2023 included:
 - 5 years:
 - Charles Walmann (Legal Services)
 - 6 years:
 - Alka Puri (Finance)
 - Anish Reddy (Apps Management, IT Quality & Process Improvement)
 - 7 years:
 - Gil Riojas (Finance)
 - 8 years:
 - Beverly Juan (Medical Services)
 - Guneet Wadhwa (IT Ops & Quality Applications Management)
 - 9 years:
 - Tammia Jackson (Case & Disease Management)
 - Jenny Jiang (Healthcare Analytics)
 - Alexandria Moore-Johnson (Provider Services)
 - 10 years:
 - Ann Chu (Case & Disease Management)
 - 11 years:
 - Katherine Gordon (Apps Management, IT Quality & Process Improvement)
 - Elizabeth Nunez (Member Services)
 - 12 years:
 - Annie Lam (Provider Services)
 - Roxanne Eliscu (Apps Management, IT Quality & Process Improvement)
 - 19 years:
 - Monica Cabral (Claims)
 - 25 years:
 - Famina Perry (Claims)



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Legislative Tracking

2024 Legislative Tracking List

Wednesday, January 3rd kicked off the 2024 California State Legislative Session. The following is a list of state bills tracked by the Public Affairs and Compliance Departments. This list includes a number of 2-year bills from last year that must be passed by their chamber by January 31st and new bills that were introduced this session. The legislature has until February 16th to introduce new bills. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership.

[AB 47](#) ([Boerner D](#)) **Pelvic floor physical therapy coverage.**

Current Text: Introduced: 12/5/2022

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 12/5/2022) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

[AB 55](#) ([Rodriguez D](#)) **Medi-Cal: workforce adjustment for ground ambulance transports.**

Current Text: Amended: 4/27/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/10/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law requires, with exceptions, that Medi-Cal reimbursement to providers of emergency medical transports be increased by application of an add-on to the associated Medi-Cal fee-for-service payment schedule. Under current law, those increased payments are funded solely from a quality assurance fee (QAF), which emergency medical transport providers are required to pay based on a specified formula, and from federal reimbursement and any other related federal funds. Current law sets forth separate provisions for increased Medi-Cal reimbursement to providers of ground emergency medical transportation services that are owned or operated by certain types of public

entities. This bill would establish, for dates of service on or after July 1, 2024, a workforce adjustment, serving as an additional payment, for each ground ambulance transport performed by a provider of medical transportation services, excluding the above-described public entity providers. The bill would vary the rate of adjustment depending on the point of pickup and whether the service was for an emergency or nonemergency, with the workforce adjustment being equal to 80% of the lowest maximum allowance established by the federal Medicare Program reduced by the fee-for-service payment schedule amount, as specified.

AB 236 **(Holden D) Health care coverage: provider directories.**

Current Text: Amended: 3/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/19/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House							

Summary: Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. This bill would require a plan or insurer to annually audit and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on January 1, 2024, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before January 1, 2027. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks and for each inaccurate listing in its directories. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2024, unless specified criteria applies. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.

AB 365 **(Aguiar-Curry D) Medi-Cal: diabetes management.**

Current Text: Amended: 9/8/2023

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/12/2023) (May be acted upon Jan 2024)

Location: 9/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	2 year	Conf. Conc	Enrolle d	Veto ed	Chapter ed
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1st House				2nd House								

Summary: Would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program for the treatment of diabetes when medically necessary, subject to utilization controls. The bill would require the State Department of Health Care Services, by July 1, 2024, to review, and update as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained, and federal financial participation is available.

AB 488 ([Nguyen, Stephanie D](#)) **Medi-Cal: skilled nursing facilities: vision loss.**

Current Text: Introduced: 2/7/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/17/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Des k	2 yea r	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law requires the State Department of Health Care Services, subject to any necessary federal approvals, for managed care rating periods that begin between January 1, 2023, and December 31, 2026, inclusive, to establish and implement the Workforce and Quality Incentive Program under which a network provider furnishing skilled nursing facility services to a Medi-Cal managed care enrollee may earn performance-based directed payments from the Medi-Cal managed care plan with which they contract, as specified. Current law, subject to an appropriation, requires the department to set the amounts of those directed payments under a specified formula. Current law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures. This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss.

AB 564 ([Villapudua D](#)) **Medi-Cal: claim or remittance forms: signature.**

Current Text: Amended: 4/5/2023

Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/14/2023) (May be acted upon Jan 2024)

Location: 7/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	2 year	Fiscal	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. Current law requires the Director of Health Care Services to develop and implement standards for the timely processing and payment of each claim type. Current law requires that the standards be sufficient to meet minimal federal requirements for the timely processing of claims. Current law states the intent of the Legislature that claim forms for use by physicians and hospitals be the same as claim forms in general use by other payors, as specified. This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program, to the extent not in conflict with federal law.

AB 586 (Calderon D) Medi-Cal: community supports: climate change or environmental remediation devices.

