ALAMEDA Alliance FOR HEALTH

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Board of Governors

PACKET

Friday, November 10th, 2023

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EXECUTIVE SUMMARY APPENDIX

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

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SUPPORTING MATERIALS APPENDIX

Please click on the hyperlink(s) below to direct you to 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: **November 10th, 2023**

Subject: **CEO Report**

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

	October	YTD
Medi-Cal	$5.8M	$16.8M
Group Care	($255K)	$771K
Total	$5.5M	$17.6M

  - **Revenue was $137.4 million in September 2023 and $414.5 million Year-to-Date (YTD)**.
    - Medical expenses were $126.4 million in September and $382.2 million for the fiscal year-to-date; the medical loss ratio is 92.0% for the month and 92.2% for the fiscal year-to-date.
    - Administrative expenses were $7.1 million in September and $21.2 million year-to-date; the administrative loss ratio is 5.1% of net revenue for the month and 5.1% of net revenue year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 737% of the required DMHC minimum, representing $341.6 million in excess TNE.
  - **Total enrollment in September 2023 was 350,548**, a decrease of 4,123 members compared to August. This was a 4,109 member decrease in Medi-Cal and 14 member decrease in Group Care.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met for the month of October.
  - **Non-Regulatory Metrics:**
    - The member services department did not meet one metric for the month of October. The member services team had an abandonment rate of 6% instead of the internal metric of 5%.

- **Program Implementations:**
  - **Final Budget Discussion**
    - The DHCS ended up reducing the Alliance rates for calendar 2024. We are working internally to understand what this means to our final budget and to programs that the Board will review in December.

- **Inadvertent Pay Equity Survey**
  - In June, the Alliance began a pay equity survey to ensure our employees are compensated appropriately. The inadvertent pay equity survey showed overall that we have done very well as a company. On November 17th, 2024, the Alliance will adjust 29 employees (out of 508) that fell out of the range they were in based on job classification.

- **Recruiting Incentives for our Network**
  - Thank you to all the Board members who sent feedback. We will review the draft program with all edits at the December meeting or at the January Board Retreat.

- **Board of Governors Grant Program**
  - The Board grant program will be out for review before the December Board meeting, or we can review at the January Board Retreat.

- **Incentive Programs**

  Program #1. Behavioral Health Integration Incentive Program.

  - Description & Purpose:

    The incentive program is designed to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience. The goal is to increase provider network integration at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level), focus on new target populations or health disparities, and improve the level of integration or impact of behavioral and physical health.

    This incentive program ended on December 31st, 2022.
  - Program Years: **1/1/2021 - 12/31/2022**
  - Maximum allocation to Alameda Alliance: **$3.2 million**
  - Earned incentive dollars: **$3.2 million**
  - Payments issued to providers: **$3.0 million awarded** to three contracted providers (Community Health Center Network, Lifelong Medical Care and Bay Area Community Health). AAH was allowed to keep $200k to cover program administrative costs so all available funds have been expended.
  - State Guidance: DHCS APL 22-021

  Program #2. COVID-19 Vaccine Incentive Program.

  - Description & Purpose:

    The incentive program began in October 2021 and ended on February 28, 2022. The vaccine program targeted children and adults enrolled in Medi-Cal managed care, ages 12 and older. During the vaccination

campaign, the vaccination rates for Medi-Cal beneficiaries increased by 13.2%, from 62.2% to 75.4%. The Alliance was awarded $2.2 million, or 26% of the available funding.

This incentive program ended on February 28, 2022.

- Program Years: **10/1/2021 – 2/28/2022**
- Maximum allocation to Alameda Alliance: **$8.4 million**.
- Earned incentive dollars: **$3.0 million**.
- Payments issued to Providers: **$1.4 million awarded** to approximately nineteen (19) organizations across Alameda County. Member incentives continue to be paid for eligible members receiving COVID-19 vaccinations.

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 Supports 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 to 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 was submitted to DHCS on September 1st, 2023, and reflects the lookback period of 1/1/2023-6/30/2023. AAH is working 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, and prevention and early intervention.

- Program Years: **1/1/2022 - 12/31/2024**
- Maximum allocation to Alameda Alliance: **$9.7 million**.
- Earned incentive dollars: **$5.2 million.**
- Payments issued to SBHIP Partners: **$4.4 million**.
- Current Status:

  The Bi-Quarterly Report (BQR) for the first measurement period (January 1st, 2023 - June 30th, 2023) was submitted to DHCS on June 30th, 2023, and approved on September 15th, 2023; the associated payment of $1.1M is expected in October 2023. 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 with ACOE to support LEAs in developing the infrastructure to sustain program activities post-SBHIP. A MOU with CHSC is underway to provide additional support to LEAs for SBHIP program 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 and 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 to Providers: **$11.8 million.**
- State Guidance: DHCS APL 22-007
- Current Status:

  The Alliance has issued $11.8M in HHIP payments to HCSA for the completion of fifteen (15) deliverables, with the latest payment issued on September 12th, 2023. 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, and a Housing Community Supports (HCS) Legal Services pilot that went live July 2023.

  The Alliance is eligible to earn up to $44.3M over the course of HHIP. $6.6 million was allocated and earned for calendar year 2022, $15.5 million was allocated for calendar year 2023 of which $13.7 has been earned; to date, AAH has earned 92% of 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, which is tied to the Submission 2 Report, should be received in March 2024.

Section 4. 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. DHCS recently announced the recipients of the Round 1A CITED recipients. The CITED Round 2 application period closed on May 31st, 2023.
- **Justice-Involved Capacity Building**: Funding to maintain and build pre-release and post-release services to support 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**

Section 5. 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 0B/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. MCPs will support practices in their applications that are due October 23rd, 2023, and will be responsible for evaluating applications and submitting suitable candidates for the larger EPT program to DHCS. MCP-related incentive dollars and EPT evaluation criteria 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.

MCPs will not receive incentive dollars for this program; however, MCPs 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 and would be considered separate and apart from this program. Specific details regarding milestones and funding timelines are currently under review by DHCS. Applications are due to DHCS October 23rd, 2023, and practices of all sizes are eligible to participate, within the outlined eligibility criteria.

- 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. The structure of the program is still being determined and there are currently no contractors in place for this component of EPT.

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Executive Dashboard

OPERATIONS DASHBOARD

NOVEMBER 2023

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Financials

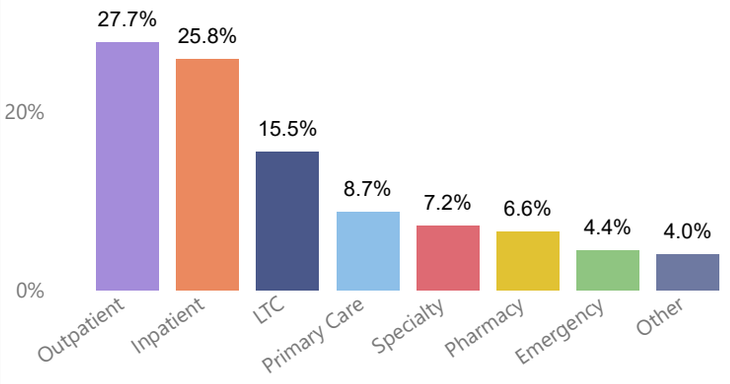
Income & Expenses

	SEPTEMBER 2023	FISCAL YTD
REVENUE	$ 137.4 M	$ 414.5 M
MEDICAL EXPENSE	$ (126.4) M	$ (382.2) M
ADMIN EXPENSE	$ (7.1) M	$ (21.2) M
OTHER	$ 1.5 M	$ 6.4 M
NET INCOME	$ 5.5 M	$ 17.6 M

Gross Margin %

7.8%

Medical Expenses



Liquid Reserves

MLR Net %

92.2%

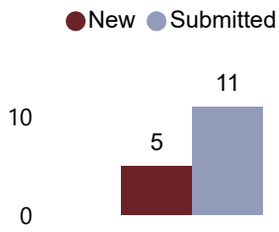
TNE %

736.9%

TNE $

$341.6M

Reinsurance Cases



Balance Sheet

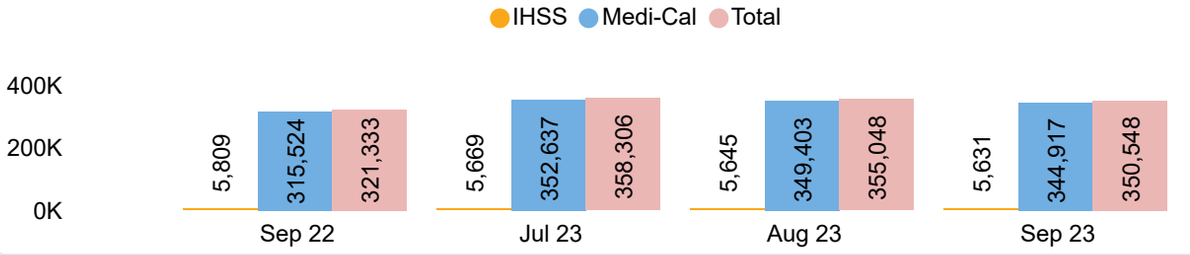
Cash Equivalents	$603.2M
Pass-Through Liabilities	$280.0M
Uncommitted Cash	$323.2M
Working Capital	$325.2M

Current Ratio

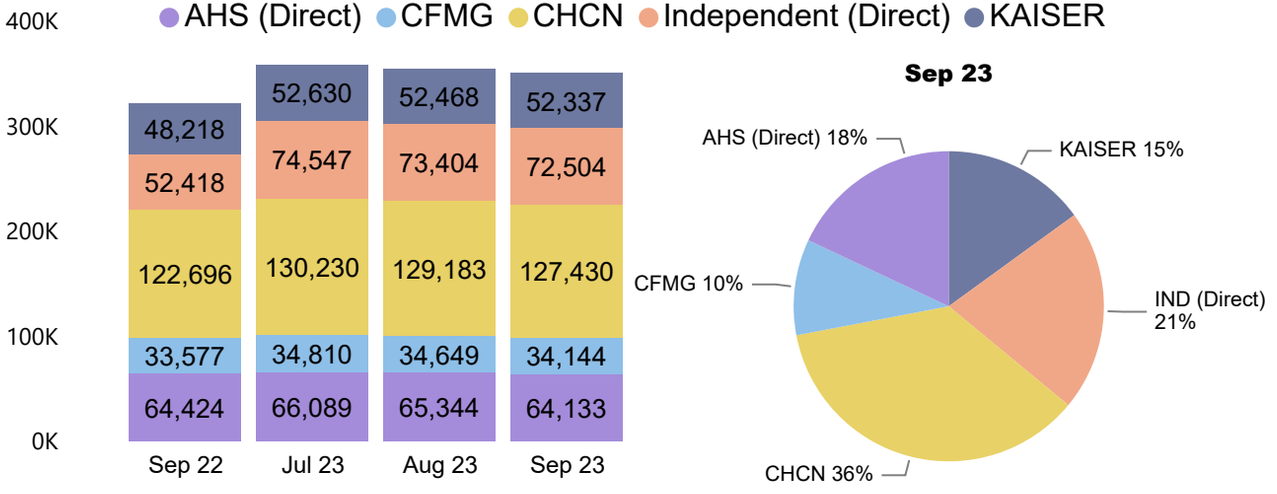
1.64

Membership

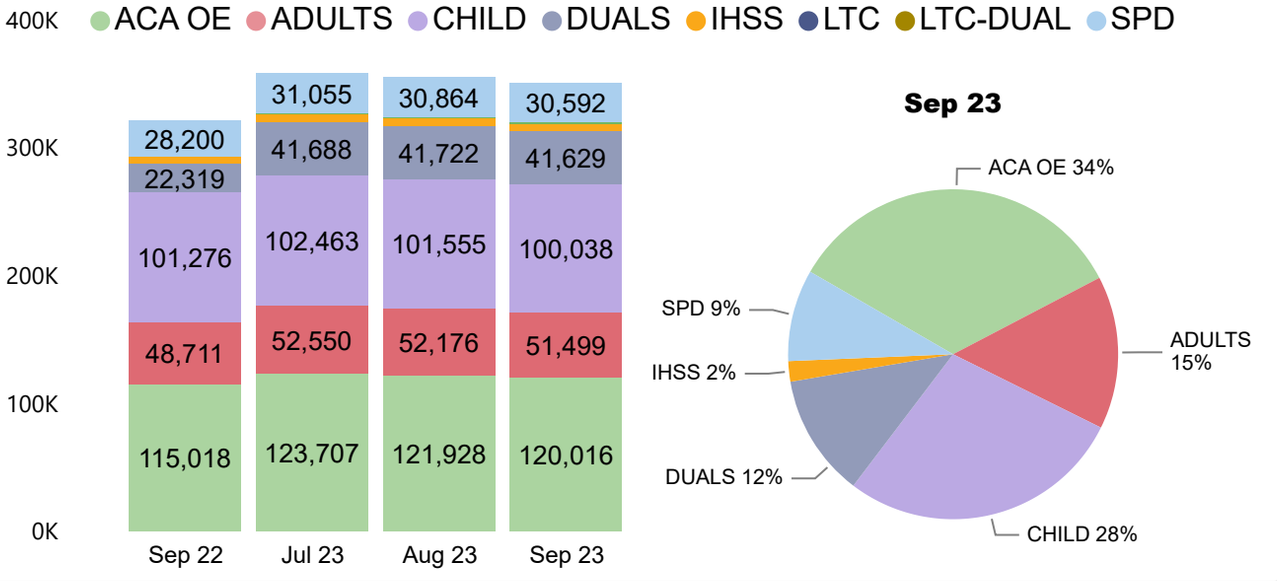
By Plan



By Network



By Category



OPERATIONS DASHBOARD

NOVEMBER 2023

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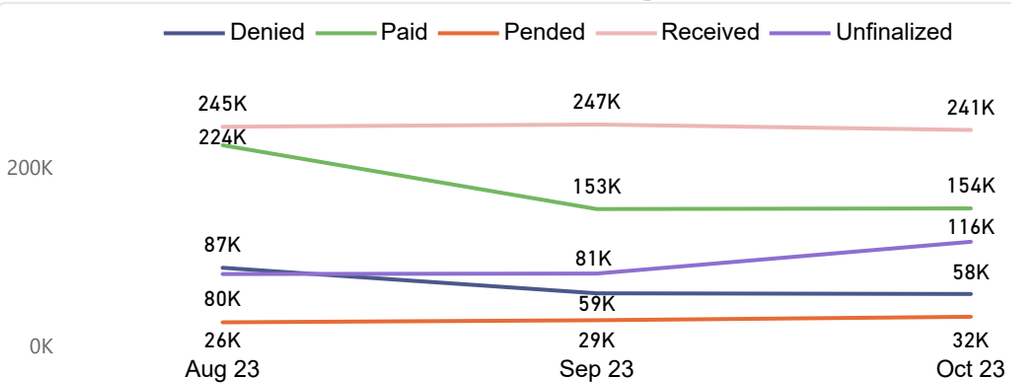
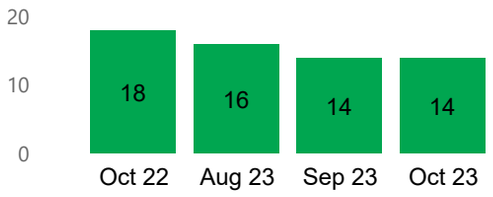
Claims

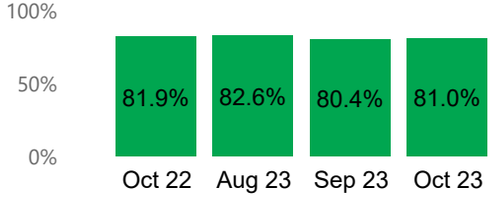
Claims Processing



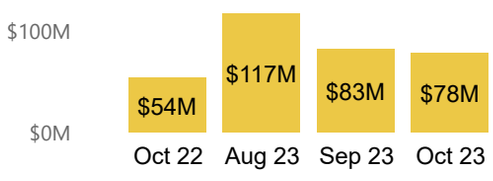
Average Payment TAT (Days)



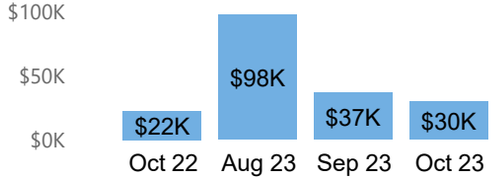
Auto Adjudication Rate (%)



Claims Paid ($)

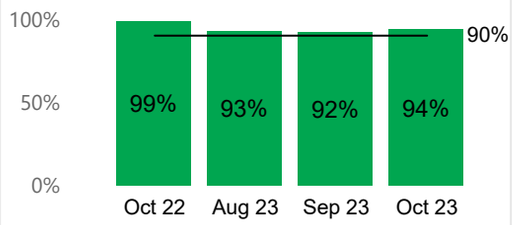


Interest Paid ($)

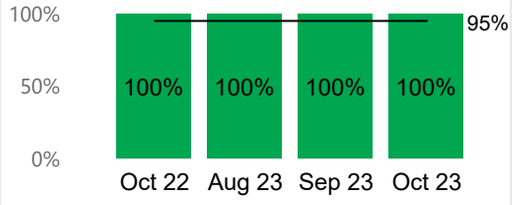


Claims Compliance

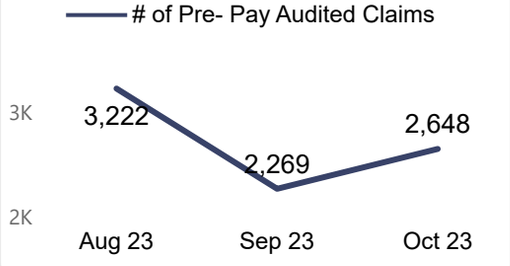
Processed 30 Cal Days (%)



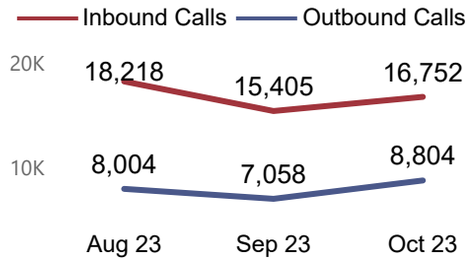
Processed 45 Work Days (%)



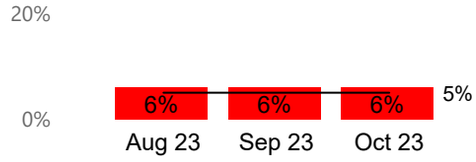
Claims Auditing



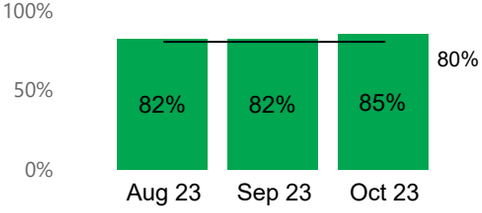
Member Services



Abandoned Call Rate (%)

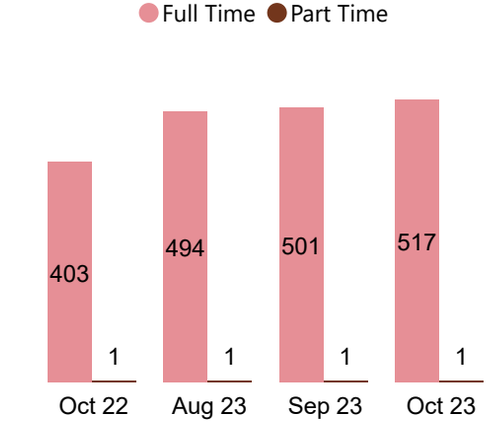


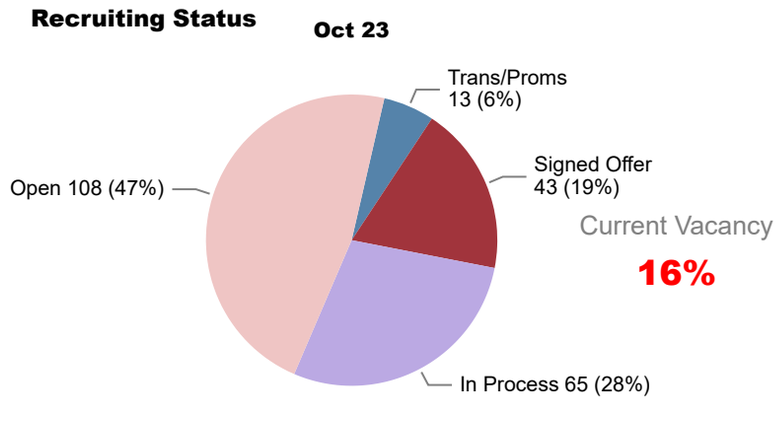
Calls Answered in 30 Seconds (%)

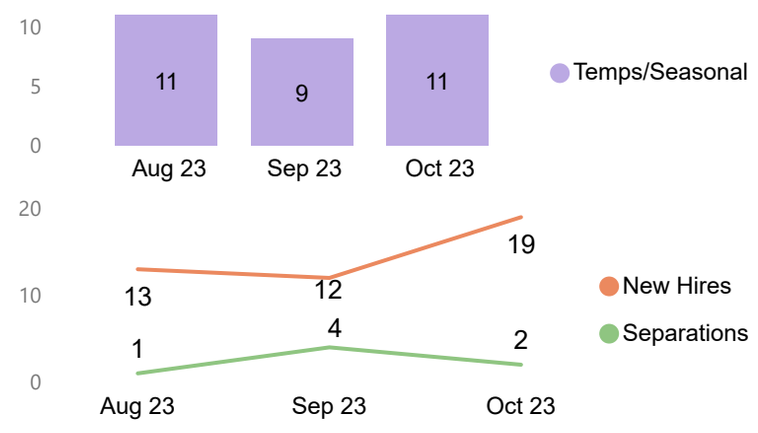


Average Call Times	Aug 23	Sep 23	Oct 23
Wait Time	00:38	00:38	00:32
Call Duration	06:29	06:36	06:40

Human Resources







Provider Services

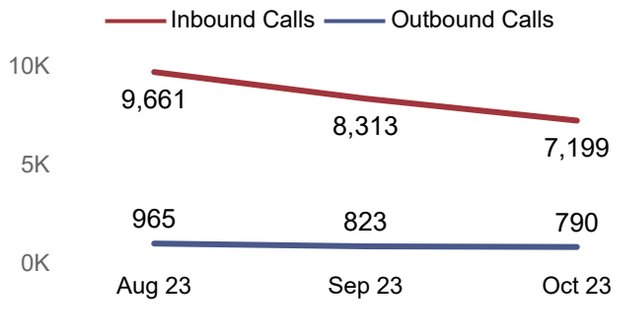
Provider Network

Hospital	17
Specialist	9,602
Primary Care Physician	769
Skilled Nursing Facility	104
Urgent Care	7
Health Centers (FQHCs and Non-FQHCs)	68
TOTAL	**10,567**

Provider Credentialing

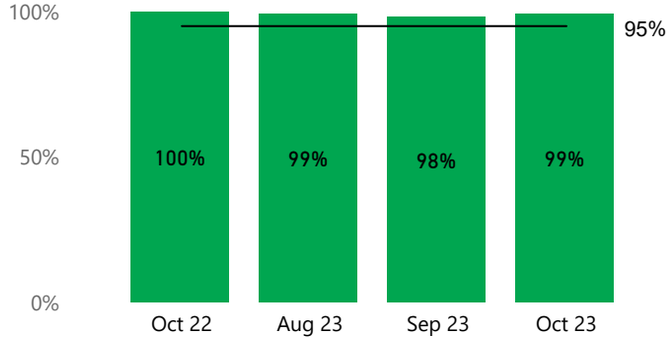
2,755

Provider Call Center



Provider Disputes & Resolutions

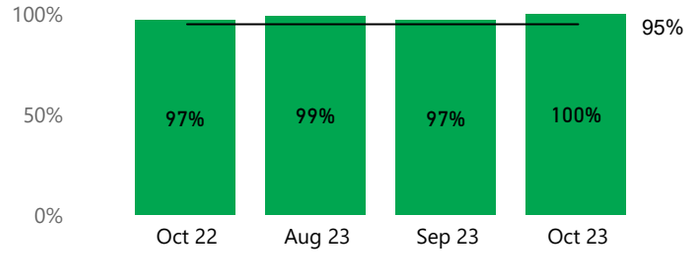
Turnaround Compliance (45 business days)



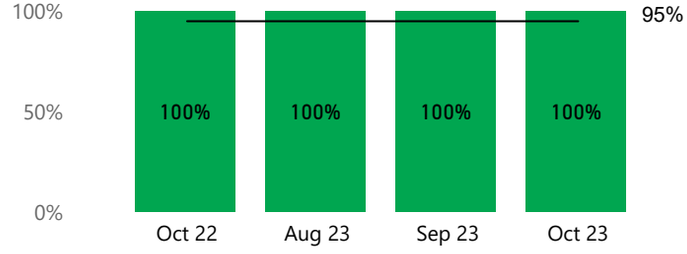
Compliance

Member Grievances

Standard (30 calendar days)

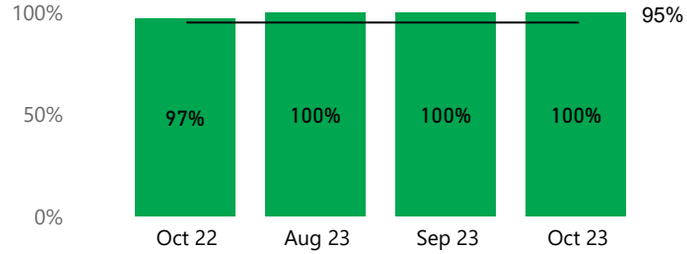


Expedited (3 calendar days)

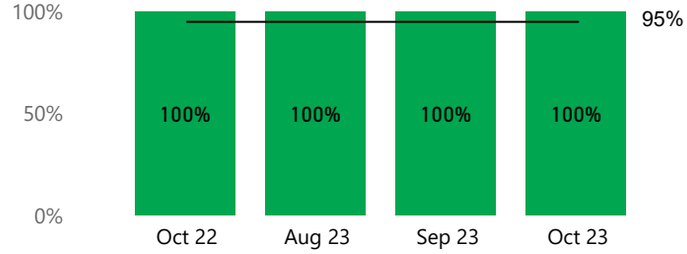


Member Appeals

Standard (30 calendar days)

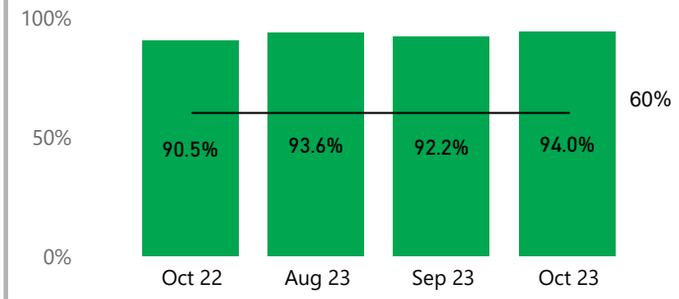


Expedited (3 calendar days)

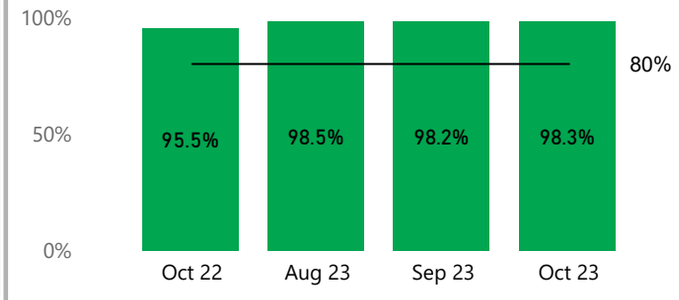


Encounter Data

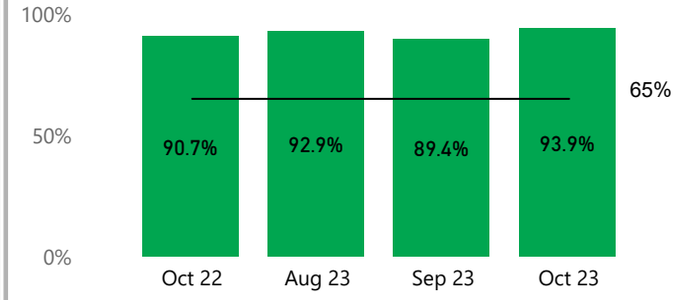
Institutional 0-90 days



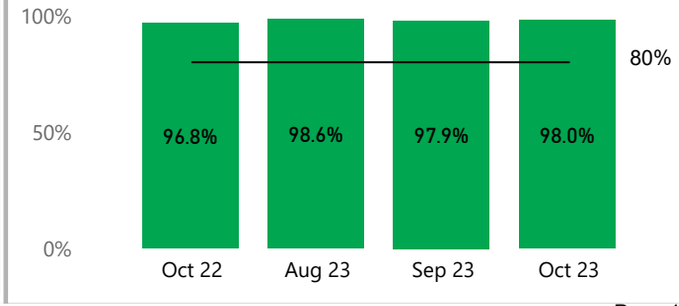
Institutional 0-180 days



Professional 0-90 days

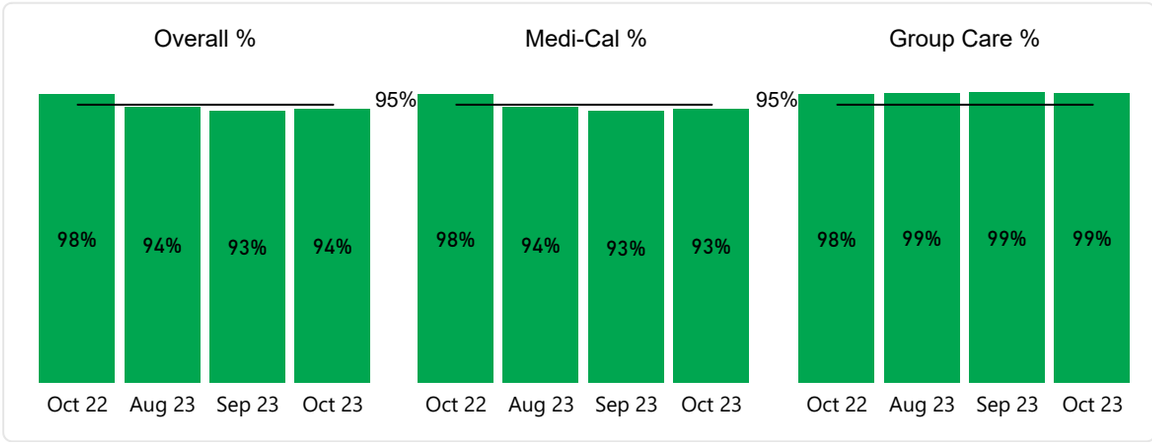


Professional 0-180 days

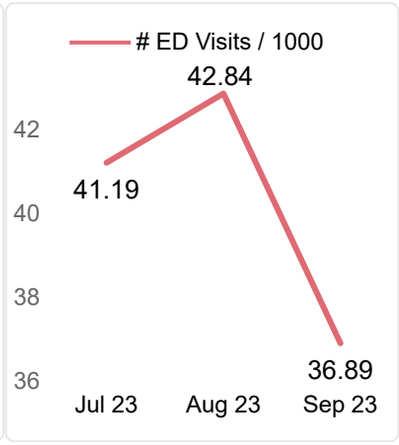


Health Care Services

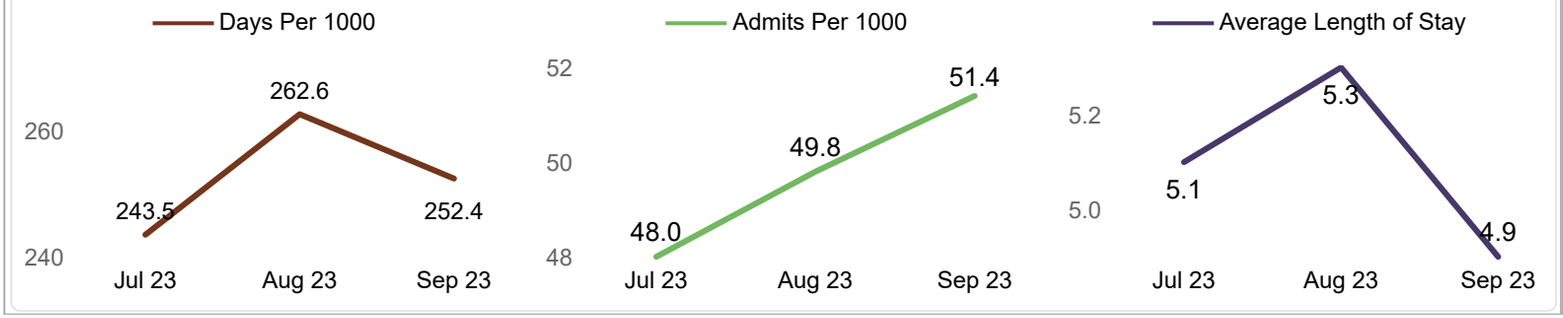
Authorization Turnaround



ED Utilization

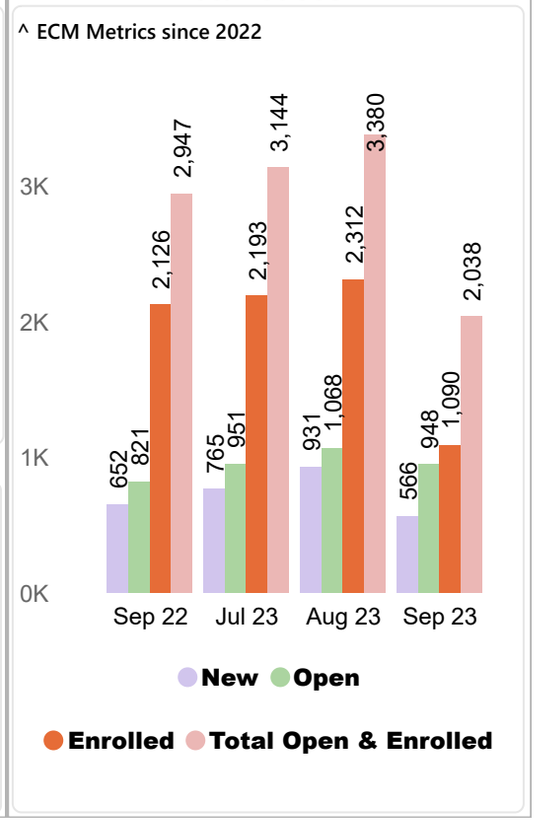


Inpatient Utilization

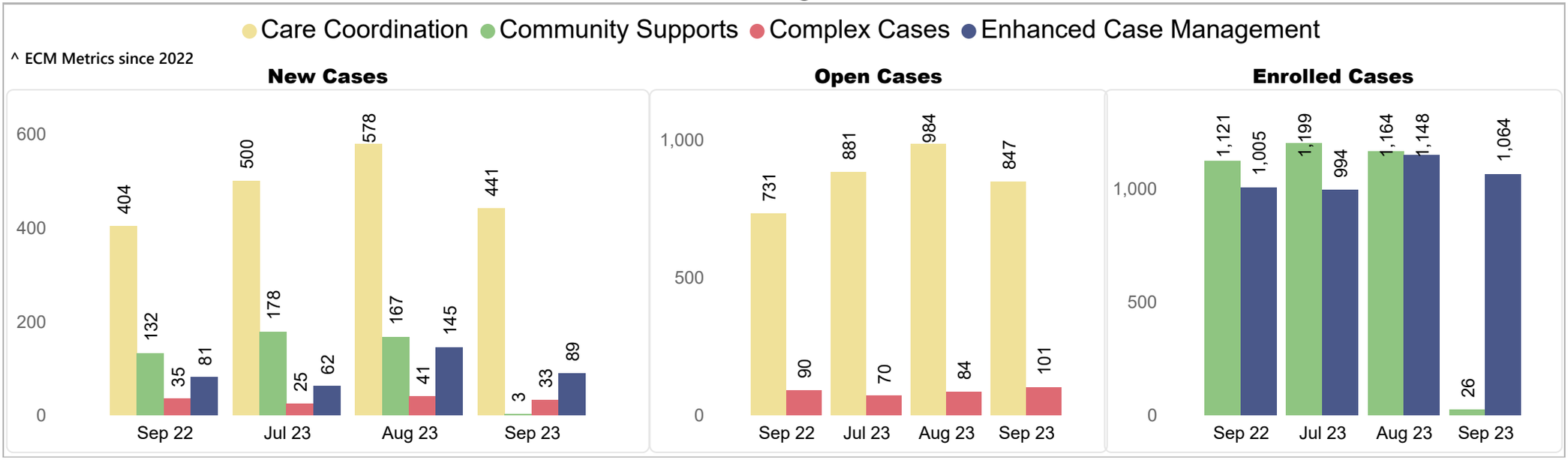


Case Management

Total Cases^



Case Management^



Technology (Business Availability)

Applications	Oct 22	Aug 23	Sep 23	Oct 23
HEALTHsuite System	100.0%	100.0%	99.9%	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	Oct 22	Aug 23	Sep 23	Oct 23
Denial Rate Excluding Partial Denials (%)	3.8%	3.3%	3.5%	4.0%
Overall Denial Rate (%)	4.1%	3.5%	3.7%	4.2%
Partial Denial Rate (%)	0.3%	0.2%	0.2%	0.2%

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

Pharmacy Authorizations

Authorizations	Oct 22	Aug 23	Sep 23	Oct 23
Approved Prior Authorizations	25	38	29	37
Closed Prior Authorizations	116	103	92	98
Denied Prior Authorizations	38	26	28	29
Total Prior Authorizations	179	167	149	164

ALAMEDA Alliance FOR HEALTH

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

Finance

Gil Riojas

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

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

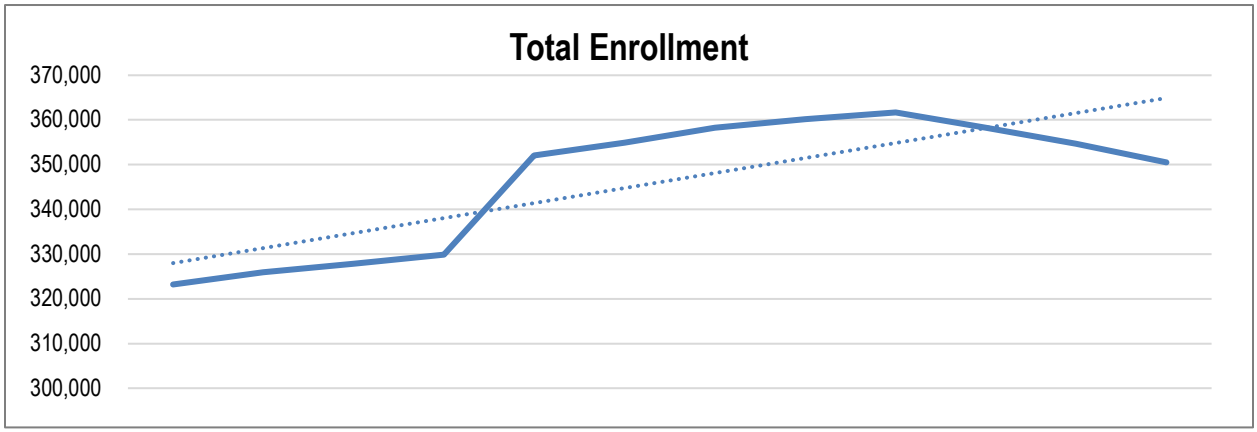
Date: **November 10th, 2023**

Subject: **Finance Report –September 2023 Financials**

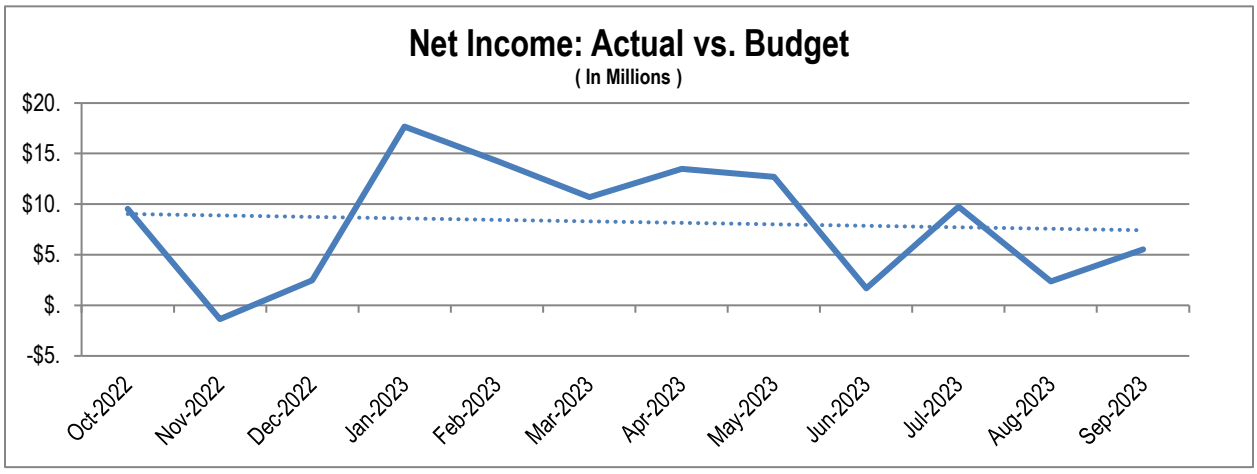
Executive Summary

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

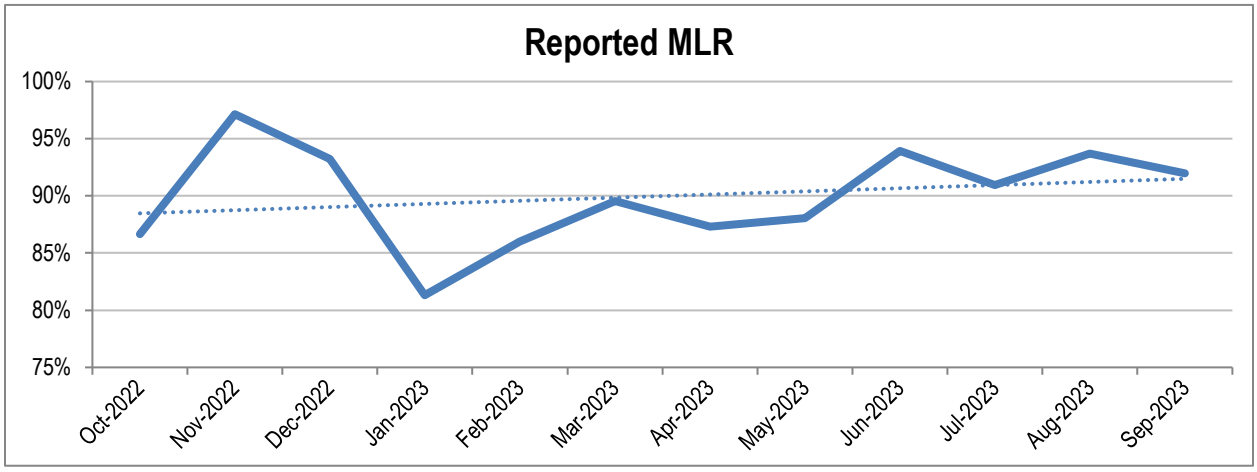
Enrollment – Enrollment continues to decline. In September, enrollment fell by 4,123 members due to redetermination. We anticipate an increase in enrollment in October as Anthem can no longer enroll members.



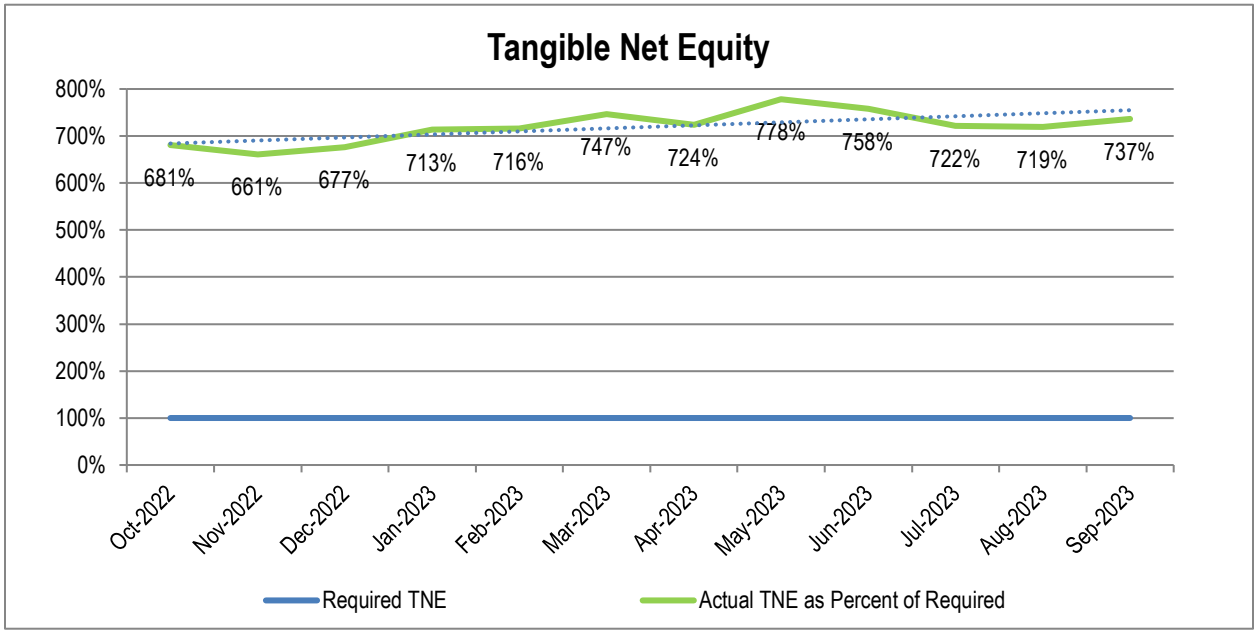
Net Income - For the month ended September 30th, 2023, actual Net Income was $5.5 million vs. budgeted Net Income of $843,000. Fiscal year-to-date actual Net Income was $17.6 million vs. Budgeted Net Loss of $41,000.



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



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



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

Finance
Supporting Documents

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

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

Date: **November 10th, 2023**

Subject: **Finance Report – September 2023**

Executive Summary

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

Overall Results: (in Thousands)

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

Net Income by Program: (in Thousands)

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

*Includes consulting cost for Medicare implementation.

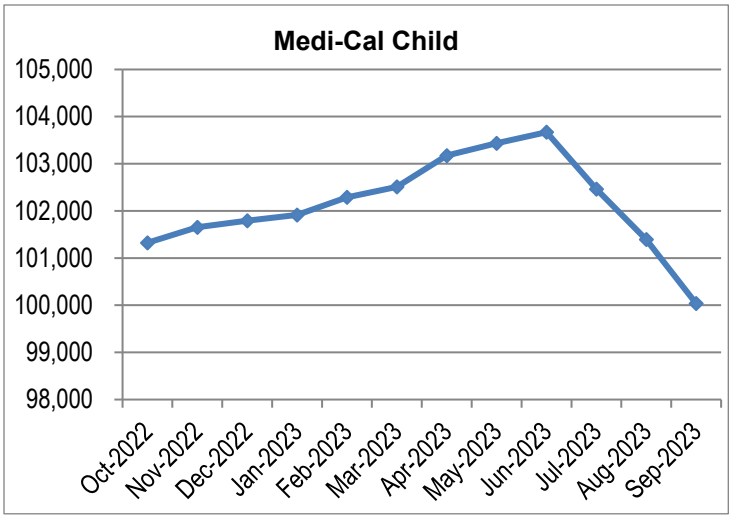
Enrollment

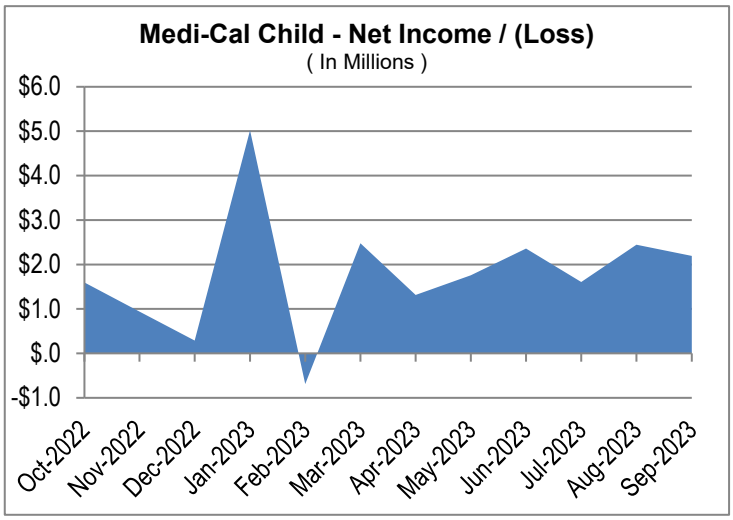
- Total enrollment decreased by 4,123 members since August 2023.
- Total enrollment decreased by 11,137 members since June 2023.

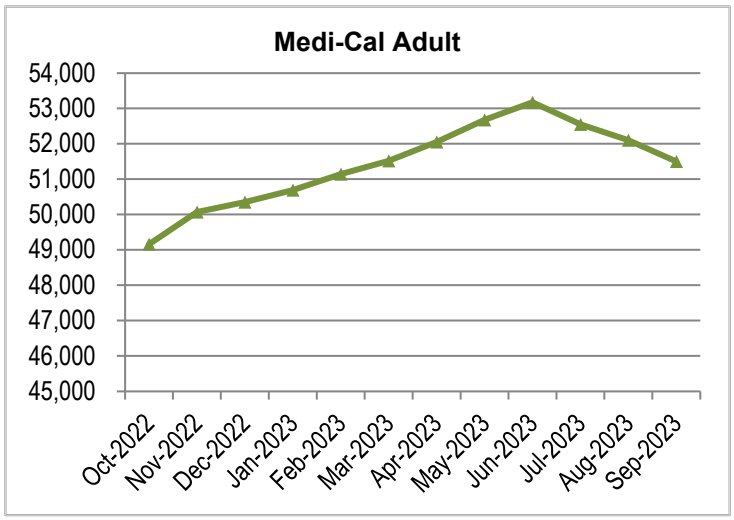
Monthly Membership and YTD Member Months
Actual vs. Budget
For the Month and Fiscal Year-to-Date

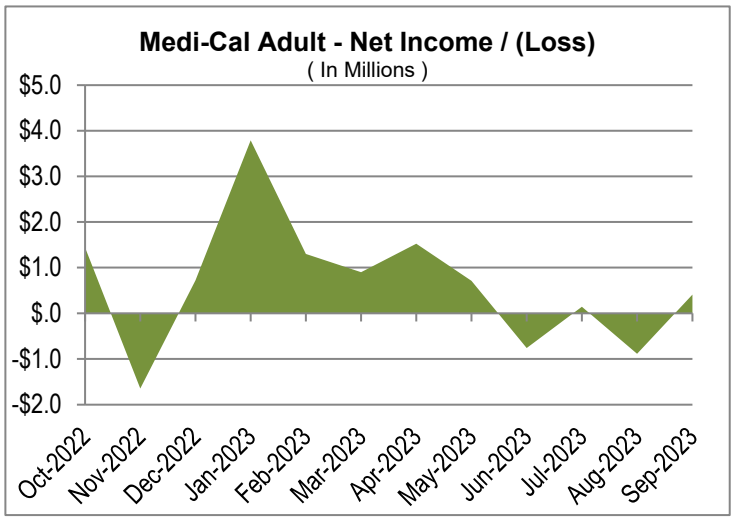
Enrollment					Member Months			
September 2023					Year-to-Date			
Actual	Budget	Variance	Variance %		Actual	Budget	Variance	Variance %
				Medi-Cal:				
51,499	49,772	1,727	3.5%	Adult	156,151	152,327	3,824	2.5%
100,038	102,632	(2,594)	-2.5%	Child	303,894	309,264	(5,370)	-1.7%
30,592	31,371	(779)	-2.5%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

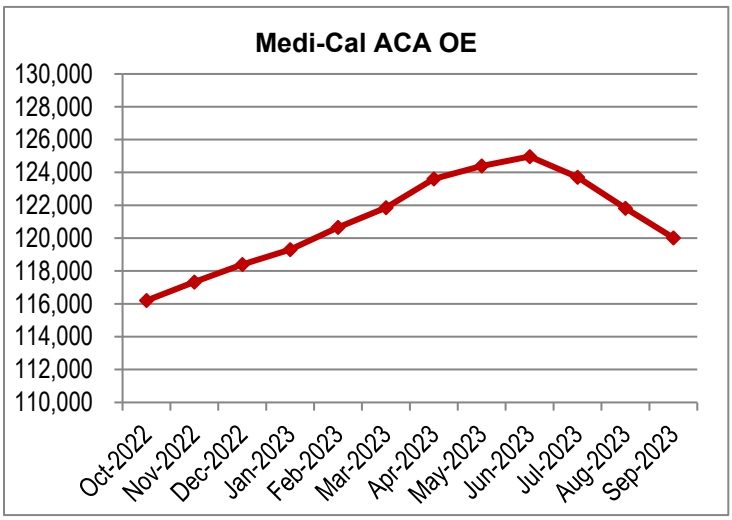
Enrollment and Profitability by Program and Category of Aid

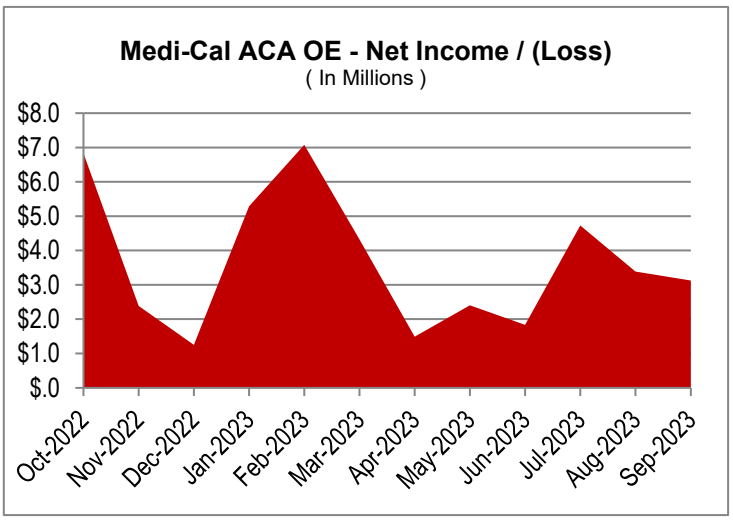




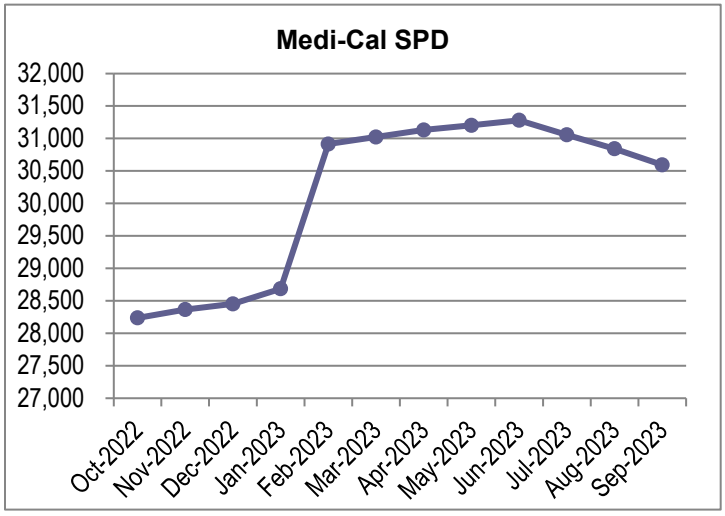


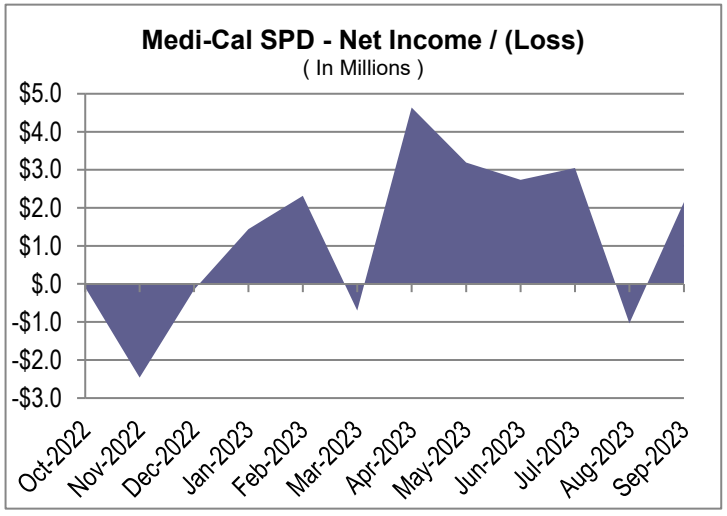


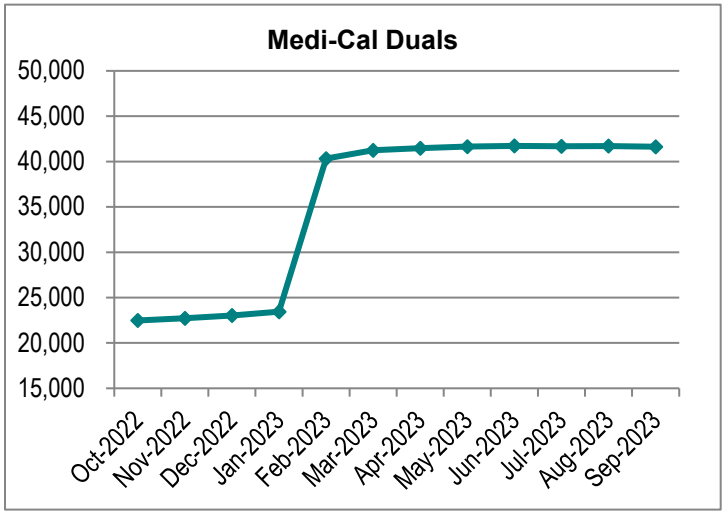


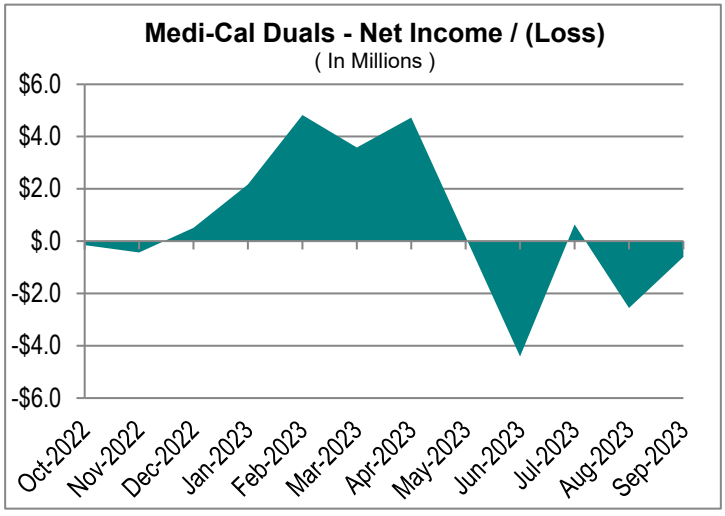


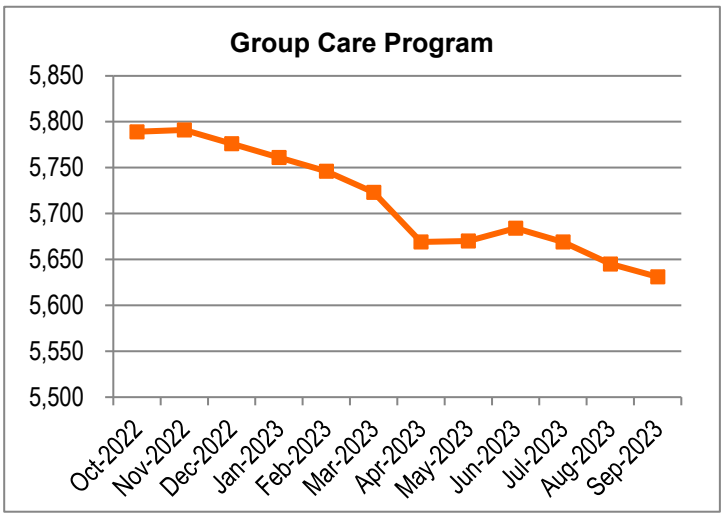
Enrollment and Profitability by Program and Category of Aid

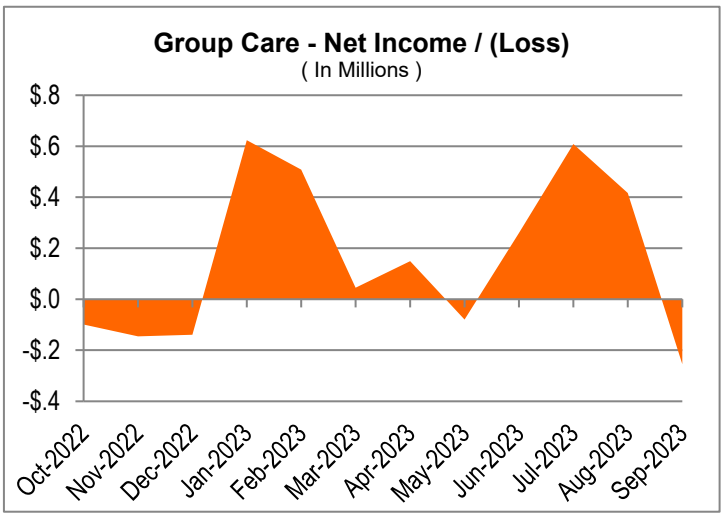




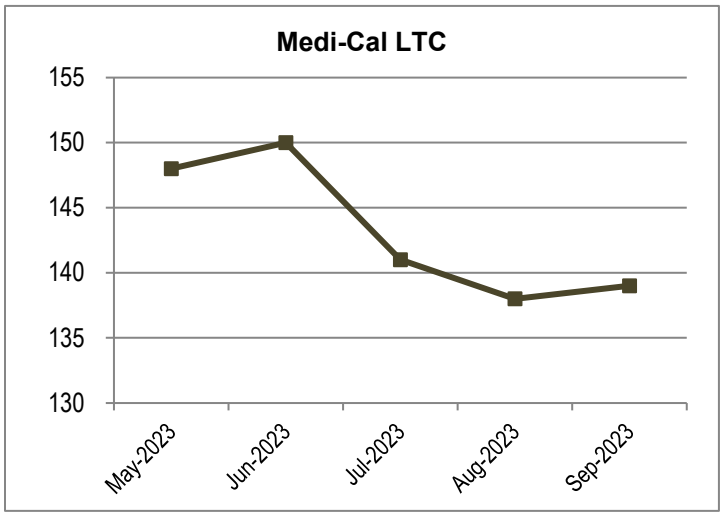


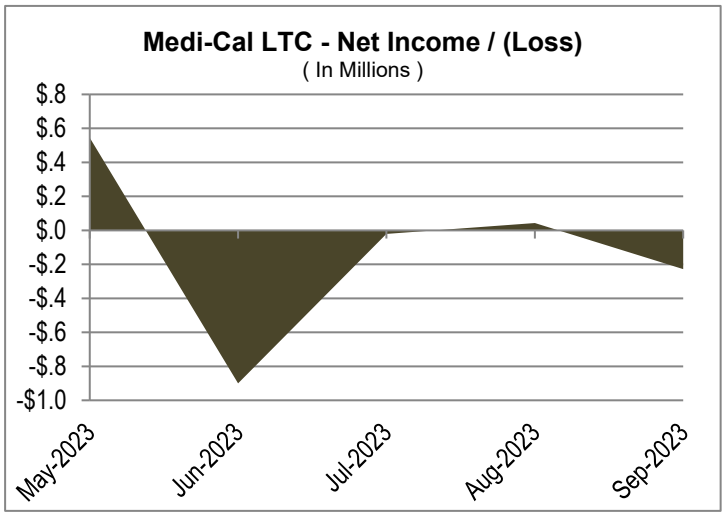


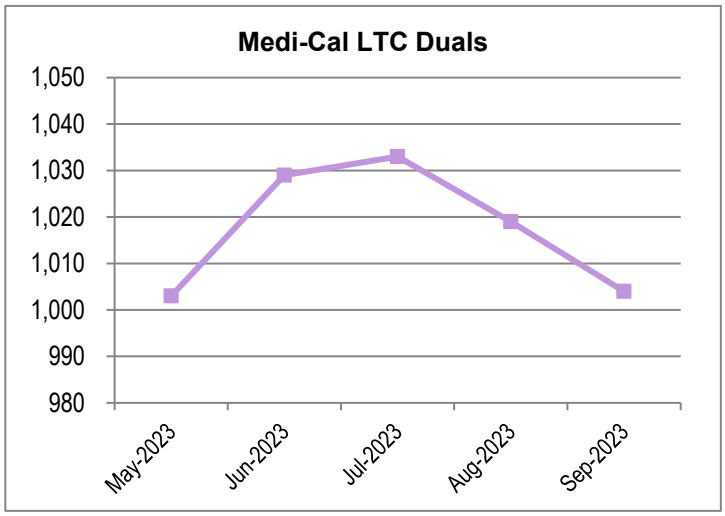


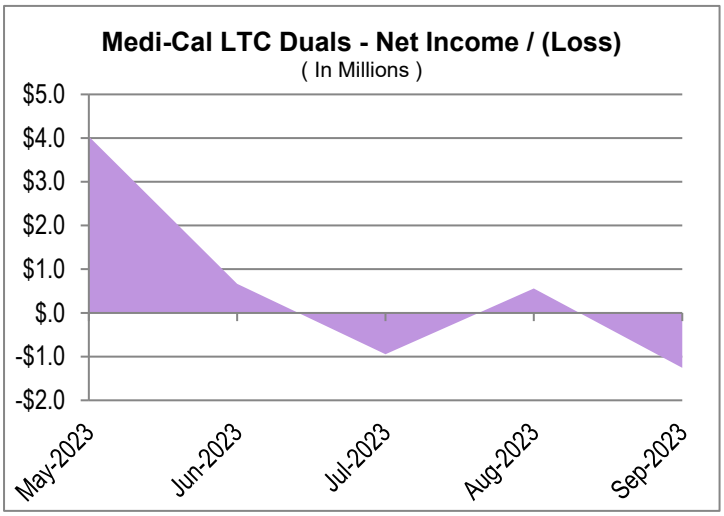


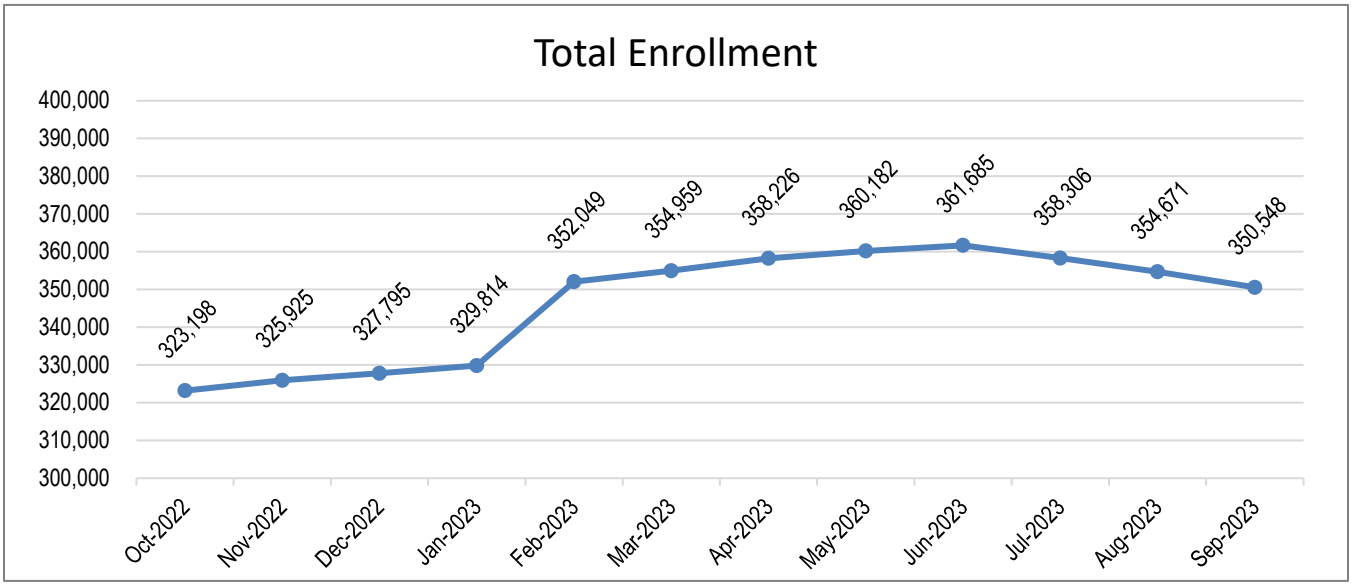
Enrollment and Profitability by Program and Category of Aid

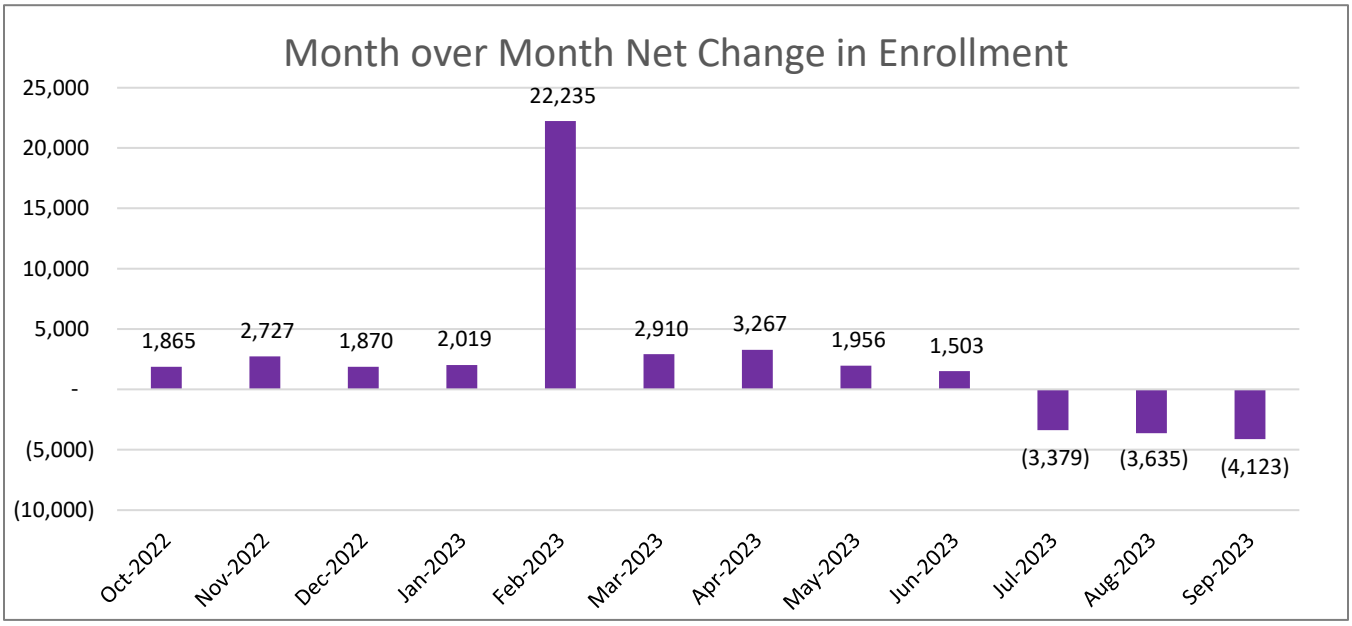










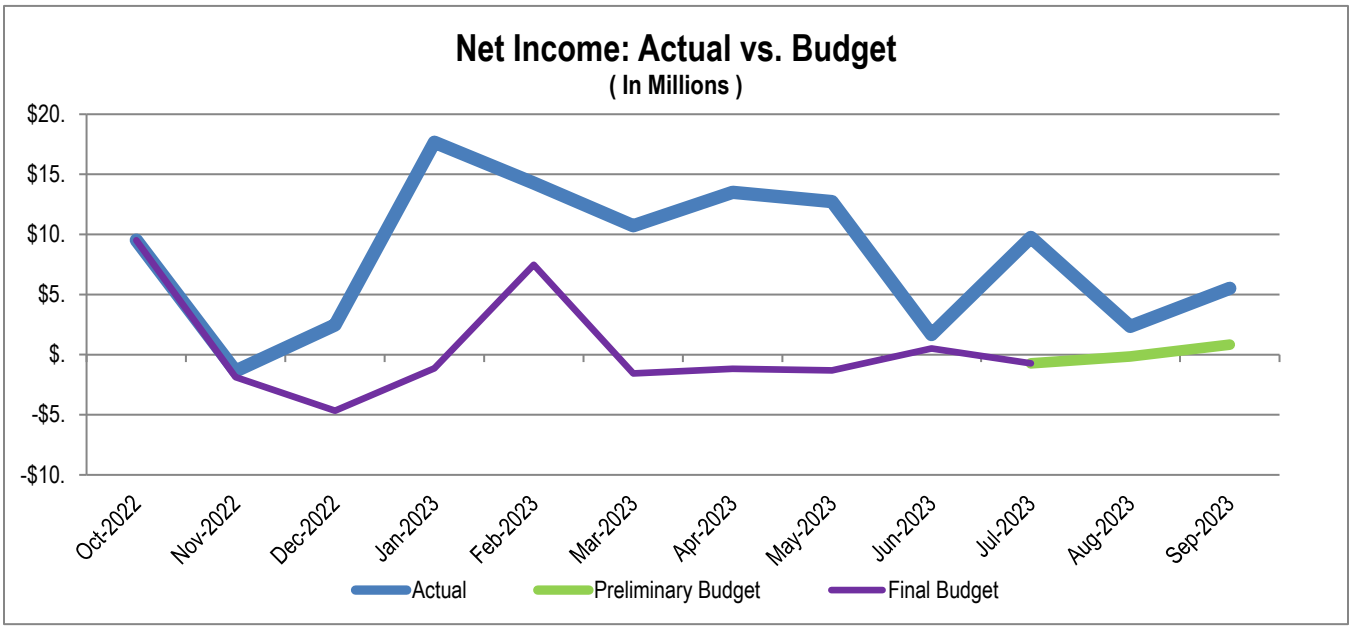


- The Public Health Emergency (PHE) ended May 2023. Disenrollments related to redetermination started in July 2023.

Net Income

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

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

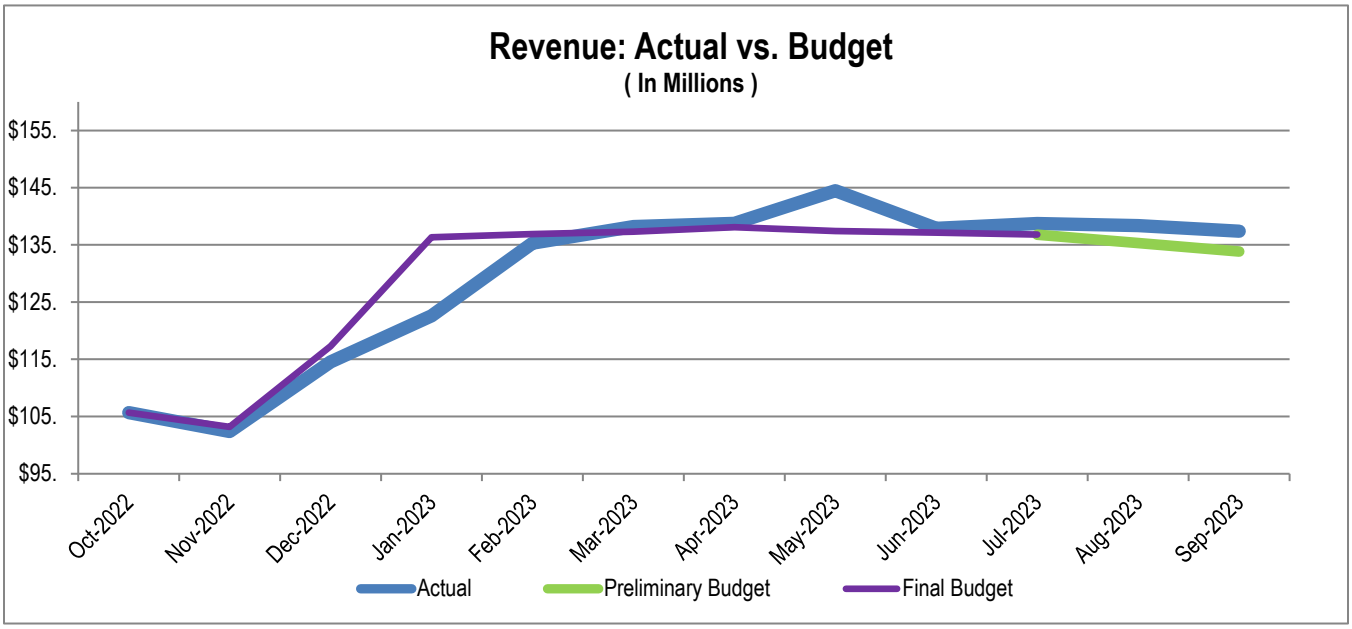


- The favorable variance of $4.7 million in the current month is primarily due to:
  - Favorable $3.5 million higher than anticipated Revenue.
  - Favorable $1.2 million lower than anticipated Administrative Expense.
  - Favorable $764,000 higher than anticipated Total Other Income/Expense
  - Unfavorable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

Revenue

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

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

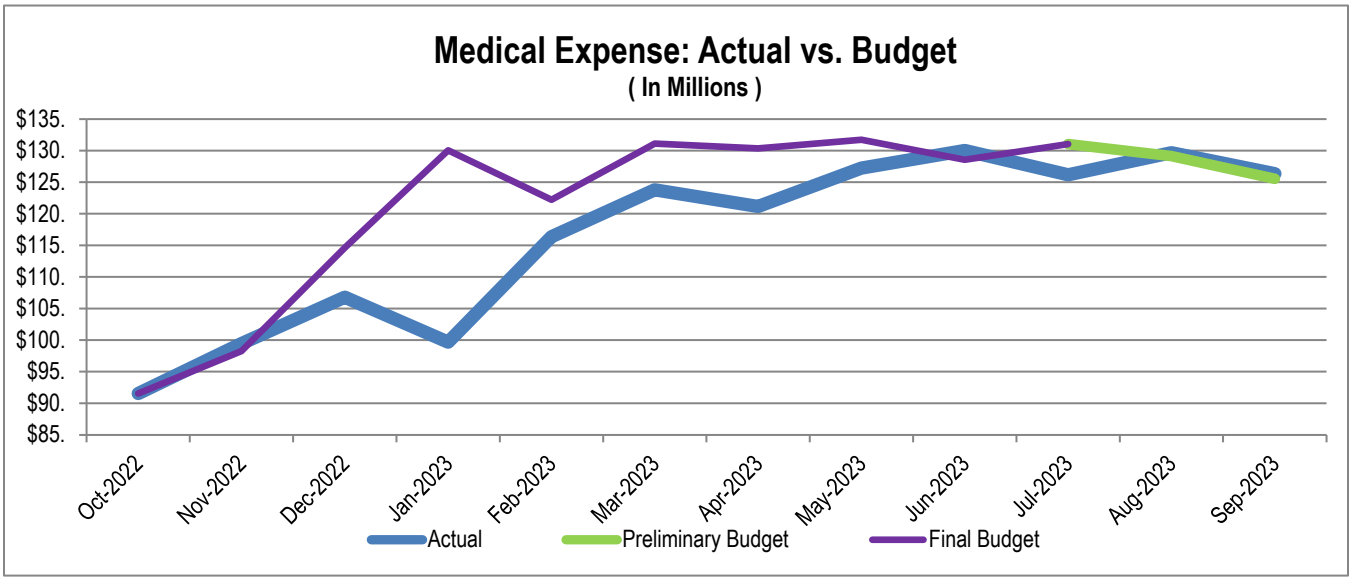


- For the month ended September 30th, 2023, the favorable revenue variance of $3.5 million is primarily due to timing of revenue recognition:
  - Favorable $2.1 million CalAIM Incentive Program revenue (IPP, HHIP, and SBHIP). The majority of this revenue has corresponding CalAIM Incentive expenses.
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

Medical Expense

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

- Actual Medical Expense: $382.2 million.
- Budgeted Medical Expense: $385.7 million.



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

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

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

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

Medical Expense - Actual vs. Budget (Per Member Per Month)

Adjusted to Eliminate the Impact of Prior Year IBNP Estimates

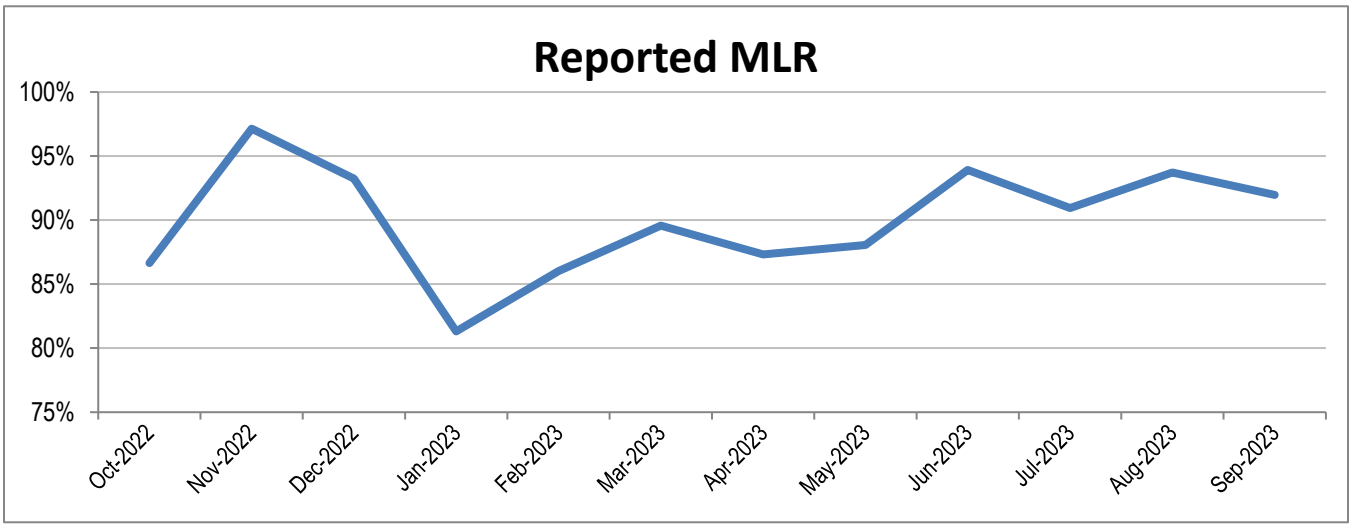
	Actual			Budget	Variance Actual vs. Budget Favorable/(Unfavorable)	
	Adjusted	Change in IBNP	Reported		$	%
Capitated Medical Expense	$72.87	$0.00	$72.87	$74.24	$1.36	1.8%
Primary Care FFS	$15.73	$0.03	$15.76	$14.63	($1.10)	-7.5%
Specialty Care FFS	$14.73	($0.48)	$14.25	$15.72	$0.99	6.3%
Outpatient FFS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

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

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

Medical Loss Ratio (MLR)

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



Administrative Expense

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

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

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

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

The year-to-date variances include:

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

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

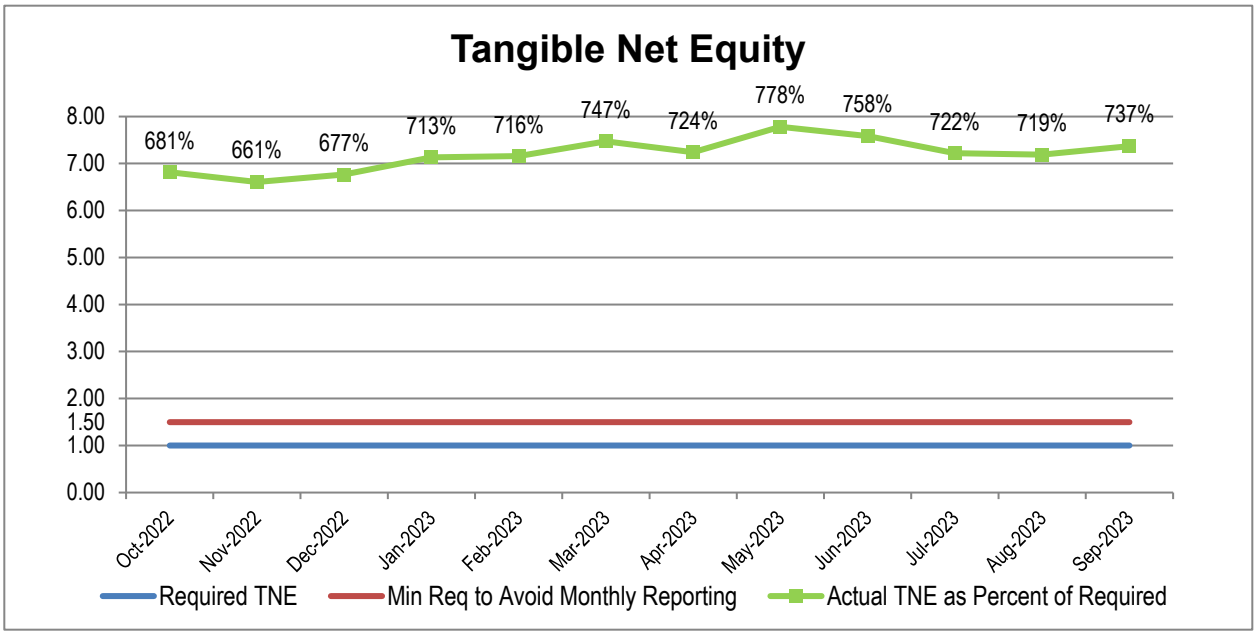
Other Income / (Expense)

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

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

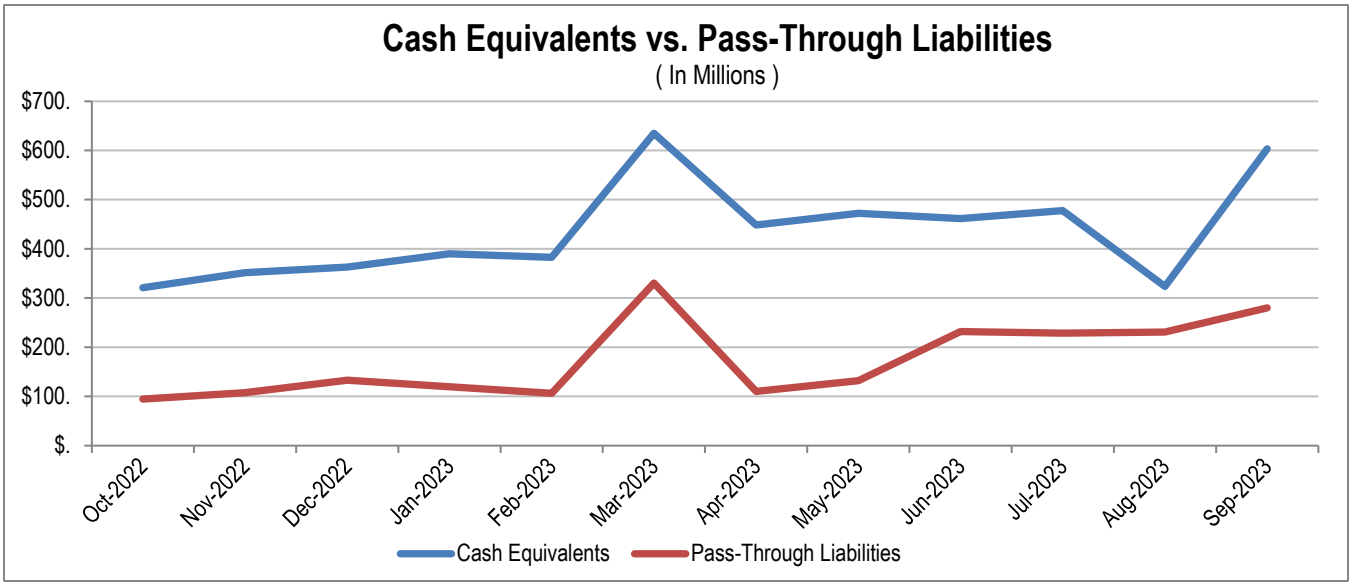
Tangible Net Equity (TNE)

- The Department of Managed Health Care (DMHC) monitors the financial stability of health plans to ensure that they can meet their financial obligations to consumers. TNE is a calculation of a company's total tangible assets minus the company's total liabilities. The Alliance exceeds DMHC's required TNE.
    - Required TNE $46.4 million
    - Actual TNE $341.6 million
    - Excess TNE $295.2 million
    - TNE % of Required TNE 737%



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

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



Capital Investment

- Fiscal year-to-date capital assets acquired: $559,000
- Annual capital budget: $1.5 million
- A summary of year-to-date capital asset acquisitions is included in this monthly financial statement package.

Caveats to Financial Statements

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

ALAMEDA ALLIANCE FOR HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE MONTH OF SEPTEMBER 2023

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

ALAMEDA ALLIANCE FOR HEALTH
OPERATING STATEMENT BY CATEGORY OF AID

GAAP BASIS
FOR THE FISCAL YEAR TO DATE SEPTEMBER 2023

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

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

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

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

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

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

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

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

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

5. Reconciliation to Balance Sheet:

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

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

TANGIBLE NET EQUITY (TNE)

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

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

LIQUID TANGIBLE NET EQUITY

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

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

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

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

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

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

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

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Enrollment by Plan & Aid Category:													
Medi-Cal Program by Category of Aid:													
Child	103,544	103,088	102,632	102,175	101,718	101,260	107,566	107,077	106,587	106,097	105,607	105,116	1,252,467
Adult	51,779	50,776	49,772	48,768	47,763	46,758	49,018	47,940	46,861	45,781	44,701	43,620	573,537
SPD	31,335	31,353	31,371	31,389	31,407	31,425	35,606	35,627	35,648	35,669	35,690	35,711	402,231
ACA OE	123,148	120,204	117,258	114,310	111,361	108,410	138,802	134,913	131,022	127,129	123,234	119,336	1,469,127
Duals	42,304	42,304	42,304	42,304	42,304	42,304	44,536	44,536	44,536	44,536	44,536	44,536	521,040
MCAL LTC	145	145	145	145	145	145	175	175	175	175	175	175	1,920
MCAL LTC Duals	983	983	983	983	983	983	1,107	1,107	1,107	1,107	1,107	1,107	12,540
Medi-Cal Program	353,238	348,853	344,465	340,074	335,681	331,285	376,810	371,375	365,936	360,494	355,050	349,601	4,232,862
Group Care Program	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	5,669	68,028
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Month Over Month Enrollment Change:													
Medi-Cal Monthly Change													
Child	1,335	(456)	(456)	(457)	(457)	(458)	6,306	(489)	(490)	(490)	(490)	(491)	2,907
Adult	1,459	(1,003)	(1,004)	(1,004)	(1,005)	(1,005)	2,260	(1,078)	(1,079)	(1,080)	(1,080)	(1,081)	(6,700)
SPD	(576)	18	18	18	18	18	4,181	21	21	21	21	21	3,800
ACA OE	3,641	(2,944)	(2,946)	(2,948)	(2,949)	(2,951)	30,392	(3,889)	(3,891)	(3,893)	(3,895)	(3,898)	(171)
Duals	(3,158)	0	0	0	0	0	2,232	0	0	0	0	0	(926)
MCAL LTC	(8)	0	0	0	0	0	30	0	0	0	0	0	22
MCAL LTC Duals	(201)	0	0	0	0	0	124	0	0	0	0	0	(77)
Medi-Cal Program	2,492	(4,385)	(4,388)	(4,391)	(4,393)	(4,396)	45,525	(5,435)	(5,439)	(5,442)	(5,444)	(5,449)	(1,145)
Group Care Program	(120)	0	0	0	0	0	0	0	0	0	0	0	(120)
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**45,525**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**(1,265)**
Enrollment Percentages:													
Medi-Cal Program:													
Child % (Medi-Cal)	29.3%	29.6%	29.8%	30.0%	30.3%	30.6%	28.5%	28.8%	29.1%	29.4%	29.7%	30.1%	29.6%
Adult % (Medi-Cal)	14.7%	14.6%	14.4%	14.3%	14.2%	14.1%	13.0%	12.9%	12.8%	12.7%	12.6%	12.5%	13.5%
SPD % (Medi-Cal)	8.9%	9.0%	9.1%	9.2%	9.4%	9.5%	9.4%	9.6%	9.7%	9.9%	10.1%	10.2%	9.5%
ACA OE % (Medi-Cal)	34.9%	34.5%	34.0%	33.6%	33.2%	32.7%	36.8%	36.3%	35.8%	35.3%	34.7%	34.1%	34.7%
Duals % (Medi-Cal)	12.0%	12.1%	12.3%	12.4%	12.6%	12.8%	11.8%	12.0%	12.2%	12.4%	12.5%	12.7%	12.3%
MCAL LTC % (Medi-Cal)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
MCAL LTC Duals % (Medi-Cal)	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Medi-Cal Program % of Total	98.4%	98.4%	98.4%	98.4%	98.3%	98.3%	98.5%	98.5%	98.5%	98.5%	98.4%	98.4%	98.4%
Group Care Program % of Total	1.6%	1.6%	1.6%	1.6%	1.7%	1.7%	1.5%	1.5%	1.5%	1.5%	1.6%	1.6%	1.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

ALAMEDA ALLIANCE FOR HEALTH
TRENDED ENROLLMENT REPORTING

FOR THE FISCAL YEAR 2024	PRELIMINARY BUDGET												
	Budget Jul-23	Budget Aug-23	Budget Sep-23	Budget Oct-23	Budget Nov-23	Budget Dec-23	Budget Jan-24	Budget Feb-24	Budget Mar-24	Budget Apr-24	Budget May-24	Budget Jun-24	YTD Member Months
Current Direct/Delegate Enrollment:													
Directly-Contracted	141,664	139,841	138,017	136,193	134,368	132,542	175,235	172,548	169,859	167,168	164,475	161,781	1,833,691
Delegated:													
CFMG	34,754	34,568	34,382	34,196	34,010	33,824	44,249	43,997	43,745	43,493	43,241	42,989	467,448
CHCN	130,622	128,908	127,193	125,475	123,756	122,035	162,995	160,499	158,001	155,502	153,003	150,500	1,698,489
Kaiser	51,867	51,205	50,542	49,879	49,216	48,553	0	0	0	0	0	0	301,262
Delegated Subtotal	217,243	214,681	212,117	209,550	206,982	204,412	207,244	204,496	201,746	198,995	196,244	193,489	2,467,199
Total	**358,907**	**354,522**	**350,134**	**345,743**	**341,350**	**336,954**	**382,479**	**377,044**	**371,605**	**366,163**	**360,719**	**355,270**	**4,300,890**
Direct/Delegate Month Over Month Enrollment Change:													
Directly-Contracted	8,226	(1,823)	(1,824)	(1,824)	(1,825)	(1,826)	42,693	(2,687)	(2,689)	(2,691)	(2,693)	(2,694)	28,343
Delegated:													
CFMG	684	(186)	(186)	(186)	(186)	(186)	10,425	(252)	(252)	(252)	(252)	(252)	8,919
CHCN	(4,995)	(1,714)	(1,715)	(1,718)	(1,719)	(1,721)	40,960	(2,496)	(2,498)	(2,499)	(2,499)	(2,503)	14,883
Kaiser	(1,543)	(662)	(663)	(663)	(663)	(663)	0	0	0	0	0	0	(4,857)
Delegated Subtotal	(5,854)	(2,562)	(2,564)	(2,567)	(2,568)	(2,570)	51,385	(2,748)	(2,750)	(2,751)	(2,751)	(2,755)	18,945
Total	**2,372**	**(4,385)**	**(4,388)**	**(4,391)**	**(4,393)**	**(4,396)**	**94,078**	**(5,435)**	**(5,439)**	**(5,442)**	**(5,444)**	**(5,449)**	**47,288**
Direct/Delegate Enrollment Percentages:													
Directly-Contracted	39.5%	39.4%	39.4%	39.4%	39.4%	39.3%	45.8%	45.8%	45.7%	45.7%	45.6%	45.5%	42.6%
Delegated:													
CFMG	9.7%	9.8%	9.8%	9.9%	10.0%	10.0%	11.6%	11.7%	11.8%	11.9%	12.0%	12.1%	10.9%
CHCN	36.4%	36.4%	36.3%	36.3%	36.3%	36.2%	42.6%	42.6%	42.5%	42.5%	42.4%	42.4%	39.5%
Kaiser	14.5%	14.4%	14.4%	14.4%	14.4%	14.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
Delegated Subtotal	60.5%	60.6%	60.6%	60.6%	60.6%	60.7%	54.2%	54.2%	54.3%	54.3%	54.4%	54.5%	57.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

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

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

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

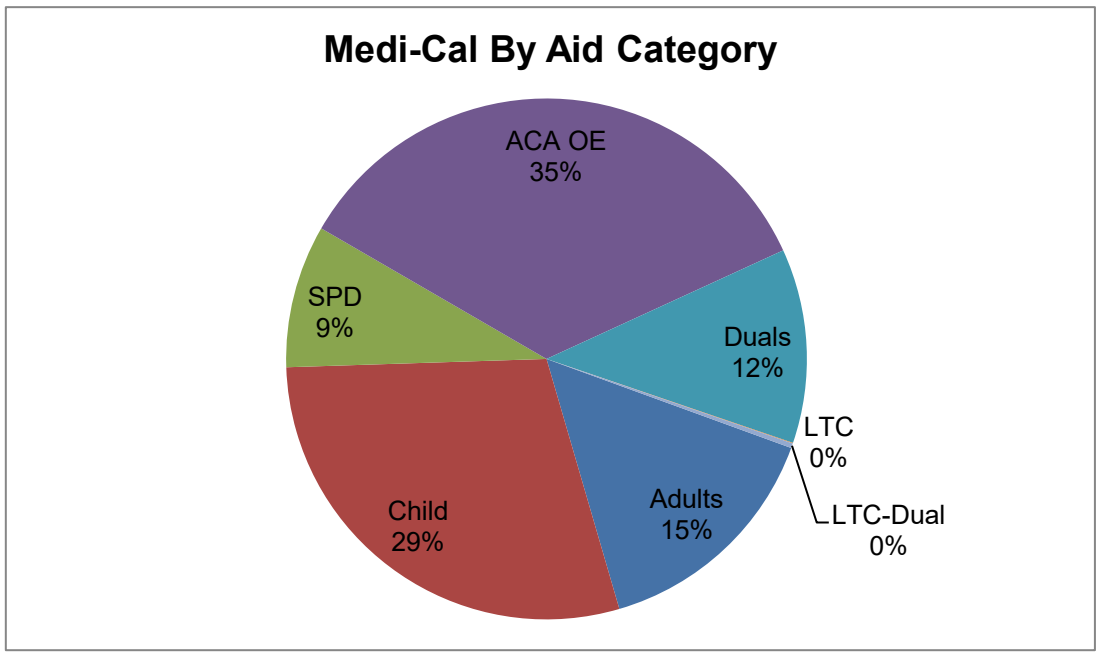
CURRENT MONTH					FISCAL YEAR TO DATE			
Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)	Account Description	Actual	Budget	$ Variance (Unfavorable)	% Variance (Unfavorable)
				CAPITATED MEDICAL EXPENSES:				
$1,152,331	$1,156,491	$4,160	0.4%	PCP Capitation	$3,490,159	$3,487,774	($2,385)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

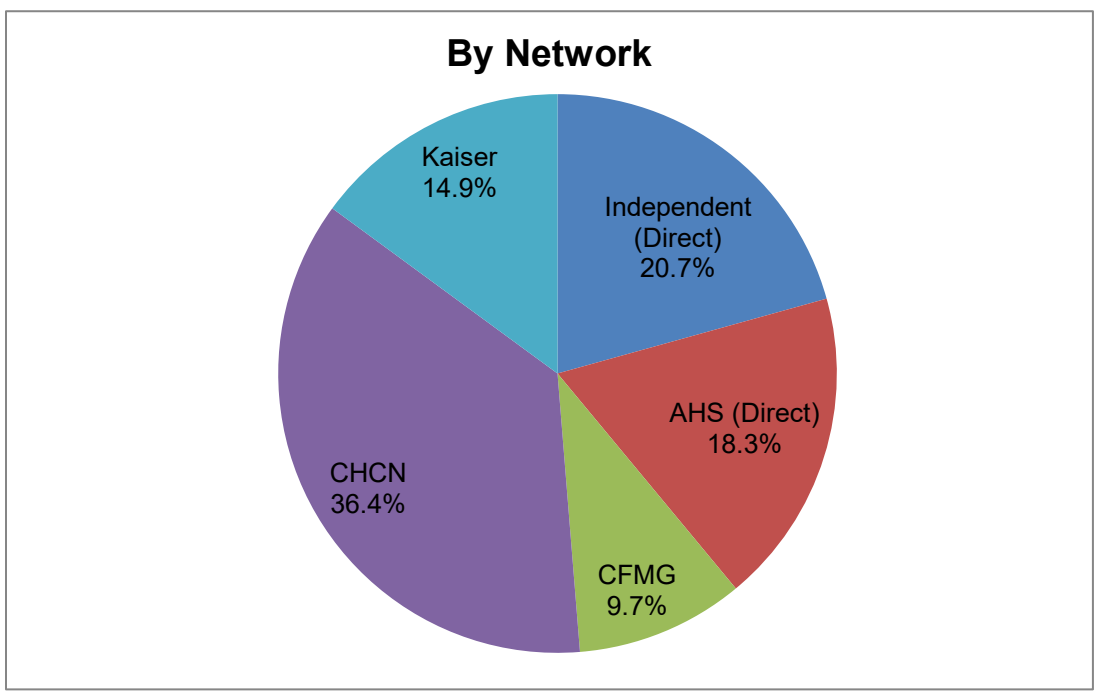
ALAMEDA ALLIANCE FOR HEALTH
MEDICAL EXPENSE DETAIL
ACTUAL VS. BUDGET
FOR THE MONTH AND FISCAL YTD ENDED SEPTEMBER 30, 2023

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

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

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

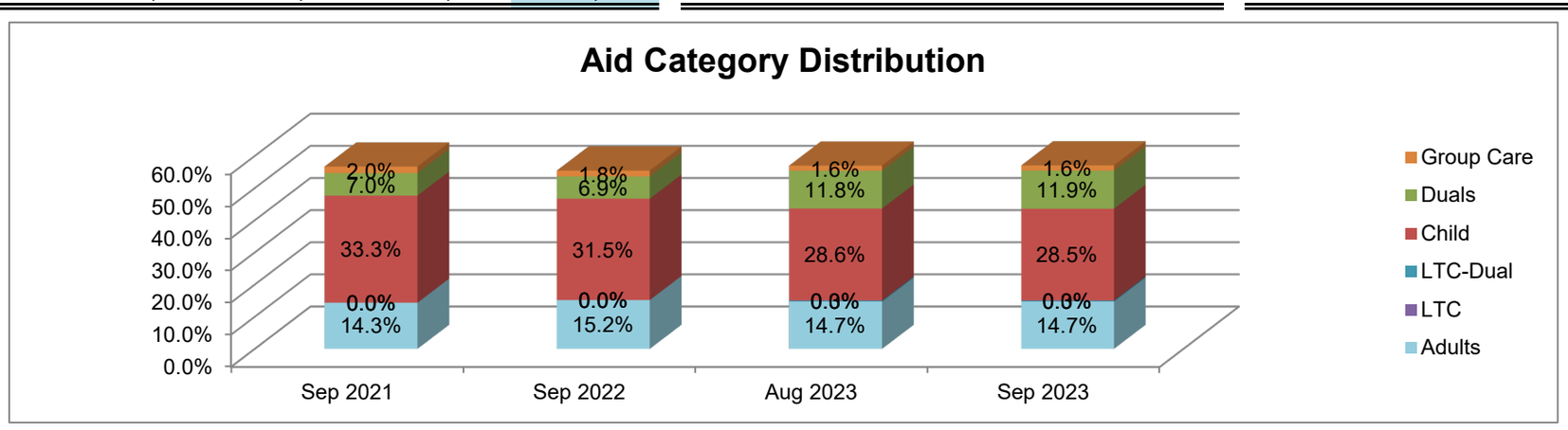




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

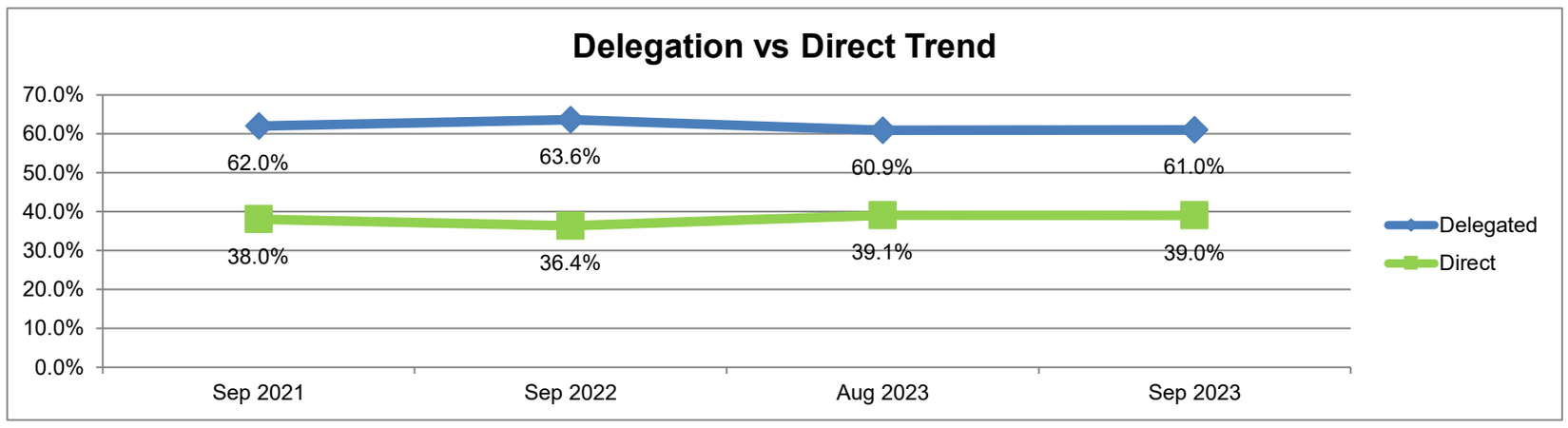
Category of Aid Trend

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



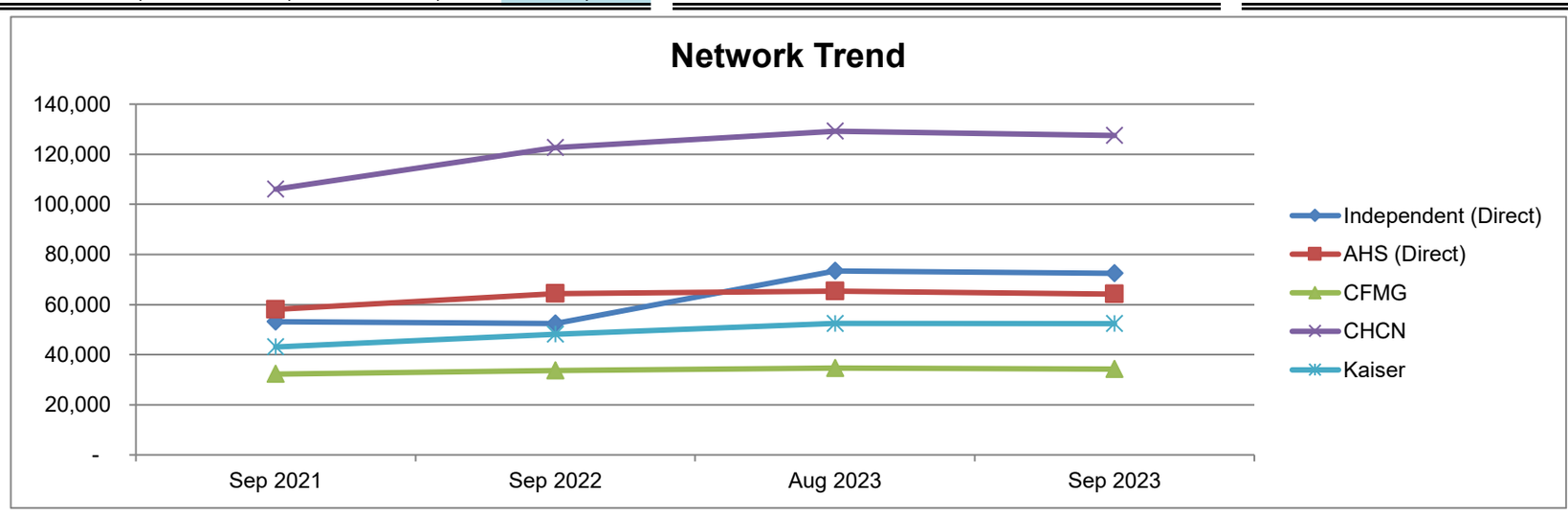
Delegation vs Direct Trend

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



Network Trend

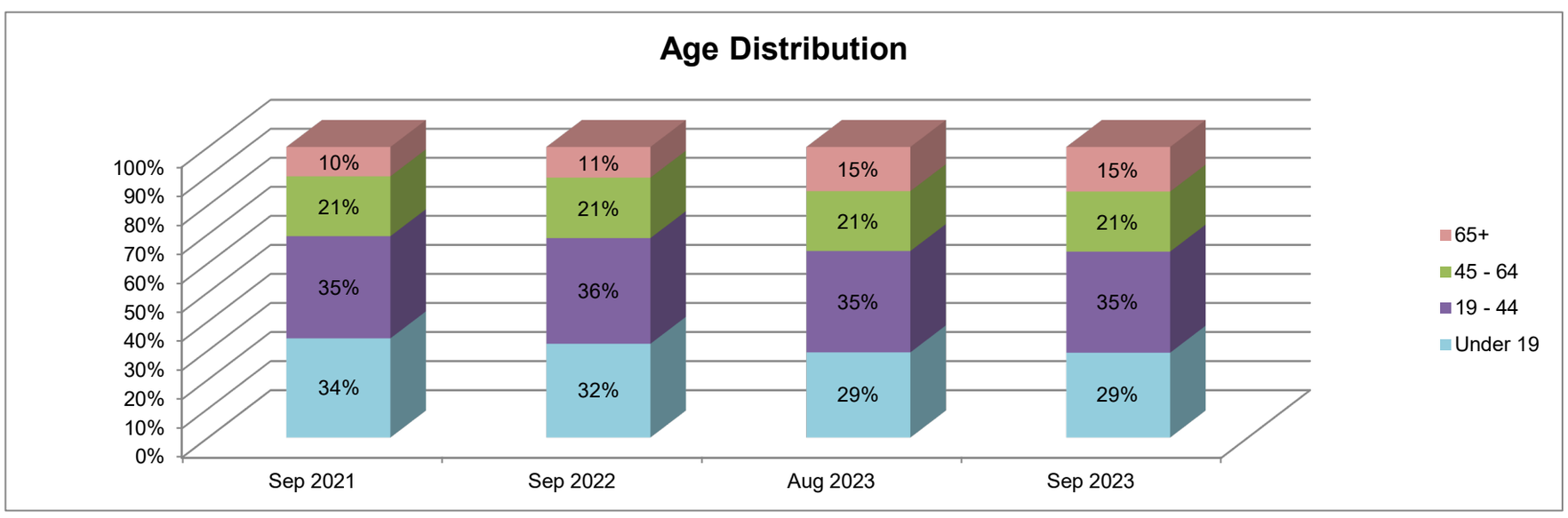
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Independent (Direct)	53,246	52,418	73,404	72,504	18.2%	16.3%	20.7%	20.7%	-1.6%	38.3%	-1.2%
AHS (Direct)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



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

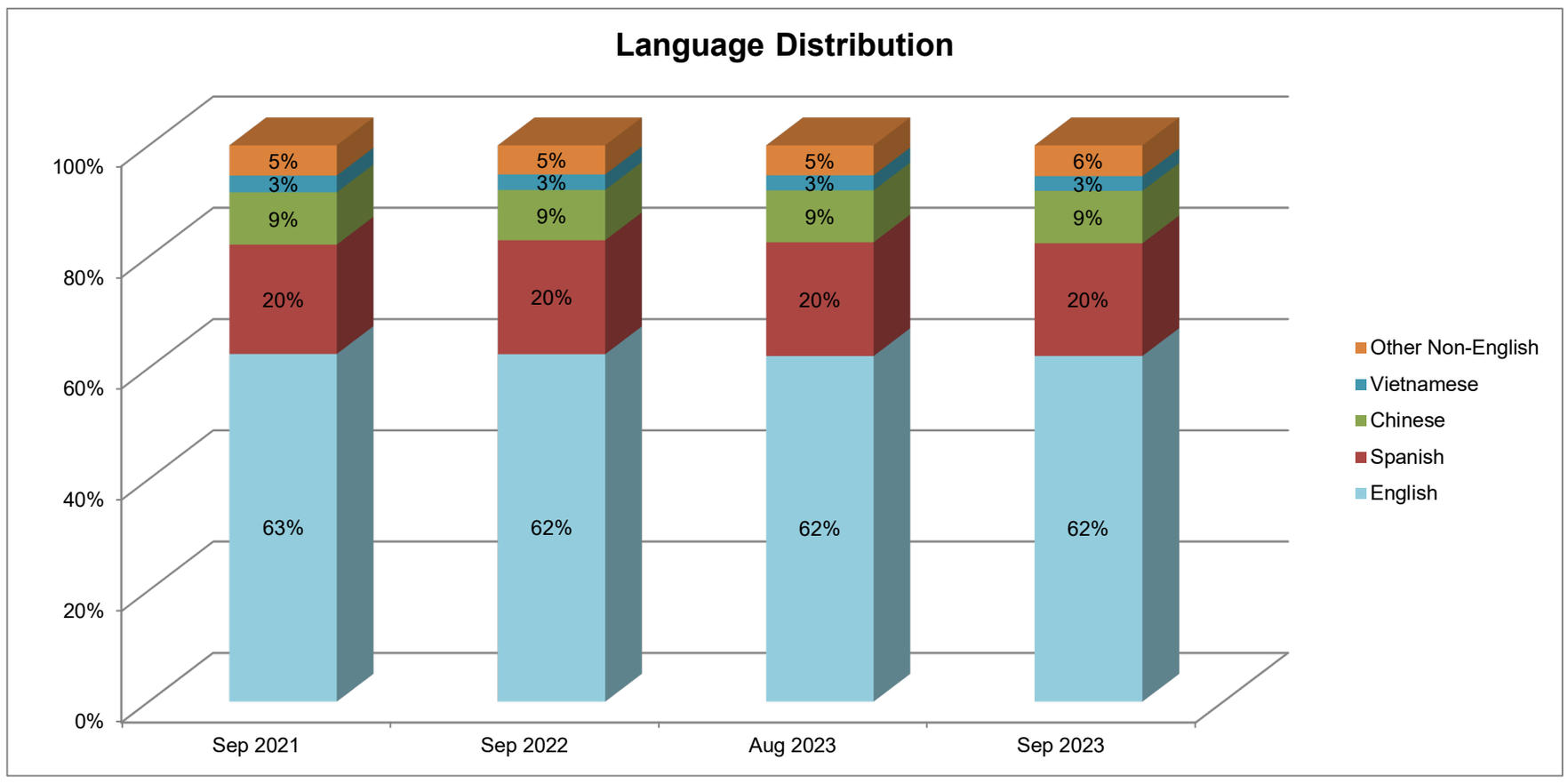
Age Category Trend

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



Language Trend

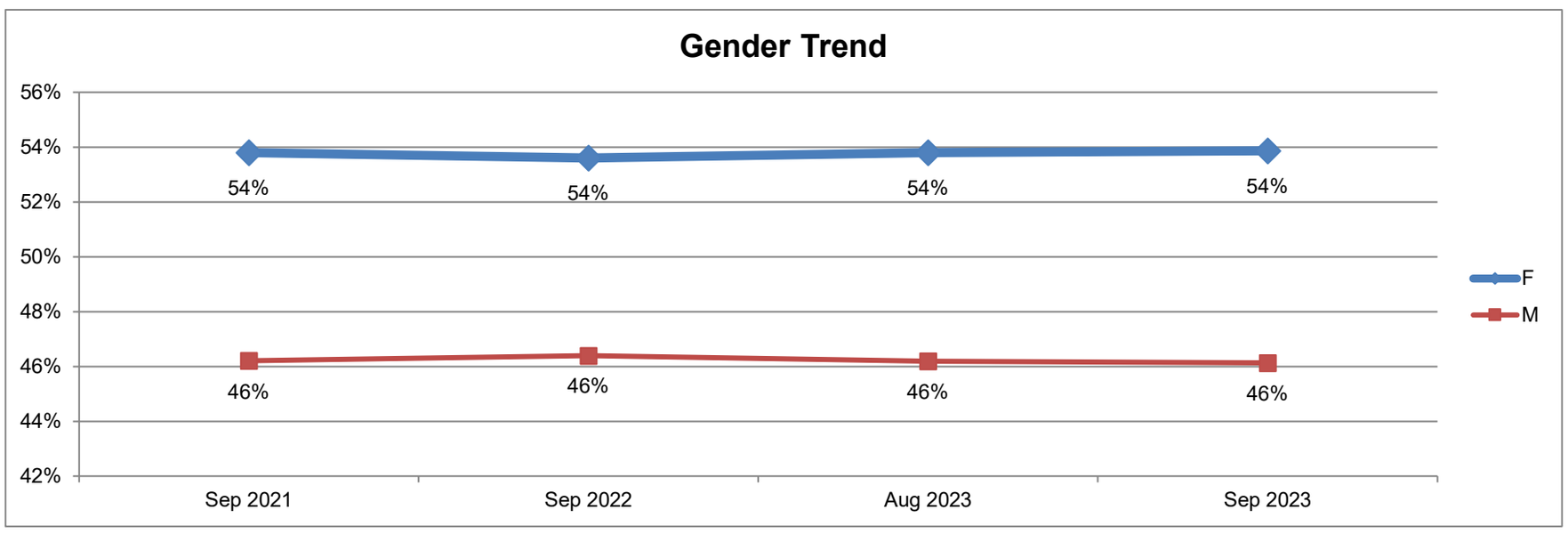
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
English	182,896	200,696	220,565	217,655	63%	62%	62%	62%	10%	8%	-1%
Spanish	57,525	65,837	72,596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



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

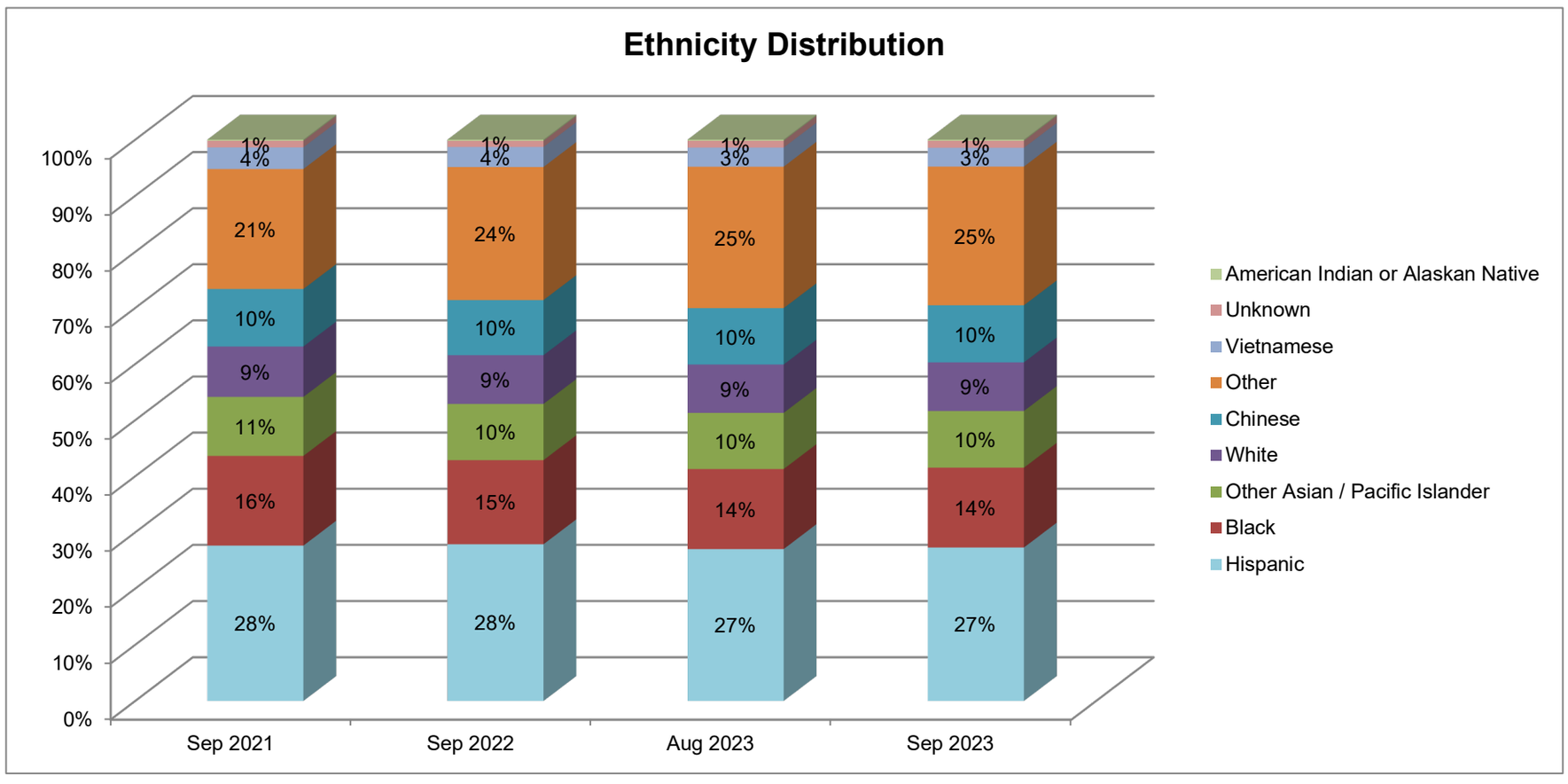
Gender Trend

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



Ethnicity Trend

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



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

Medi-Cal By City

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

Group Care By City

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

Total By City

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

ALAMEDA Alliance FOR HEALTH

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: **November 10th, 2023**

Subject: **Operations Report**

Member Services

- 12-Month Trend Blended Summary:
    - The Member Services Department received a nineteen percent (19%) increase in calls in October 2023, totaling 16,752 compared to 13,496 in October 2022. Call volume pre-pandemic in October 2019 was 14,208, which is fifteen percent (15%) lower than the current call volume.
    - The abandonment rate for October 2023 was six percent (6%), compared to nineteen percent (19%) in October 2022.
    - The Department's service level was eighty-five percent (85%) in October 2023, compared to forty-four percent (44%) in October 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 seconds (06:40) for October 2023 compared to six minutes and fifty-three seconds (06:53) for October 2022.
    - Ninety-nine percent (99%) of calls were answered within 10 minutes for October 2023 compared to seventy-six percent (76%) in October 2022.
    - The top five call reasons for October 2023 were: 1). Change of PCP, 2). Eligibility/Enrollment 3). Benefits, 4). Kaiser, 5). ID Card/Member Materials Request. The top five call reasons for October 2022 were: 1). Change of PCP, 2). Eligibility/Enrollment, 3). Benefits, 4). Kaiser, 5). ID Card Requests.
    - October utilization for the member automated eligibility IVR system totaled twelve hundred twenty-three (1223) in October 2023 compared to three hundred ninety-nine (399) in October 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 ninety-nine (999) web-based requests in October 2023 compared to six hundred forty-four (644) in October 2022. The top three web reason requests for October 2023 were: 1). Change PCP, 2). ID Card Requests, 3). Update Contact Information. Twenty-nine (29) members were assisted in-person in October 2023.

- Member Services Behavioral Health:
    - The Member Services Behavioral Health Unit received a total of eleven hundred sixty-five (1165) calls in October 2023.

- The abandonment rate was eight percent (8%).
- The service level was eighty-seven percent (87%).
- Calls answered in 10 minutes were ninety-nine percent (99%).
- The Average Talk Time (ATT) was ten minutes and eighteen seconds (10:18). ATT are impacted by the DHCS requirements to complete a screening for all members initiating MH services for the first time.
- Fifteen hundred six (1506) outreach calls were made in October 2023.
- Two hundred forty-one (241) screenings were completed in October 2023.
- Sixty-seven (67) referrals were made to the County (ACCESS) in October 2023.
- Thirty-one (31) members were referred to CenterPoint for SUD services in October 2023.

Claims

- 12-Month Trend Summary:
    - The Claims Department received 241,298 claims in October 2023 compared to 171,386 in October 2022.
    - The Auto Adjudication was 81.0% in October 2023 compared to 81.8% in October 2022.
    - Claims compliance for the 30-day turn-around time was 94% in October 2023 compared to 99.5% in October 2022. The 45-day turn-around time was 99.9% in October 2023 compared to 99.9% in October 2022.
- Monthly Analysis:
    - In the month of October, we received a total of 241,298 claims in the HEALTHsuite system. This represents a decrease of 2.48% from September and is higher, by 69,912 claims, than the number of claims received in October 2022; the higher volume of received claims remains attributed to an increased membership.
    - We received 86.70% of claims via EDI and 13.30% of claims via paper.
    - During the month of October, 99.9% of our claims were processed within 45 working days.
    - The Auto Adjudication rate was 81.0% for the month of October.

Provider Services

- 12-Month Trend Summary:
    - The Provider Services department's call volume in October 2023 was 7,199 calls compared to 5,944 calls in October 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 196 calls/visits during October 2023.
- The Provider Services department answered 5,170 calls for October 2023 and made 790 outbound calls.

Credentialing

- 12-Month Trend Summary:

  - At the Peer Review and Credentialing (PRCC) meeting held on October 17, 2023, there were one hundred and ninety-five (195) initial network providers approved; six (6) primary care providers, twelve (12) specialists, eight (8) ancillary providers, ten (10) midlevel providers, and one hundred and fifty-nine (159) behavioral health providers. Additionally, eleven (11) providers were re-credentialed at this meeting; two (2) primary care providers, seven (7) specialists, and two (2) 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 October 2023, the Provider Dispute Resolution (PDR) team received 1560 PDRs versus 845 in October 2022.
  - The PDR team resolved 1786 cases in October 2023 compared to 920 cases in October 2022.
  - In October 2023, the PDR team upheld 77% of cases versus 67% in October 2022.
  - The PDR team resolved 99% of cases within the compliance standard of 95% within 45 working days in October 2023 compared to 99% in October 2022.

- Monthly Analysis:

  - AAH received 1560 PDRs in October 2023.
  - In the month of October 1786 PDRs were resolved. Out of the 1786 PDRs, 1374 were upheld and 412 were overturned.
  - The overturn rate for PDRs was 23%, which met our goal of 25% or less.
  - 1781 out of 1786 cases were resolved within 45 working days resulting in a 99% compliance rate.
  - There were 4 cases closed past the 45 working days.

- The average turnaround time for resolving PDRs in October was 42 days.
- There were 3181 PDRs pending resolution as of 10/31/2023; with no cases older than 45 working days.

Community Relations and Outreach

- 12-Month Trend Summary:

  - In October 2023, the Alliance completed 988 member orientation outreach calls and 146 member orientations by phone.
  - The C&O Department reached 870 people (460 identified as Alliance members) during outreach activities, compared to 163 individuals (55% self-identified as Alliance members) in October 2022.
  - The Alliance spent a total of $5,250 in donations, fees, and/or sponsorships, compared to $5,000 in October 2022.
  - The C&O Department reached members in 12 cities/unincorporated areas throughout Alameda County, the Bay Area, and the U.S., compared to 16 cities in October 2022.

- Monthly Analysis:

  - In October 2023, the C&O Department completed 988 member orientation outreach calls, 146 member orientations by phone, 65 Alliance website inquiries, 6 service requests, and 1 community event, 1 member education event, and 1 in-person member orientation.
  - Among the 870 people reached, 53% identified as Alliance members.
  - In October 2023, the C&O Department reached members in 12 locations throughout Alameda County and the Bay Area.
  - Please see attached **Addendum A**.

Operations

Supporting Documents

Member Services

Blended Call Results

Blended Results	October 2023
Incoming Calls (R/V)	16,752
Abandoned Rate (R/V)	6%
Answered Calls (R/V)	15,759
Average Speed to Answer (ASA)	00:32
Calls Answered in 30 Seconds (R/V)	85%
Average Talk Time (ATT)	06:40
Calls Answered in 10 minutes	99%
Outbound Calls	7,298

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

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

Claims Department
September 2023 Final and October 2023 Final

METRICS

Claims Compliance	Sep-23	Oct-23
90% of clean claims processed within 30 calendar days	92.0%	94.0%
95% of all claims processed within 45 working days	99.9%	99.9%
Claims Volume (Received)	**Sep-23**	**Oct-23**
Paper claims	28,975	32,092
EDI claims	218,448	209,206
Claim Volume Total	**247,423**	**241,298**
Percentage of Claims Volume by Submission Method	**Sep-23**	**Oct-23**
% Paper	11.71%	13.30%
% EDI	88.29%	86.70%
Claims Processed	**Sep-23**	**Oct-23**
HEALTHsuite Paid (original claims)	152,869	153,586
HEALTHsuite Denied (original claims)	58,618	57,864
HEALTHsuite Original Claims Sub-Total	**211,487**	**211,450**
HEALTHsuite Adjustments	2,721	4,578
HEALTHsuite Total	**214,208**	**216,028**
Claims Expense	**Sep-23**	**Oct-23**
Medical Claims Paid	$82,532,918	$77,888,843
Interest Paid	$36,688	$30,031
Auto Adjudication	**Sep-23**	**Oct-23**
Claims Auto Adjudicated	169,933	171,234
% Auto Adjudicated	80.4%	81.0%
Average Days from Receipt to Payment	**Sep-23**	**Oct-23**
HEALTHsuite	14	14
Pended Claim Age	**Sep-23**	**Oct-23**
0-29 calendar days	26,813	30,274
HEALTHsuite		
30-59 calendar days	1,713	2,095
HEALTHsuite		
Over 60 calendar days	2	3
HEALTHsuite		
Overall Denial Rate	**Sep-23**	**Oct-23**
Claims denied in HEALTHsuite	58,618	57,864
% Denied	27.4%	26.8%

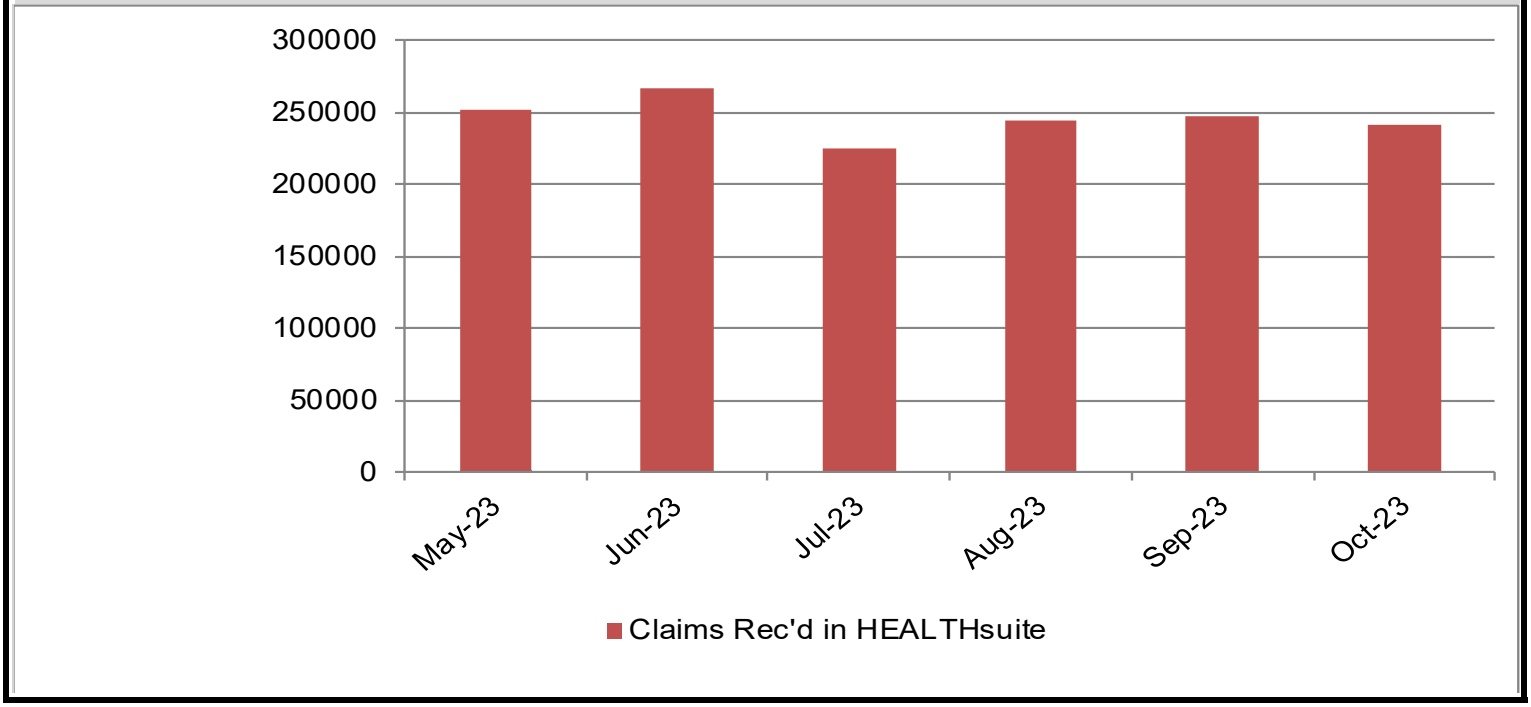
Claims Department
September 2023 Final and October 2023 Final

Oct-23

Top 5 HEALTHsuite Denial Reasons	% of all denials
Responsibility of Provider	24%
No Benefits Found For Dates of Service	14%
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	**64%**

Claims Received By Month

Run Date	6/1/2023	7/1/2023	8/1/2023	9/1/2023	10/1/2023	11/1/2023
Claims Received Through	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**
Claims Rec'd in HEALTHsuite	251,858	267,437	224,540	244,907	247,423	241,298



Provider Relations Dashboard October 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		
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029		
Answered Calls (PR)	3890	4032	4726	4437	4462	4415	3642	4659	4421	5170		
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		
Abandoned Calls (R/V)												
Answered Calls (R/V)	1231	953	983	849	1611	1883	3601	758	1201	332		
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		
N/A												
Outbound Calls	741	758	910	855	904	828	700	965	823	790		
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		
Abandoned Calls	1698	1904	1557	1808	3594	3598	5981	5002	3892	2029		
Total Answered Incoming, R/V, Outbound Calls	5862	5743	6622	6141	6974	7126	7943	6382	6445	6292		

Provider Relations Dashboard October 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%		
Benefits	3.6%	3.4%	3.1%	3.6%	3.4%	5.1%	4.4%	4.7%	3.4%	4.3%		
Claims Inquiry	46.7%	46.0%	48.8%	47.6%	49.0%	49.5%	51.9%	52.7%	54.0%	47.8%		
Change of PCP	4.9%	3.8%	3.4%	3.1%	3.3%	3.1%	2.3%	2.8%	2.8%	3.0%		
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%		
Contracts/Credentialing	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	1.2%	1.1%	1.2%	1.0%		
Demographic Change	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%		
Exempt Grievance/ G&A	0.0%	0.0%	0.0%	3.5%	3.4%	0.1%	0.0%	4.5%	5.1%	0.0%		
General Inquiry/Non member	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%		
Intrepreter Services Request	0.7%	0.9%	0.4%	0.6%	0.4%	0.6%	0.4%	0.4%	0.6%	1.1%		
Kaiser	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%		
Provider Portal Assistance	2.7%	2.9%	2.5%	3.3%	4.3%	4.2%	3.8%	4.6%	3.5%	3.8%		
Pharmacy	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%		
Prop 56	0.4%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%	0.5%	0.4%	0.5%		
Provider Network Info	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%		
Transportation Services	0.2%	0.4%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%		
Transferred Call	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%		
TOTAL	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		
Contracting/Credentialing	29	18	34	31	28	27	24	5	15	19		
Drop-ins	142	96	100	107	161	90	115	54	33	38		
JOM's	0	2	2	1	4	2	2	3	2	3		
New Provider Orientation	0	20	32	703	89	70	85	72	0	93		
Quarterly Visits	0	0	0	0	0	0	0	0	0	1		
UM Issues	13	18	0	9	3	3	0	0	4	3		
Total Field Visits	214	182	215	893	349	209	254	148	96	196	0	0

ALLIANCE NETWORK SUMMARY, CURRENTLY CREDENTIALED PRACTITIONERS

Practitioners		BH/ABA 1222	AHP 480	PCP 363	SPEC 679	PCP/SPEC 11
AAH/AHS/CHCN Breakdown			AAH 1590	AHS 242	CHCN 553	COMBINATION OF GROUPS 370
Facilities	**379**					

VENDOR SUMMARY

Credentialing Verification Organization, Symplr CVO

	Number	Average Calendar Days in Process	Goal - Business Days	Goal - 98% Accuracy	Compliant
Initial Files in Process	273	30	25	Y	Y
Recred Files in Process	142	57	25	Y	Y
Expirables updated Insurance, License, DEA, Board Certifications					Y
Files currently in process	**415**				

CAQH Applications Processed in Ocotber 2023

	Invoice not received
Standard Providers and Allied Health	

October 2023 Peer Review and Credentialing Committee Approvals

Initial Credentialing	Number
PCP	6
SPEC	12
ANCILLARY	8
MIDLEVEL/AHP	10
BH/ABA	159
	195
Recredentialing	
PCP	2
SPEC	7
PCP/SPEC	0
ANCILLARY	0
MIDLEVEL/AHP	2
BH/ABA	0
	11
TOTAL	**206**

October 2023 Facility Approvals

Initial Credentialing	6
Recredentialing	5
	11
Facility Files in Process	**32**

October 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

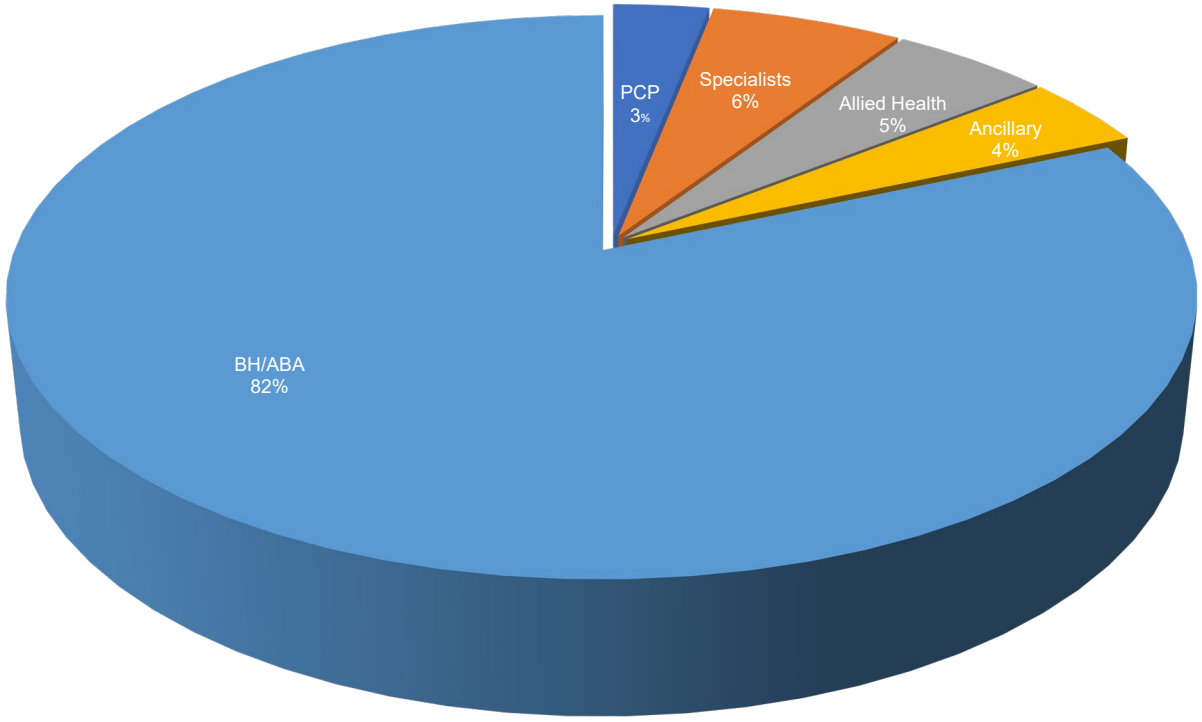
LAST NAME	FIRST NAME	CATEGORY	INITIAL/RE-CREDS	CRED DATE
Aloni	Sharon	BH/ABA	INITIAL	10/17/2023
Alvarez	Audrey	Specialist	INITIAL	10/17/2023
Arellano	Peter	Primary Care Physician	INITIAL	10/17/2023
Armenta Gomez	Luis	BH/ABA	INITIAL	10/17/2023
Aslam	Maria	BH/ABA-Telehealth	INITIAL	10/17/2023
Avelar	Paola	BH/ABA	INITIAL	10/17/2023
Awan	Saima	BH/ABA	INITIAL	10/17/2023
Barder	Torrey	BH/ABA	INITIAL	10/17/2023
Barnett	Keith	BH/ABA-Telehealth	INITIAL	10/17/2023
Barriga	Jamie	BH/ABA-Telehealth	INITIAL	10/17/2023
Belanger	Ann	Primary Care Physician	INITIAL	10/17/2023
Bennett	Romaine	Allied Health	INITIAL	10/17/2023
Bessoff	Kovi	Specialist	INITIAL	10/17/2023
Bracamontes	Maria	Allied Health	INITIAL	10/17/2023
Brannies Garcia	Jennifer	BH/ABA	INITIAL	10/17/2023
Brinker	Jensen	BH/ABA-Telehealth	INITIAL	10/17/2023
Burckle	Alec	BH/ABA	INITIAL	10/17/2023
Cahill	Erica	Specialist	INITIAL	10/17/2023
Callison	Yvonne	BH/ABA-Telehealth	INITIAL	10/17/2023
Cancino	Jessica	BH/ABA	INITIAL	10/17/2023
Carrillo	Jonathan	BH/ABA	INITIAL	10/17/2023
Casper	Jennifer	BH/ABA	INITIAL	10/17/2023
Cassano	Danielle	BH/ABA-Telehealth	INITIAL	10/17/2023
Castaneda	Catherine	BH/ABA	INITIAL	10/17/2023
Catalya	Stephen	Specialist	INITIAL	10/17/2023
Chan	Vicky	BH/ABA	INITIAL	10/17/2023
Chi	Kristine Nicole	BH/ABA-Telehealth	INITIAL	10/17/2023
Claudeanos	Eliana Alvardo	BH/ABA	INITIAL	10/17/2023
Compton-Vidal	Tianna	BH/ABA-Telehealth	INITIAL	10/17/2023
Coppola	Nicolette	BH/ABA	INITIAL	10/17/2023
Cordova	Carolina	BH/ABA-Telehealth	INITIAL	10/17/2023
Crum	Justin	BH/ABA	INITIAL	10/17/2023
Cuellar	Joanna	Allied Health	INITIAL	10/17/2023
Dahlgren	Christi	BH/ABA-Telehealth	INITIAL	10/17/2023
Deeman	Jenna	BH/ABA-Telehealth	INITIAL	10/17/2023
Delgadillo Weinberg	Frances	BH/ABA	INITIAL	10/17/2023
Devin-McCaig	Lucy	BH/ABA	INITIAL	10/17/2023
Donabedian	Jean	BH/ABA	INITIAL	10/17/2023
Dyse	Mysti	Doula	INITIAL	10/17/2023
Embrick	Samantha	BH/ABA	INITIAL	10/17/2023
Esler	Diana	BH/ABA	INITIAL	10/17/2023
Evans	Rebecca	BH/ABA-Telehealth	INITIAL	10/17/2023
Fagan	Trisha	BH/ABA-Telehealth	INITIAL	10/17/2023
Faunce	Kelly	BH/ABA-Telehealth	INITIAL	10/17/2023
Fearing	Josh	BH/ABA-Telehealth	INITIAL	10/17/2023
Fernando	Tiffany	BH/ABA	INITIAL	10/17/2023
Finch	Kathryne	BH/ABA	INITIAL	10/17/2023
Flores	Adrian	BH/ABA-Telehealth	INITIAL	10/17/2023
Frank	Brittney	BH/ABA	INITIAL	10/17/2023
Fujiwara	Mayu	BH/ABA	INITIAL	10/17/2023
Galimba	Zandra Marie	BH/ABA-Telehealth	INITIAL	10/17/2023
Garcia Gallaini	Romie	Ancillary	INITIAL	10/17/2023
Garcia-Cruz	Daniela	BH/ABA-Telehealth	INITIAL	10/17/2023
Garrett	Melissa	BH/ABA	INITIAL	10/17/2023
Gerstel	Alayna	BH/ABA-Telehealth	INITIAL	10/17/2023
Ghani	Shareh	BH/ABA	INITIAL	10/17/2023
Ghassemi	Roxana	BH/ABA	INITIAL	10/17/2023
Glenn	Robert	BH/ABA-Telehealth	INITIAL	10/17/2023
Gomez	Erik	BH/ABA-Telehealth	INITIAL	10/17/2023
Granados	Linda	BH/ABA	INITIAL	10/17/2023

Guzman	Claudia	BH/ABA	INITIAL	10/17/2023
Hazim	Hani	BH/ABA	INITIAL	10/17/2023
Henderson-Bonilla	Mia Janay	Doula	INITIAL	10/17/2023
Hernandez	Emma	BH/ABA	INITIAL	10/17/2023
Huang	Weiying	Ancillary	INITIAL	10/17/2023
Ikuhara	Hidenori	Primary Care Physician	INITIAL	10/17/2023
Jaime	Patricia	BH/ABA	INITIAL	10/17/2023
Javandel	Mitra	Specialist	INITIAL	10/17/2023
Jordan-Mapp	Charlene	BH/ABA	INITIAL	10/17/2023
Katznelson	Michelle	Allied Health	INITIAL	10/17/2023
Kawecki	Amy	BH/ABA	INITIAL	10/17/2023
Keesara	Sirina	Specialist	INITIAL	10/17/2023
Kelso	Jessica	BH/ABA	INITIAL	10/17/2023
Kennally	Kailey	BH/ABA	INITIAL	10/17/2023
Khade	John	Primary Care Physician	INITIAL	10/17/2023
King	Cristina	BH/ABA-Telehealth	INITIAL	10/17/2023
Kitt	Nichelle	BH/ABA	INITIAL	10/17/2023
KleinSmith	Ariella	BH/ABA	INITIAL	10/17/2023
Knupp	Joanne	Doula	INITIAL	10/17/2023
Kocher	Dena	BH/ABA	INITIAL	10/17/2023
Koukeyan	Karin	Ancillary	INITIAL	10/17/2023
Kuo	Joyce	BH/ABA-Telehealth	INITIAL	10/17/2023
Leamy	Jordan	BH/ABA-Telehealth	INITIAL	10/17/2023
Lee	Jennifer	BH/ABA	INITIAL	10/17/2023
Leeper	Kathleen	BH/ABA	INITIAL	10/17/2023
Lettow	Lindsay	BH/ABA	INITIAL	10/17/2023
Linderman	Jessica	BH/ABA	INITIAL	10/17/2023
Lindsay	Jacqueline	BH/ABA-Telehealth	INITIAL	10/17/2023
Loman	Robert	BH/ABA	INITIAL	10/17/2023
Lomeli	Rubicely	BH/ABA	INITIAL	10/17/2023
Lopez	Michelle	BH/ABA	INITIAL	10/17/2023
Lopez-Davila	Gabriela	BH/ABA	INITIAL	10/17/2023
Louie	Rebecca	BH/ABA	INITIAL	10/17/2023
Luna	Monique	BH/ABA	INITIAL	10/17/2023
Maddison	Bethany	BH/ABA	INITIAL	10/17/2023
Malyuga	Natalya	Allied Health	INITIAL	10/17/2023
Marchio	Jaclyn	BH/ABA-Telehealth	INITIAL	10/17/2023
Marcus	Marcene	BH/ABA	INITIAL	10/17/2023
Marinero	Herman	BH/ABA	INITIAL	10/17/2023
Martinez	Carmen	BH/ABA	INITIAL	10/17/2023
Martinez	Crystal	BH/ABA-Telehealth	INITIAL	10/17/2023
Massoud	Omar	BH/ABA-Telehealth	INITIAL	10/17/2023
Matasci	Jamie	BH/ABA-Telehealth	INITIAL	10/17/2023
Mendoza	Skyla	Allied Health	INITIAL	10/17/2023
Merlos	Luis	BH/ABA	INITIAL	10/17/2023
Milbes	Noor	BH/ABA-Telehealth	INITIAL	10/17/2023
Miller	Jessica	BH/ABA-Telehealth	INITIAL	10/17/2023
Mohmand	Faisal	BH/ABA	INITIAL	10/17/2023
Molidor	Brittany	BH/ABA	INITIAL	10/17/2023
Momtaheni	Sara	BH/ABA	INITIAL	10/17/2023
Montano	Adriana	BH/ABA	INITIAL	10/17/2023
Monzon	Silvia	BH/ABA	INITIAL	10/17/2023
Morosohk	Nancy	BH/ABA	INITIAL	10/17/2023
Muhammad	Aaliyah	BH/ABA	INITIAL	10/17/2023
Mulloy	Katharine	BH/ABA	INITIAL	10/17/2023
Myo	Melissa	Specialist	INITIAL	10/17/2023
Navedo	Laura	BH/ABA	INITIAL	10/17/2023
Neely	Amber	BH/ABA	INITIAL	10/17/2023
Nguyen	Nguyenthao	Allied Health	INITIAL	10/17/2023
Nguyen	Tiffany	BH/ABA	INITIAL	10/17/2023
Oliveros	Eidyll	BH/ABA	INITIAL	10/17/2023

Olmstead	Joshua	BH/ABA	INITIAL	10/17/2023
Ou	Ryan	Specialist	INITIAL	10/17/2023
Parikh	Hinal	Allied Health	INITIAL	10/17/2023
Parker	Ariella	BH/ABA	INITIAL	10/17/2023
Penner	Kaitlynn	BH/ABA	INITIAL	10/17/2023
Perry	Brent	BH/ABA	INITIAL	10/17/2023
Perry	Sara	BH/ABA	INITIAL	10/17/2023
Piccirillo	Wendy	BH/ABA	INITIAL	10/17/2023
Pierre	Colbert	Allied Health	INITIAL	10/17/2023
Pineda Alvarez	Gesby	BH/ABA	INITIAL	10/17/2023
Pineda Alvarez	Nancy	BH/ABA	INITIAL	10/17/2023
Porter	Lindsee	BH/ABA	INITIAL	10/17/2023
Pratt	Lissa	BH/ABA-Telehealth	INITIAL	10/17/2023
Praught	Bonnie	Allied Health	INITIAL	10/17/2023
Prushansky	Hayley	BH/ABA	INITIAL	10/17/2023
Queen	Candace	BH/ABA	INITIAL	10/17/2023
Ramirez	Taylor	BH/ABA	INITIAL	10/17/2023
Ring	Natalie	BH/ABA	INITIAL	10/17/2023
Rischall Heytow	Susan	BH/ABA	INITIAL	10/17/2023
Robb	Mark	Primary Care Physician	INITIAL	10/17/2023
Rosko	Thomas	BH/ABA-Telehealth	INITIAL	10/17/2023
Rudy	Stephanie	BH/ABA	INITIAL	10/17/2023
Ryden	Jennifer	BH/ABA-Telehealth	INITIAL	10/17/2023
Saad	Rachelle	BH/ABA	INITIAL	10/17/2023
Saefong	Tracy	BH/ABA-Telehealth	INITIAL	10/17/2023
Salerno	Carolina	BH/ABA	INITIAL	10/17/2023
Salmeron	Maria	BH/ABA	INITIAL	10/17/2023
Sanchez	Nicole	BH/ABA-Telehealth	INITIAL	10/17/2023
Satnick	Mariah	BH/ABA	INITIAL	10/17/2023
Scherry	Ashley	BH/ABA-Telehealth	INITIAL	10/17/2023
Scott-Davis	Monika	BH/ABA	INITIAL	10/17/2023
Seely	Laurice	BH/ABA-Telehealth	INITIAL	10/17/2023
Shafovaloff	Anna	BH/ABA	INITIAL	10/17/2023
Sheehy	Danielle	BH/ABA	INITIAL	10/17/2023
Shriber	Lisa	BH/ABA	INITIAL	10/17/2023
Silvey	Christopher	BH/ABA-Telehealth	INITIAL	10/17/2023
Singh	Divya	Specialist	INITIAL	10/17/2023
Smenkowski	Stephen	BH/ABA-Telehealth	INITIAL	10/17/2023
Smith	Jennifer	BH/ABA-Telehealth	INITIAL	10/17/2023
Smith	Kevin	Specialist	INITIAL	10/17/2023
Smith	Marisa	BH/ABA	INITIAL	10/17/2023
Smith	Shanice	BH/ABA	INITIAL	10/17/2023
Solorio	Kimberly	BH/ABA	INITIAL	10/17/2023
Song	Steven	Specialist	INITIAL	10/17/2023
Soo	Kelly	BH/ABA	INITIAL	10/17/2023
Soto	Mary	BH/ABA	INITIAL	10/17/2023
Stanley	Alison	BH/ABA	INITIAL	10/17/2023
Stetz	Sharon	BH/ABA	INITIAL	10/17/2023
Stone	Deborah	BH/ABA-Telehealth	INITIAL	10/17/2023
Sugano	Nana	Ancillary	INITIAL	10/17/2023
Sun	Vincent	BH/ABA	INITIAL	10/17/2023
Tambunan	Roida	BH/ABA	INITIAL	10/17/2023
Taylor	Ashley	BH/ABA	INITIAL	10/17/2023
Taylor	Christopher	BH/ABA	INITIAL	10/17/2023
Thomas	Noelle	BH/ABA-Telehealth	INITIAL	10/17/2023
Tran	Cathy	BH/ABA	INITIAL	10/17/2023
Tran	Lillian	Specialist	INITIAL	10/17/2023
Troop	Amanda	BH/ABA	INITIAL	10/17/2023
Tsugawa	Amy	BH/ABA	INITIAL	10/17/2023
Valensi	Roza	BH/ABA-Telehealth	INITIAL	10/17/2023
Vasconcellos	Faye	BH/ABA-Telehealth	INITIAL	10/17/2023

Vaughn	Jamie	BH/ABA-Telehealth	INITIAL	10/17/2023
Velasquez	Andy	BH/ABA-Telehealth	INITIAL	10/17/2023
Vielman	Roger	BH/ABA-Telehealth	INITIAL	10/17/2023
Virto	Nathan	BH/ABA-Telehealth	INITIAL	10/17/2023
Wall	Theresa	BH/ABA	INITIAL	10/17/2023
Watkins	Cassandra	BH/ABA	INITIAL	10/17/2023
Waxman	Tess	Doula	INITIAL	10/17/2023
Wise	Angelica	BH/ABA	INITIAL	10/17/2023
Wojslaw	Jeanne	BH/ABA	INITIAL	10/17/2023
Wong	Miki	BH/ABA	INITIAL	10/17/2023
Wong	Timothy	Primary Care Physician	INITIAL	10/17/2023
Wortman	Kristen	BH/ABA	INITIAL	10/17/2023
Yanez	Mariana	BH/ABA	INITIAL	10/17/2023
Gold	Karen	Allied Health	RE-CREDS	10/17/2023
Huang	Lee-May	Allied Health	RE-CREDS	10/17/2023
Johnson	Robert	Specialist	RE-CREDS	10/17/2023
Ray	Subhransu	Specialist	RE-CREDS	10/17/2023
Seevak	Evan	Specialist	RE-CREDS	10/17/2023
Shah	Rajan	Specialist	RE-CREDS	10/17/2023
Shih	Chuanfang	Primary Care Physician	RE-CREDS	10/17/2023
Tay	David	Specialist	RE-CREDS	10/17/2023
Tsui	Cynthia	Specialist	RE-CREDS	10/17/2023
Watson	Henry	Primary Care Physician	RE-CREDS	10/17/2023
Yu	Jenny	Specialist	RE-CREDS	10/17/2023

OCTOBER PEER REVIEW AND CREDENTIALING
INITIAL APPROVALS BY SPECIALTY



PCP	6
Specialists	12
Allied Health	10
Ancillary	8
BH/ABA	159
Total	195

Provider Dispute Resolution
September 2023 and October 2023

METRICS

PDR Compliance	Sep-23	Oct-23
# of PDRs Resolved	1,738	1,786
# Resolved Within 45 Working Days	1,699	1,781
% of PDRs Resolved Within 45 Working Days	97.8%	99.0%

PDRs Received	Sep-23	Oct-23
# of PDRs Received	2,219	1,560
PDR Volume Total	**2,219**	**1,560**

PDRs Resolved	Sep-23	Oct-23
# of PDRs Upheld	1,399	1,374
% of PDRs Upheld	80%	77%
# of PDRs Overturned	339	412
% of PDRs Overturned	20%	23%
Total # of PDRs Resolved	**1,738**	**1,786**

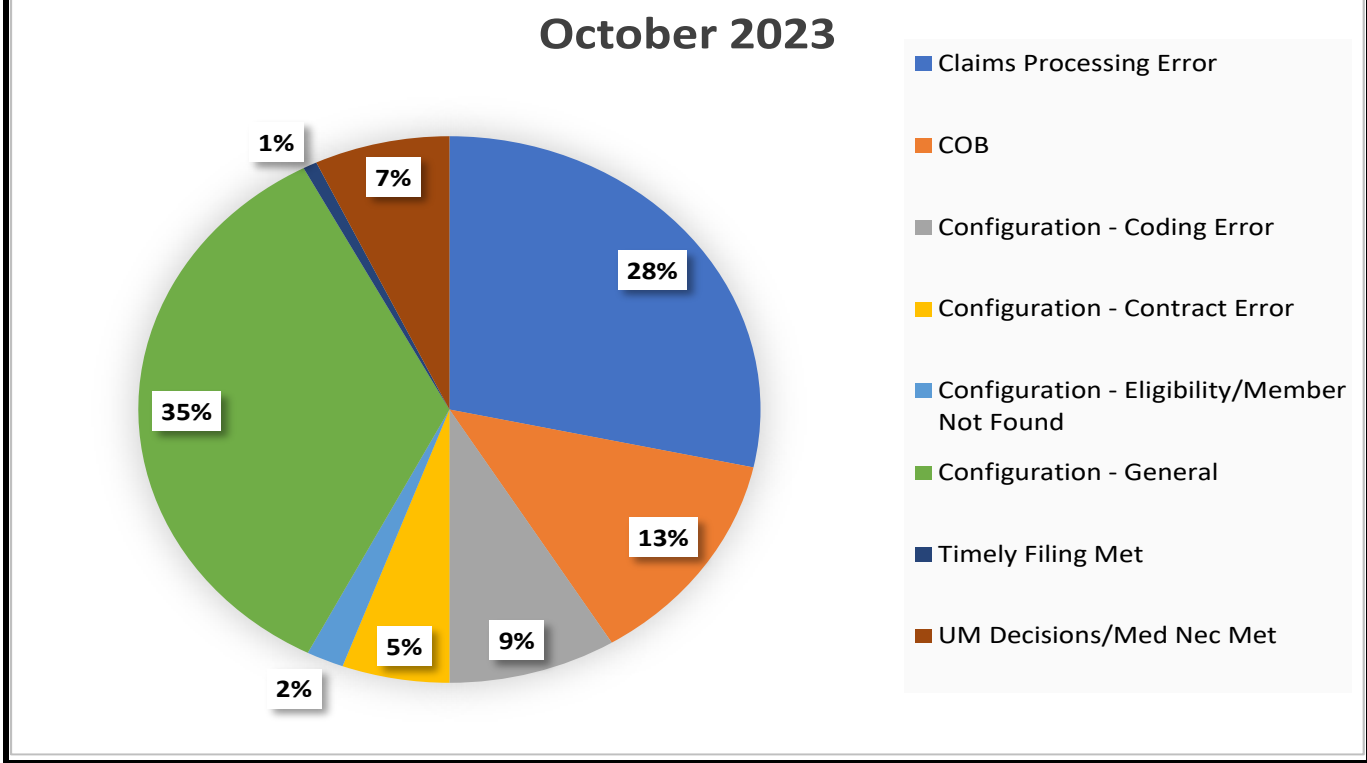
Average Turnaround Time	Sep-23	Oct-23
Average # of Days to Resolve PDRs	39	41
Oldest Unresolved PDR in Days	50	67

Unresolved PDR Age	Sep-23	Oct-23
0-45 Working Days	3,525	3,181
Over 45 Working Days	0	0
Total # of Unresolved PDRs	**3,525**	**3,181**

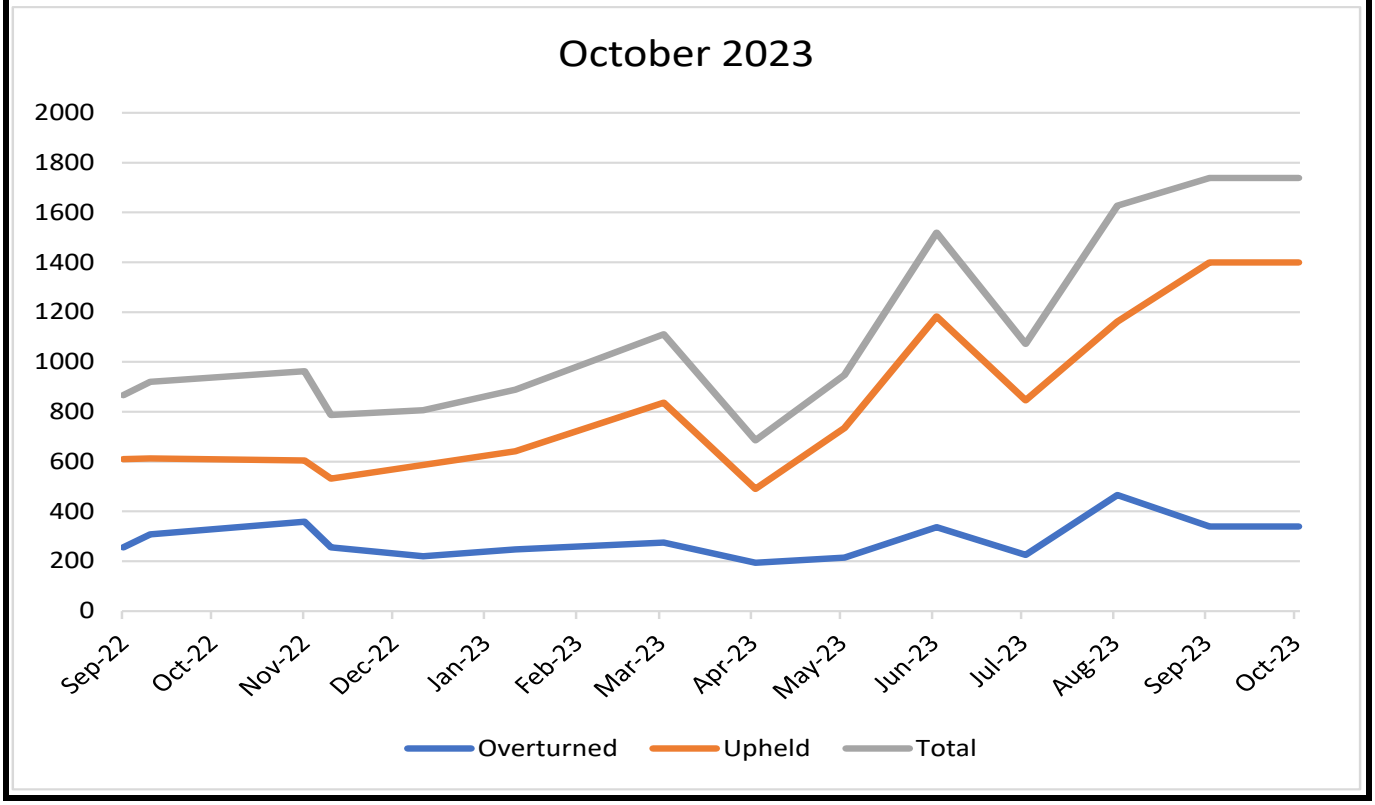
Provider Dispute Resolution
September 2023 and October 2023

Oct-23

PDR Resolved Case Overturn Reasons



Rolling 12-Month PDR Trend Line



COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2023-2024 | **OCTOBER 2023 OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2023-2024 | OCTOBER 2023 OUTREACH REPORT

During October 2023, the Alliance completed **988** member orientation outreach calls among net new members and non-utilizers and conducted **146** member orientations (**15%** member participation rate). In addition, in October 2023, the Outreach team completed **65** Alliance website inquiries, **6** service requests, **1** community event, **1** member education event, and **1** in-person member orientation. The Alliance reached a total of **726** people and spent a total of $5,250 in donations, fees, and/or sponsorships at the 2023 Dia De Los Muertos Festival community event, First 5 Fatherhood Summit, and the Community Food distribution event and in-person member orientation at Asian Health Services.*

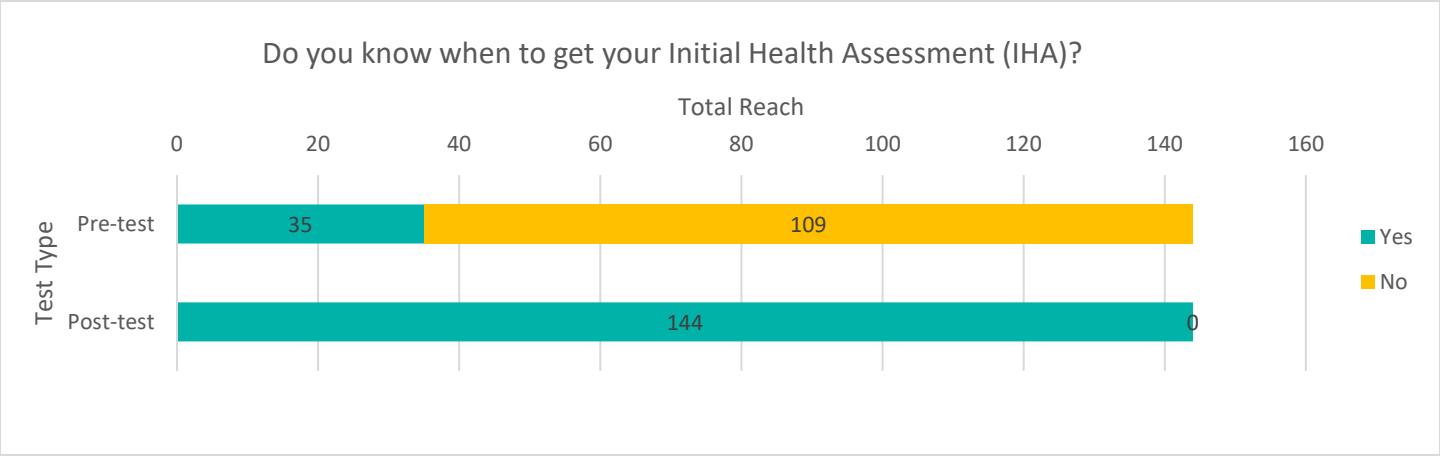
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **29,050,** self-identified Alliance members have been reached during outreach activities.

On Monday, March 16, 2020, the Alliance began helping members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from Coronavirus Disease (COVID-19). Subsequently, the Alliance proactively postponed all face-to-face member orientations until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of October 31, 2023, the Outreach Team completed **30,932** member orientation outreach calls and conducted **7,592** member orientations (**24.5%** 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, 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 October 1, through October 31, 2023 (22 working days) – **144** members completed an MO by phone, and **2** members completed it at Asian Health Services.

After completing a MO **100%** of members who completed the post-test survey in October 2023 reported knowing when to get their IHA, compared to only **24.3%** 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\1. October 2023**

ALLIANCE IN THE COMMUNITY

FY 2023-2024 | OCTOBER 2023 OUTREACH REPORT

FY 2022-2023 OCTOBER 2022 TOTALS

- 2 COMMUNITY EVENTS
- 0 MEMBER EDUCATION EVENTS
- 156 MEMBER ORIENTATIONS
- 0 MEETINGS/ PRESENTATIONS/
- 0 COMMUNITY TRAINING
- 0 TOTAL INITIATED/ INVITED EVENTS
- 157 TOTAL COMPLETED **EVENTS**

16 CITIES

Alameda
Albany
Berkeley
Castro Valley
Dublin
Emeryville
Fremont
Hayward
Livermore
Newark
Oakland
Piedmont
Pleasanton
San Leandro
San Lorenzo
Union City

- 142 TOTAL REACHED AT COMMUNITY EVENTS
- 0 TOTAL REACHED AT MEMBER EDUCATION EVENTS
- 156 TOTAL REACHED AT MEMBER ORIENTATIONS
- 0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
- 0 TOTAL REACHED AT COMMUNITY TRAINING
- 163 MEMBERS REACHED AT ALL EVENTS
- 298 **TOTAL REACHED AT ALL EVENTS**

$5,000.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

FY 2023-2024 OCTOBER 2023 TOTALS

- 1 COMMUNITY EVENTS
- 1 MEMBER EDUCATION EVENTS
- 145 MEMBER ORIENTATIONS
- 0 MEETINGS/ PRESENTATIONS
- 0 COMMUNITY TRAINING
- 9 TOTAL INITIATED/ INVITED EVENTS
- 147 TOTAL COMPLETED **EVENTS**

12 CITIES**

Alameda
Castro Valley
Fremont
Hayward
Livermore
Newark
Oakland
Pleasanton
San Leandro
San Lorenzo
Tracy
Union City

- 467 TOTAL REACHED AT COMMUNITY EVENTS
- 257 TOTAL REACHED AT MEMBER EDUCATION EVENTS
- 146 TOTAL REACHED AT MEMBER ORIENTATIONS
- 0 TOTAL REACHED AT MEETINGS/PRESENTATIONS
- 0 COMMUNITY TRAINING
- 460 MEMBERS REACHED AT ALL EVENTS
- 870 **TOTAL REACHED AT ALL EVENTS**

$5,250.00 TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

***Cities represent the mailing address designations for members who completed a member orientation by phone and community event. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q3 FY21 Outreach Report.*

Compliance

Richard Golfin III

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

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

Date: **November 10th, 2023**

Subject: **Compliance Division Report**

Compliance Audit Updates

- 2023 DHCS Routine Medical Survey:
  - The onsite virtual interview took place from April 17th, 2023, through April 28th, 2023. An exit interview took place on September 26th, 2023. There were 15 findings and 5 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.

- 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. The DHCS has completed a review of 8 out of the 15 findings. The Plan awaits further guidance from DHCS.

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

- 2022 DMHC Risk Bearing Organization (RBO) Audits:
  - In 2022, the DMHC examined the claims settlement practices and the provider dispute resolution mechanism of Children First Medical Group, Inc. (CFMG) and Community Health Center Network, Inc. (CHCN).
  - The Plan's oversight of these RBOs includes quarterly audits of claims settlement practices beginning with Q1 2023 dates of service. Case files for both CHCN and CFMG have been reviewed. There are 6 initial findings

identified in the CHCN review and 28 initial findings in the CFMG review. Of the 28 initial findings in the CFMG review 24 came from the Policies and Procedures review due to missing supporting documents. The Plan has submitted the preliminary reports to both delegates and await their response and additional documentation.

Compliance Activity Updates

- 2024 RFP Contract Update:
    - The State has noted that the Emergency Preparedness and Response Plan will have an extended implementation date of January 1st, 2025. The Plan has identified an internal target implementation date of October 27th, 2023, for all other requirements. The Plan submitted a total of 8 deliverables in September 2023. The Plan is expected to make its final Operational Readiness submissions for a total of ten (10) on December 29th, 2023. The Plan is on standby to receive additional information on the remaining undisclosed eight (8) deliverables.
- DMHC Material Modification- 2024 RFP Readiness Submission:
    - The Plan has completed the exercise of combing through all the documents previously submitted to DHCS to identify only the documents that meet the criteria specified by DMHC. Additionally, Compliance has compiled the narratives from various Alliance stakeholders needed to provide DMHC with a high-level summary of the actions the Alliance has taken or is taking to prepare for the transition to a single plan model from a two-plan model. The submission timeline is as follows:
        - New and Revised Policy Submission: **10/6/2023**
        - Financial Impact Submission: **11/30/2023**
        - Significant Network Change Submission[1]: **12/1/2023**

- 2023 Annual Corporate Compliance Training
    - Annual Corporate Compliance Training was assigned on September 11, 2023. Staff will have ninety (90) days to complete assigned training, by December 11, 2023. Currently 32% 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

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

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

Outstanding Undertakings Chart:

Undertaking #	Deliverable	Initial Due Date	Progress
No. 2	Submit regular reports detailing the Plan's efforts to recruit and fill positions identified to support the insourcing of MH/SUD services. The initial report is due no later than 30 days following the date of the Order of Approval. Each subsequent report must be submitted within 30 days of the prior report, until all positions have been filled.	By April 28th, 2023, and every 30 days thereafter.	Final Status Report to DMHC 8/8/2023 (see closed Filing No. 20232500).
No. 6	Submit electronically an Amendment filing to demonstrate compliance with the federal Mental Health Parity and Addiction Equity Act ("MHPAEA") (42 USC § 300 gg-26) and its regulations (45 CFR § 146.136) and Section 1374.76 of the Act. Before submitting the Amendment, the Plan shall contact the Department's MHPAEA review team by May 28th, 2023, to obtain detailed filing instructions and DMHC MHPAEA template worksheets for completion as part of the MHPAEA compliance filing.	By July 12th, 2023	Received extensive comments to which the Plan will need to respond. Compliance is currently reviewing DMHC's comments and gathering responses.

ALAMEDA Alliance FOR HEALTH

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

Health Care Services

Steve O'Brien, MD

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

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

Date: **November 10th, 2023**

Subject: **Health Care Services Report**

Utilization Management: Outpatient

- Preparation is most strongly focused on readiness for an increase of 110,000-120,000 new members on January 1, 2024. Managed Care Plan Transition in 2024 Planning for Single Plan Model: Our applicable workflows have been updated to encompass 2024 expansion elements along with specific processes to manage transition CoC requests which include:
    - Automation process for initial CoC authorizations for first 6-12 months
    - an internal process to capture CoC requests from members and/or providers starting 11/1/23 has been developed. All applicable information will be stored within a smart sheet for reference against our final PA and eligibility lists to ensure all requests have been addressed.
    - Reporting requirements for DHCS beginning in November through 12/31/2024 as part of the DHCS monitoring and oversight process.

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

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

Outpatient Authorization Denial Rates			
Denial Rate Type	**August 2023**	**September 2023**	**October 2023**
Overall Denial Rate	**3.5%**	**3.7%**	**4.2%**
Denial Rate Excluding Partial Denials	**3.3%**	**3.5%**	**4.0%**
Partial Denial Rate	**0.2%**	**0.2%**	**0.2%**

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

Utilization Management: Inpatient

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

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

- Auth TAT compliance met benchmark TAT of 95%.

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

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

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

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

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

Inpatient Med-Surg Utilization			
Total All Aid Categories			
Actuals (excludes Maternity)			
Metric	**July 2023**	**August 2023**	**September 2023**
Authorized LOS	**5.1**	**5.3**	**4.9**
Admits/1,000	**48.0**	**49.8**	**51.4**
Days/1,000	**243.5**	**262.6**	**252.4**

Turn Around Time Compliance			
Line of Business	**July 2023**	**August 2023**	**September 2023**
Overall	**96%**	**96%**	**95%**
Medi-Cal	**96%**	**96%**	**95%**
IHSS	**88%**	**100%**	**92%**
Benchmark	***95%***	***95%***	***95%***
Inpatient Authorization Denial Rates			
Denial Rate Type	**July 2023**	**August 2023**	**September 2023**
Full Denials Rate	**0.7%**	**1.1%**	**0.6%**
Partial Denials	**0.9%**	**1.1%**	**1.4%**
All Types of Denials Rate	**1.5%**	**2.1%**	**2.0%**

Utilization Management: Long Term Care

- LTC census during October was 1846 members.

- As of October 2023, LTC members had a total of 611 hospital admissions, with an average LOS of 6.7 days in the hospital.

- Planning continues for the carving-in of members in need of Intermediate Care Facilities for persons with Developmental Disabilities (ICF-DD) and Subacute in 2024. We are on track with DHCS deliverables.

- Townhall meetings are scheduled for November and December to do provider education on the 2024 LTC carve-in populations.

- LTC team, along with other applicable AAH teams, will provide open office hours for ICF-DD and Subacute Providers.

Pharmacy

- Pharmacy Services process outpatient pharmacy claims, and pharmacy prior authorization (PA) has met turn-around time compliance for all lines of business.

Decisions	Number of PAs Processed
Approved	37
Denied	29
Closed	98
Total	**164**

Line of Business	Turn Around Rate compliance (%)
GroupCare	100%

- Medications for diabetes, nerve pain, high eye pressure, chronic constipation, dry eyes, weight management and migraines are in the top ten categories for denials.

Rank	Drug Name	Common Use	Common Denial Reason
1	JARDIANCE ORAL TABLET 25 MG	Diabetes	Criteria for approval not met
2	OZEMPIC (0.25 or 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Diabetes	Criteria for approval not met
3	ZTLIDO EXTERNAL PATCH 1.8%	Nerve Pain	Criteria for approval not met
4	BIMATOPROST OPHTHALMIC SOLUTION 0.03%	High Eye Pressure	Criteria for approval not met
5	TRULANCE ORAL TABLET 3 MG	Chronic Constipation	Criteria for approval not met
6	RESTASIS OPHTHALMIC EMULSION 0.05%	Dry Eyes	Criteria for approval not met
7	CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	Weight Management	Criteria for approval not met
8	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML	Weight Management	Criteria for approval not met
9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Migraines	Criteria for approval not met
10	PHENTERMINE HCL ORAL TABLET 37.5 MG	Weight Management	Criteria for approval not met

- Pharmacy is leading initiatives on PAD (physician administered drugs) focused internal and external partnership and reviewed PAD related UM authorizations as follows:

- Top 10 Requested Drugs Submitted for Authorizations:

HCPCS Code	Drug Name	Authorizations
J9035	BEVACIZUMAB 10 MG	29
J1453	FOSAPREPITANT 1 MG	12
J0585	BOTULINUM TOXIN TYPE A PER UNIT	11
Q5103	INFLIXIMAB-DYYB BIOSIMILR 10 MG	10
J0178	AFLIBERCEPT 1 MG	10
J9271	PEMBROLIZUMAB 1 MG	9
J0897	DENOSUMAB 1 MG	9
J2930	METHYLPRDNISLN SODUIM TO 125 MG	8
J9171	DOCETAXEL 1 MG	8
J2506	PEGFILGRASTIM EXC BIOSIM 0.5 MG	8

LOB	Decisions	Number of PAs Processed
Medi-Cal	Approved	244
	Denied	9
	Closed	73
IHSS	Approved	10
	Denied	0
	Closed	1

- The Alameda Alliance for Health (AAH) Pharmacy Department has successfully carried out Medi-Cal RX go-live as of 1/1/2022 and continues to serve its members with the same high standards of care.

    - As of October 27, 2023, approximately 141.68 million point-of-sale pharmacy paid claims to participating pharmacies totaling approximately $13.97 billion in payments.
    - Processed 517,853 prior authorization requests.
    - Answered 478,150 calls and 100 percent of virtual hold calls and voicemails have been returned.
    - We have closed submitting Medi-Cal PAs and informing doctor offices to submit to Medi-Cal RX:

Month	Number of Total PA Closed
October 2023	58

- Pharmacy is collaborating with multiple healthcare services departments:

    - Pharmacy has been establishing rapport with in-network Intermediate Care Facilities (ICF) partners throughout the last several months, as well as collaborating with multiple AAH healthcare services departments in a continued effort to support Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF DD) Carve-In implementation.

    - The Pharmacy Department is piloting the CHF (Congestive Heart Failure) TOC (Transition of Care) program, to help reduce the number of re-admissions after members are discharged from hospitals through education to members as well as filling potential gaps between providers and their patients. Pharmacy is autonomously screening from a multi-hospital network data feed to identify these members. With the goal of focusing on lower volume, higher need cases where pharmacy may have the greatest impact on member outcomes, more diagnoses will be added to the screening criteria in the coming months.

    - Pharmacy is collaborating with CDPH, QI and HealthEd for additional asthma intervention and smoking cessation strategies (e.g., data sharing, toolkit exchange and community worker training materials/programs).

    - Pharmacy has sent out educational campaign letters to the top 10 providers for potential underutilizes of newly diagnosed hepatitis C and chronic hepatitis B. Pharmacy is working a general member educational newsletter to make aware of these two conditions.
    - Pharmacy continues to monitor members on use of opioids.

Case and Disease Management

- CM is continuing to collaborate with internal partners in preparation for extending Transitional Care Services (TCS) to all members in January of 2024. CM collaborated with IT to prioritize the use of the ADT feed and automate referrals into the system of record when a member is admitted or discharged.

- Major Organ Transplant (MOT) CM Bundle continues to be offered to members in need of evaluation and transplantation of major organs and bone marrow. The volume continues to increase, (currently 434 members). Case management nurses support members throughout the MOT process, and coordinate services with both the AAH UM department and the Centers of Excellence staff.

- CM continues to collaborate with UM and Pharmacy regarding high-risk utilizers, and CM has improved the workflow to increase CM engagement with high utilizers. The workgroup dives deep into high utilizer cases with UM partners to understand the drivers of high utilization and identify areas for improvement.

- CM continues to be responsible for acquiring Physician Certification Statement (PCS) forms before Non-Emergency Medical Transportation (NEMT) trips to better align with DHCS requirements for members who need that higher level of transportation (former completed by Transportation broker, Modivcare). The transportation coordinators have been able to increase PCS form acquisition from 60% to 85% since implementation in March. CM continues to educate the provider network, including hospital discharge planners, about PCS form requirements.

- In alignment with the Population Health Management Policy Guide, CM is working closely with the Population Health Management team to move Disease Management programs forward. The collaborative is working on final touches to the Asthma and Diabetes workflows. Cardiovascular Disease and Depression discussions are continuing. All four (4) programs are attempting to go-live by 1/1/24.

Case Type	Cases Opened in September 2023	Total Open Cases as of September 2023	Cases Opened in October 2023	Total Open Cases as of October 2023
Care Coordination	441	847	584	940
Complex Case Management	22	101	18	117
Transitions of Care (TCS)	339	479	247	422

CalAIM

Enhanced Case Management

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

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

- MOC requirements for Justice Involved were submitted to DHCS on 10/16/23.

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

- Meetings with IPD and new ECM providers have begun to initiate the onboarding process.

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

Case Type	ECM Outreach in July 2023	Total Open Cases as of July 2023	ECM Outreach in August 2023	Total Open Cases as of August 2023	ECM Outreach in September 2023	Total Open Cases as of September 2023
ECM	394	1143	773	1235	441	1309

Community Supports (CS)

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

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

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

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

- The CS team is meeting regularly with new CS providers to bring the following programming live 1/1/24:
    - Asthma Remediation for adults
    - Further network expansion for Nursing Facility Transition/Diversion
    - Further network expansion for Community Transition Services
    - Sobering Centers
    - Alameda County Community Food Bank for Medically Tailored Meals/Medically Supportive Food

Community Supports	Services Authorized in July 2023	Services Authorized in August 2023	Services Authorized in September 2023
Housing Navigation	471	479	470
Housing Deposits	147	139	132
Housing Tenancy	1320	858	829
Asthma Remediation	62	59	55
Meals	1197	1206	1215
Medical Respite	85	85	75
Transition to Home	5	4	4
Nursing Facility Diversion	5	5	5
Home Modification	0	0	0
Homemaker Services	2	10	20
Caregiver Respite	0	1	1

Grievances & Appeals

- All cases were resolved within the goal of 95% within regulatory timeframes.
- Total grievances resolved in October were 6.79 complaints per 1,000 members.
- The Alliance's goal is to have an overturn rate of less than 25%, for the reporting period of October 2023; we did not meet our goal at 25.9% overturn rate.

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

			within standard			
Total Cases:	2,791		95% compliance within standard	2,788	99.8%	6.79

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

Quality

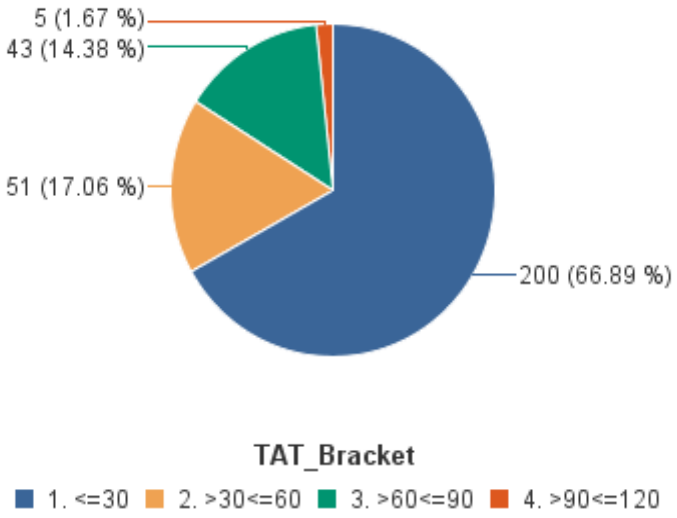
- Quality Improvement continues to track and trend PQI Turn-Around-Time (TAT) compliance. Our goal is closure of PQIs cases within 120 days from receipt to resolution via nurse investigation and procurement of medical records and/or provider responses followed by final MD review when applicable.

- 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.

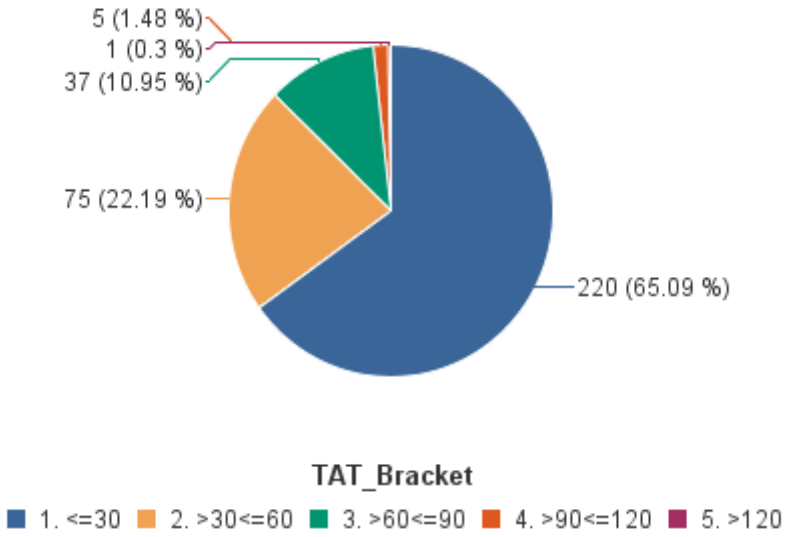
- 99.97% of cases in September and 100% of cases in October were leveled and closed within the required 120-day turnaround timeframe. Therefore, turnaround times for case review and closure remain well within the benchmark of 95% per PQI P&P QI-104 for this lookback period.

- When cases are open for >120 days, it continues to be primarily due to delay in receipt of medical records or provider responses. Measures to identify barriers and close these gaps continue to be a priority.

PQI Aging Report as of 10/31/2023 N= 299



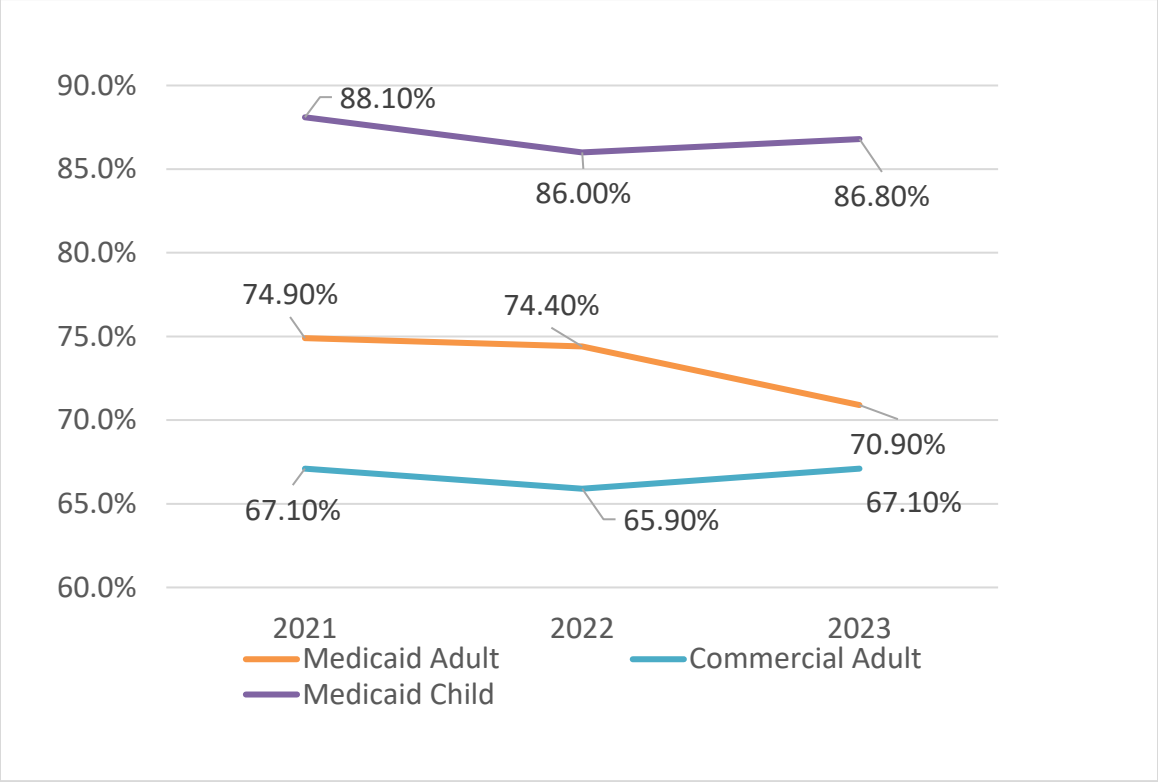
PQI Aging Report as of 09/30/2023 N= 338



CAHPS 5.1H Survey

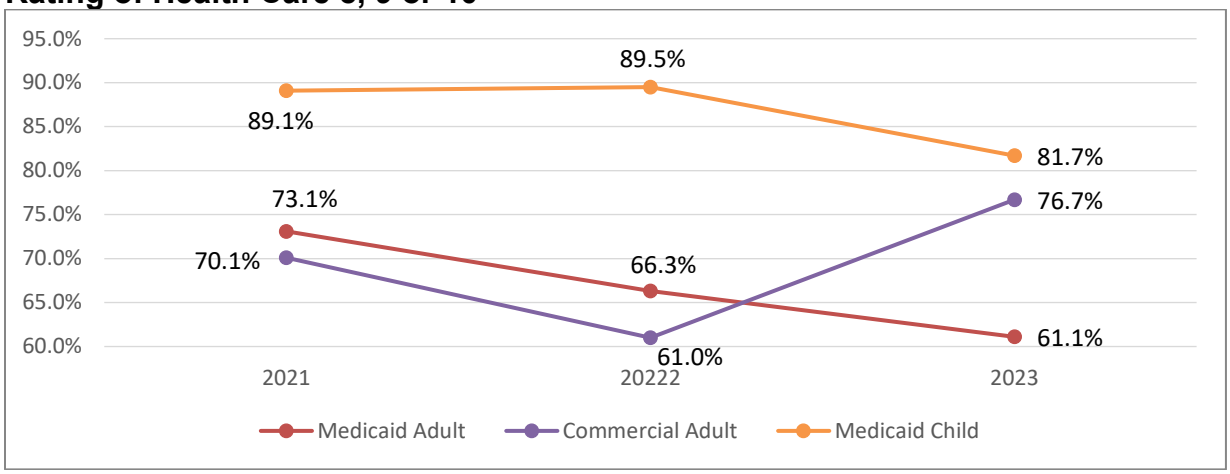
- Survey Objective: The overall objective of the CAHPS study is to capture accurate and complete information about consumer reported experiences with health care. Specially, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of services have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of provided care.

Rating of Health Plan 8, 9 or 10



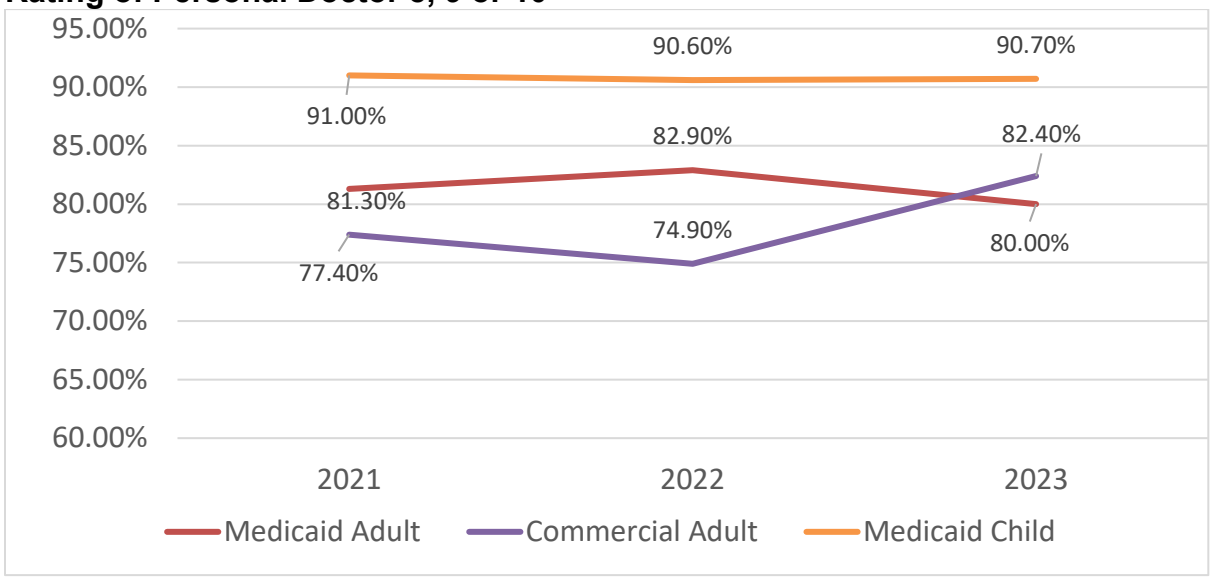
- Rates change from 2022 to 2023:
  - Medicaid Adult rate in 2023 decreased from 2022 by 3.5%.
  - Medicaid Child rate in 2023 increased from 2022 by 0.8%.
  - Commercial Adult rate in 2023 increased from 2022 by 1.2%.

Rating of Health Care 8, 9 or 10



- Rates change from 2022 to 2023:
  - Medicaid Adult rate in 2023 decreased from 2022 by 2.2%.
  - Medicaid Child rate in 2023 decreased from 2022 by 7.8%.
  - Commercial Adult rate in 2023 increased from 2022 by 15.7%.

Rating of Personal Doctor 8, 9 or 10



- Rates change from 2022 to 2023:
  - Medicaid Adult rate in 2023 decreased from 2022 by 2.9%.
  - Medicaid Child rate in 2023 increased from 2022 by 0.1%.
  - Commercial Adult rate in 2023 increased from 2022 by 7.5%.

- Next Step: In the next two quarters, Access and Availability will continue to collaborate interdepartmentally to identify best practices and opportunities for improvement and develop improvement action plan for implementation.

ALAMEDA Alliance FOR HEALTH

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Service you can trust.

Health Equity

Lao Paul Vang

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

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

Date: **November 10th, 2023**

Subject: **Health Equity Report**

Staffing Plan and Selection Processes:

- **Senior Manager of Health Equity –** The selection process for this position remains on pause status.

Internal Collaboration:

- **Meetings and check-ins with Division Chiefs** – Conducted ongoing 1:1 meetings with the CEO and all Chiefs of Divisions to ensure collaboration and alignment of health equity-related activities.

- **Population Health Management (PHM)** – The Health Equity team successfully collaborated with the PHM team and developed and launched Cultural Sensitivity Training for the Alliance. Staff will complete this training by December 2023.

- **Quality Improvement / Health Equity Meeting** – The Quality Improvement and Health Equity team meets bi-weekly to discuss topics of quality and equity. Items discussed at the October meetings were QI Investment – Health Equity measures and amounts, updates on the DEI Consultant, and Data analysis.

- **National Committee for Quality Assurance (NCQA) Health Equity Standards and Accreditation** – The Health Equity Team is working in close collaboration with the NCQA team (Health Equity Workgroup) and consultant to integrate health equity activities with NCQA health equity standards with an aim to achieve NCQA accreditation for the Alliance by January 2026.

External Collaboration:

- **Bi-weekly meetings with Local Health Plans' Chief Health Equity Officers (CHEOs)** – Attended bi-weekly meetings with other CHEOs to discuss and exchange ideas, lessons learned, and best practices for Health Equity (HE) and Diversity, Equity, and Inclusion (DEI).

- **Monthly Meetings With DHCS' Chief Health Equity Officer (CHEO)** – Continued participation in the monthly meetings with the DHCS' CHEO to discuss and share updates on DHCS health equity priorities and foster

collaboration between DHCS and the local health plans CHEOs. The October meeting agenda included a welcome & introductions of Sarah Lahidji, DHCS Division Chief for Quality & Health Equity. DHCS updates & discussion of the Health Equity Roadmap and the Member Advisory Councils.

- **Elevated Diversity (DEI Consultant) – Advancing Health Equity Initiative (October Recap).**

    - Efforts and Activities:
        - Continued 1x1 Leadership Sessions with key executive team leaders.
        - Conducted Data Review meetings with each functional area lead and began developing recommendations.
        - Coordinated scheduling for Key External Stakeholder 1x1 sessions and internal small group listening sessions.
        - Provided CEO Announcement messaging and CEO Video script for consideration and feedback.
        - Provided Advancing Health Equity Initiative Awareness Concepts (taglines and marks/icons) for consideration and feedback.
        - Provided a comprehensive Communications Plan for consideration and feedback. The plan features a communication bank, including event-based communication touchpoints.
        - Conducted review of APL 23-025 for Health Equity Curriculum Development.

Policy Development:

- **Stipend Policy** – HR, Legal, and Administration are reviewing the draft policy for the stipend payments for the Values in Action and the Diversity, Equity, Inclusion, and Belong Committees.

Diversity, Equity, Inclusion, and Belonging (DEIB) and Values in Action (VIA) Committees:

- **DEIB Committee** – The CHEO chaired the monthly meeting of the DEIB Committee. The DEIB discussed **the DHCS Final APL-23 025,** DEIB goals for FY 2023-24, DEIB employee resource groups (ERGs) demo outcomes, Fall Fest Event, and a discussion of the Lunar New Year as an additional company holiday.

- **VIA Committee** – The CHEO chaired the monthly meeting of the VIA Committee. The VIA Committee recapped the October Fall Fest Event and stated there were many positive reactions to seeing everyone, and the food was delicious. It was also brought to the committee's attention that there is no All Staff Meeting for October.

ALAMEDA Alliance FOR HEALTH

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Information Technology

Sasikumar Karaiyan

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

From: **Sasi Karaiyan, Chief Information & Security Officer**

Date: **November 10th, 2023**

Subject: **Information Technology Report**

Call Center System Availability

- AAH phone systems and call center applications performed at 100% availability during the month of October 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, all-in-one solution that captures and transforms data, turning raw interactions into usable data for reporting. This Calabrio Analytics and Speech to Text feature is planned to be rolled out in the month of November 2023.

IT Security Program

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

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

    - **Key initiatives include:**

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

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

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

Encounter Data

- In the month of October 2023, the Alliance submitted 270 encounter files to the Department of Health Care Services (DHCS) with a total of 376,004 encounters.
- Percentage of timely submissions was above 90% for both Institutional and Professional Claims.

Enrollment

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

HealthSuite

- The Alliance received 241,298 claims in the month of October 2023.
- A total of 211,450 claims were finalized during the month out of which 171,234 claims auto adjudicated. This sets the auto-adjudication rate for this period to 81%.
- HEALTHsuite application did not encounter any outages in October. This sets the uptime to 99.9% for the application.

TruCare

- A total of 20,075 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 October 2023”.
- See Table 1-2 “Summary of Primary Care Physician (PCP) Auto-assignment in the month of October 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 October 2023

Month	Total MC[1]	MC[1] - Add/ Reinstatements	MC[1] - Terminated	Total GC[2]	GC[2] - Add/ Reinstatements	GC[2]- Terminated
October	353,911	10,952	8,452	5,607	151	173

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 October 2023

Auto-Assignments	Member Count
Auto-assignments MC	1,505
Auto-assignments Expansion	1,132
Auto-assignments GC	41
PCP Changes (PCP Change Tool) Total	3,589

TruCare Application

- See Table 2-1 “Summary of TruCare Authorizations for the month of October 2023”.
- There were 20,075 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 October 2023*

Transaction Type	Inbound automated Auths	Errored	Total Auths Loaded in TruCare
Paper Fax to Scan (UM, BH)	2,731	2,117	1,295
Provider Portal Requests (UM, BH)	4,540	998	4,401
EDI (CHCN historical)	4,573	287	4,573
Provider Portal to AAH Online (Long Term Care)	61	38	55
IP Auth from ADT	1,005	134	891
Provider Portal to AAH Online (Behavioral Health)	48	33	357 *(Manual + Automated)*
Manual Entry (all other not automated or faxed vs portal use)	N/A	N/A	2,136
Total			13,708

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 September 2023

Group	Individual User Accounts	Individual User Accounts Accessed	Total Logins	New Users
Provider	6,508	4,646	180,349	701
MCAL	99,181	2,722	6,792	840
IHSS	3,497	74	70	21
Total	**10,186**	**7,442**	**187,211**	**1,562**

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

Category	Page Name	Page Views
Provider	Member Eligibility	751608
Provider	Claim Status	193731
Provider - Authorizations	Auth Submit	12423
Provider - Authorizations	Auth Search	6056
Member	Provider Directory	8223
Member My Care	Member Eligibility	3590
Provider - Claims	Submit professional claims	4786
Provider	Member Roster	2039
Member Help Resources	ID Card	1928
Member Help Resources	Find a Doctor or Hospital	1594
Member Help Resources	Select or Change Your PCP	1085
Member Home	MC ID Card	1070
Member My Care	My Claims Services	995
Provider - Reports	Reports	706
Provider - Provider Directory	Provider Directory	751
Member My Care	Authorization	502
Provider	Forms	445
Member Help Resources	Request Kaiser as my Provider	508
Provider - Provider Directory	Manual	266
Member My Care	My Pharmacy Medication Benefits	377
Provider - Home	Long Term Care Forms SSO	262
Member Help Resources	Forms Resources	294
Member My Care	Member Benefits Materials	284

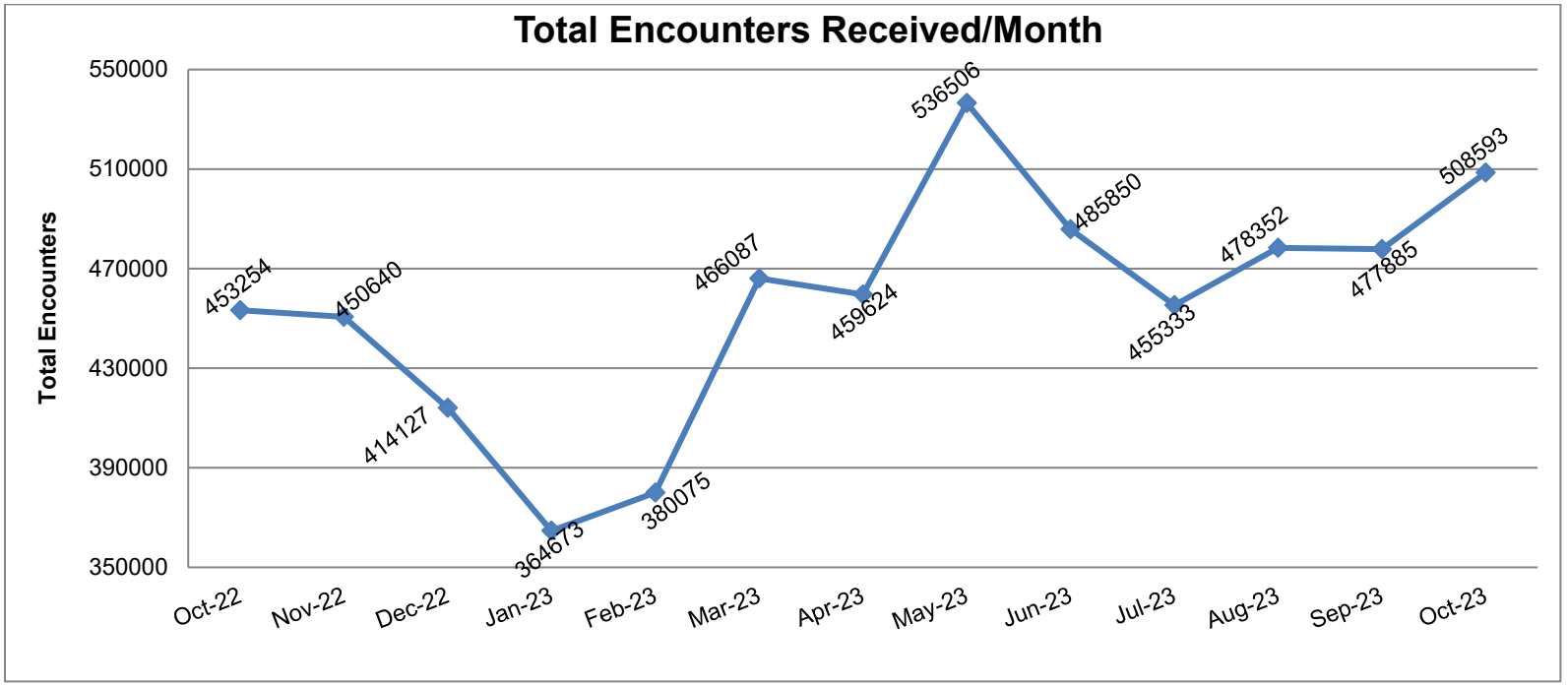
*Provider Portal (Green), Member Portal (Blue)

Encounter Data from Trading Partners 2023

- **ACBH**: October monthly files (0 records).
    - No longer receiving encounter files but through HCSA.
- **AHS**: October weekly files (5,371 records) were received on time.
- **BAC**: October monthly files (57 records) were received on time.
- **Beacon**: October weekly files (0 records).
    - No longer receiving encounter files.
- **CHCN**: October weekly files (111,275 records) were received on time.
- **CHME**: October monthly files (7,609 records) were received on time.
- **CFMG**: October weekly files (12,167 records) were received on time.
- **Docustream**: October monthly files (400 records) were received on time.
- **EBI**: October monthly files (718 records) were received on time.
- **FULLCIR**: October monthly files (888 records) were received on time.
- **HCSA**: October monthly files (1,913 records) were received on time.
- **IOA**: October monthly files (967 records) were received on time.
- **Kaiser**: October bi-weekly files (81,985 records) were received on time.
- **LAFAM**: October monthly files (24 records) were received on time.
- **LogistiCare**: October weekly files (25,509 records) were received on time.
- **March Vision**: October monthly files (4,427 records) were received on time.
- **MED**: October monthly files (194 records) were received on time.
- **Quest Diagnostics**: October weekly files (13,712 records) were received on time.
- **SENECA**: October monthly file (79 records) were received on time.
- **Magellan**: October monthly files (366,622 records) were received on time.