Current Text: Amended: 3/30/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the State Department of Health Care Services is authorized to approve include, among other things, housing deposits, environmental accessibility adaptations or home modifications, and asthma remediation. This bill would add climate change or environmental remediation devices to the above-described list of community supports. For purposes of these provisions, the bill would define “climate change or environmental remediation devices” as coverage of devices and installation of those devices, as necessary, to address health-related complications, barriers, or other factors linked to extreme weather, poor air quality, or climate events, including air conditioners, electric heaters, air filters, or backup power sources, among other specified devices for certain purposes.

AB 1022 (Mathis R) Medi-Cal: Program of All-Inclusive Care for the Elderly.

Current Text: Introduced: 2/15/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House				.			

Summary: Current federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center so that they may continue living in the community. Federal law authorizes states to implement PACE as a Medicaid state option. Current state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state’s Medi-Cal state plan. Current law requires the department to develop and pay capitation rates to entities contracted through the PACE program using actuarial methods and that reflect the level of care associated with the specific populations served pursuant to the contract. Current law authorizes a PACE organization approved by the department to use video telehealth to conduct initial assessments and annual reassessments for eligibility for enrollment in the PACE program. This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified.

AB 1091 (Wood D) Health Care Consolidation and Contracting Fairness Act of 2023.

Current Text: Introduced: 2/15/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/2/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House				.			

Summary: This bill, the Health Care Consolidation and Contracting Fairness Act of 2023, would prohibit a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan’s or insurer’s contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner’s or health facility’s entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local

program.

AB 1092 (Wood D) Health care service plans: consolidation.

Current Text: Amended: 6/28/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House				.			

Summary: Current law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Current law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Current law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program.

AB 1110 (Arambula D) Public health: adverse childhood experiences.

Current Text: Amended: 7/10/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
1st House				2nd House				.			

Summary: Would, subject to an appropriation and until January 1, 2027, require the office and the State Department of Health Care Services, while administering the ACEs Aware initiative and in collaboration with subject matter experts, to review available literature on ACEs, as defined, and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, post the guidance on the department's internet website and the ACEs Aware internet website, and make the guidance accessible, as

specified.

AB 1157 (**Ortega D**) **Rehabilitative and habilitative services: durable medical equipment and services.**

Current Text: Amended: 7/13/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/14/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Des k	Policy	Fiscal	Floor	Des k	Policy	2 yea r	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Current law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.

AB 1313 (**Ortega D**) **Older individuals: case management services.**

Current Text: Amended: 4/27/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/3/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-S. 2 YEAR

Des k	Policy	Fiscal	Floor	Des k	Policy	2 yea r	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: The Mello-Granlund Older Californians Act requires the California Department

of Aging to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department’s mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would, until January 1, 2030, and subject to an appropriation, require the department to establish a case management services pilot program. Under the bill, the purpose of the program would be to expand statewide the local capacity of supportive services programs by providing case management services to older individuals who need assistance to maintain health and economic stability. The bill would require the Counties of Alameda, Marin, and Sonoma to participate in the pilot program.

AB 1338 (Petrie-Norris D) Medi-Cal: community supports.

Current Text: Amended: 4/20/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/3/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Des k	Policy	2 yea r	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, recuperative care, respite, day habilitation programs, and medically supportive food and nutrition services.

AB 1450 (Jackson D) Behavioral health: behavioral health and wellness screenings: notice.

Current Text: Amended: 1/3/2024

Status: 1/3/2024-From committee chair, with author’s amendments: Amend, and re-refer to Com. on ED. Read second time and amended.

Location: 3/9/2023-A. ED.

Des k	Policy	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enroll ed	Vetoe d	Chapter ed
1st House				2nd House				.			

Summary: Current law requires the Medical Board of California, in determining its continuing education requirements, to consider including a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues and exposure to trauma in children and young adults and their

appropriate care and treatment. Current law requires a physician and surgeon to provide notice to patients at an initial office visit regarding a specified database. Current law requires the State Department of Public Health to license and regulate health facilities, including general acute care hospitals. Current law requires a general acute care hospital to establish and adopt written policies and procedures to screen patients who are 12 years of age and older for purposes of detecting a risk for suicidal ideation and behavior. The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Current law provides for the regulation of health insurers by the Department of Insurance. This bill would require a physician and surgeon, a general acute care hospital, a health care service plan, and a health insurer to provide to each legal guardian of a patient, enrollee, or insured, 10 to 18 years of age, a written or electronic notice regarding the benefits of a behavioral health and wellness screening. The bill would require the providers to provide the notice at least once every 2 years in the preferred method of the legal guardian.

AB 1608 (Patterson, Joe R) Medi-Cal: managed care plans.

Current Text: Amended: 1/3/2024

Status: 1/3/2024-In committee: Set, first hearing. Hearing canceled at the request of author. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.

Location: 12/20/2023-A. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enroll ed	Vetoe d	Chapter ed
1st House				2nd House							

Summary: The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes, reduce health disparities, and increase flexibility. Current law authorizes the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across all aid code groups and Medi-Cal managed care models statewide, subject to a Medi-Cal managed care plan readiness, continuity of care transition plan, and disenrollment process developed in consultation with stakeholders, in accordance with specified requirements and the CalAIM Terms and Conditions. Existing law, if the department standardizes those populations subject to mandatory enrollment, exempts certain dual and non-dual beneficiary groups, as defined, from that mandatory enrollment.

This bill would additionally exempt dual and non-dual-eligible beneficiaries who receive services from a regional center and use a Medi-Cal fee-for-service delivery system as a secondary form of health coverage.

AB 1644 (Bonta D) Medi-Cal: medically supportive food and nutrition services.

Current Text: Amended: 4/27/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/17/2023) (May be acted upon Jan 2024)

Location: 5/19/2023-A. 2 YEAR

Des k	Policy	2 yea r	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enrolle d	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, upon issuance of final guidance by the State Department of Health Care Services. The bill would require medically supportive food and nutrition interventions to be covered when determined to be medically necessary by a health care provider or health care plan, as specified. In order to qualify for coverage under the Medi-Cal program, the bill would require a patient to be offered at least 3 of 6 specified medically supportive food and nutrition interventions and for the interventions to be provided for a minimum duration of 12 weeks, as specified. The bill would only provide coverage for nutrition support interventions when paired with the provision of food through one of the 3 offered interventions. The bill would require a health care provider to match the acuity of a patient’s condition to the intensity and duration of the medically supportive food and nutrition intervention and include culturally appropriate foods whenever possible.

AB 1690 (Kalra D) Universal health care coverage.

Current Text: Introduced: 2/17/2023

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023) (May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

2 yea r	Policy	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enroll ed	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

AB 1698 (Wood D) Medi-Cal.

Current Text: Introduced: 2/17/2023

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2/17/2023) (May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

2 yea r	Policy	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf. Conc	Enroll ed	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make specified findings and would express the intent of the Legislature to enact future legislation relating to Medi-Cal.

AB 1783 (Essayli R) Health care: immigration.

Current Text: Introduced: 1/3/2024

Status: 1/3/2024-Introduced. To print.

Location: 1/3/2024-A. PRINT

Des k	Policy	Fiscal	Floor	Des k	Policy	Fiscal	Floor	Conf Conc	Enroll ed	Vetoe d	Chapter ed
1st House				2nd House				.			

Summary: Would state the intent of the Legislature to enact legislation to remove all taxpayer funding for health care for illegal immigrants from the California State Budget.

SB 70 (Wiener D) Prescription drug coverage.

Current Text: Amended: 6/29/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-A. 2 YEAR

Des k	Policy	Fiscal	Floor	Des k	Policy	2 yea r	Floor	Conf. Conc	Enroll ed	Veto ed	Chapter ed
1st House				2nd House				.			

Summary: Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law prohibits a health care service plan contract that covers prescription drug benefits or a

specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Current law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, as specified, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.

SB 294 **(Wiener D) Health care coverage: independent medical review.**

Current Text: Amended: 1/3/2024

Status: 1/3/2024-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS. Re-referred to Com. on HEALTH.

Location: 1/3/2024-S. HEALTH

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enroll	Vetoe	Chapter
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Summary: Would, commencing July 1, 2025, require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified.

SB 516 **(Skinner D) Health care coverage: prior authorization.**

Current Text: Amended: 9/13/2023

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 9/14/2023) (May be acted upon Jan 2024)

Location: 9/14/2023-A. 2 YEAR

Des	Policy	Fiscal	Floor	Des	Policy	2	Floor	Conf.	Enroll	Veto	Chapter
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Summary: Would, on or after January 1, 2026, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

SB 551 (**Portantino D**) **Mental health boards.**

Current Text: Amended: 6/15/2023

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2023) (May be acted upon Jan 2024)

Location: 9/14/2023-A. 2 YEAR

Des	Policy	Fiscal	Floor	Des	Policy	Fiscal	2	Conf.	Enrolle	Veto	Chapter
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1st House				2nd House							

Summary: The Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Current law requires each community mental health service to have a mental health board, as specified. Current law encourages counties to appoint members of the community who represent specific groups, including county offices of education and hospitals. Current law requires a member of the board to abstain from voting on any issue in which the member has a financial interest. This bill would require one member of a mental health board's membership to be employed by a local educational agency, and at least one member to be an individual who is 25 years of age or younger in counties with a mental health board membership of 5 to 8 members. The bill would require 2 members of the board to be employed by a local educational agency and at least 2 members to be 25 years of age or younger in counties with a mental health board membership of 9 to 15 members. The bill would require at least 2 members of the board to be employed by a local educational

agency and at least two members to be 25 years of age or younger in counties with a mental health board membership of 16 or more members. The bill would require counties to give a strong preference to appointing members of the board who have experience providing mental health services to students. The bill would state that the intent of the Legislature is for youth appointments to a mental health board to address or prevent health and mental health disparities or inequities through representation of vulnerable, underserved, and marginalized communities.

SB 729 (Menjivar D) Health care coverage: treatment for infertility and fertility services.

Current Text: Amended: 8/14/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/23/2023) (May be acted upon Jan 2024)

Location: 9/1/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc	Enrolled	Vetoed	Chaptered
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Summary: Would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contract holders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies.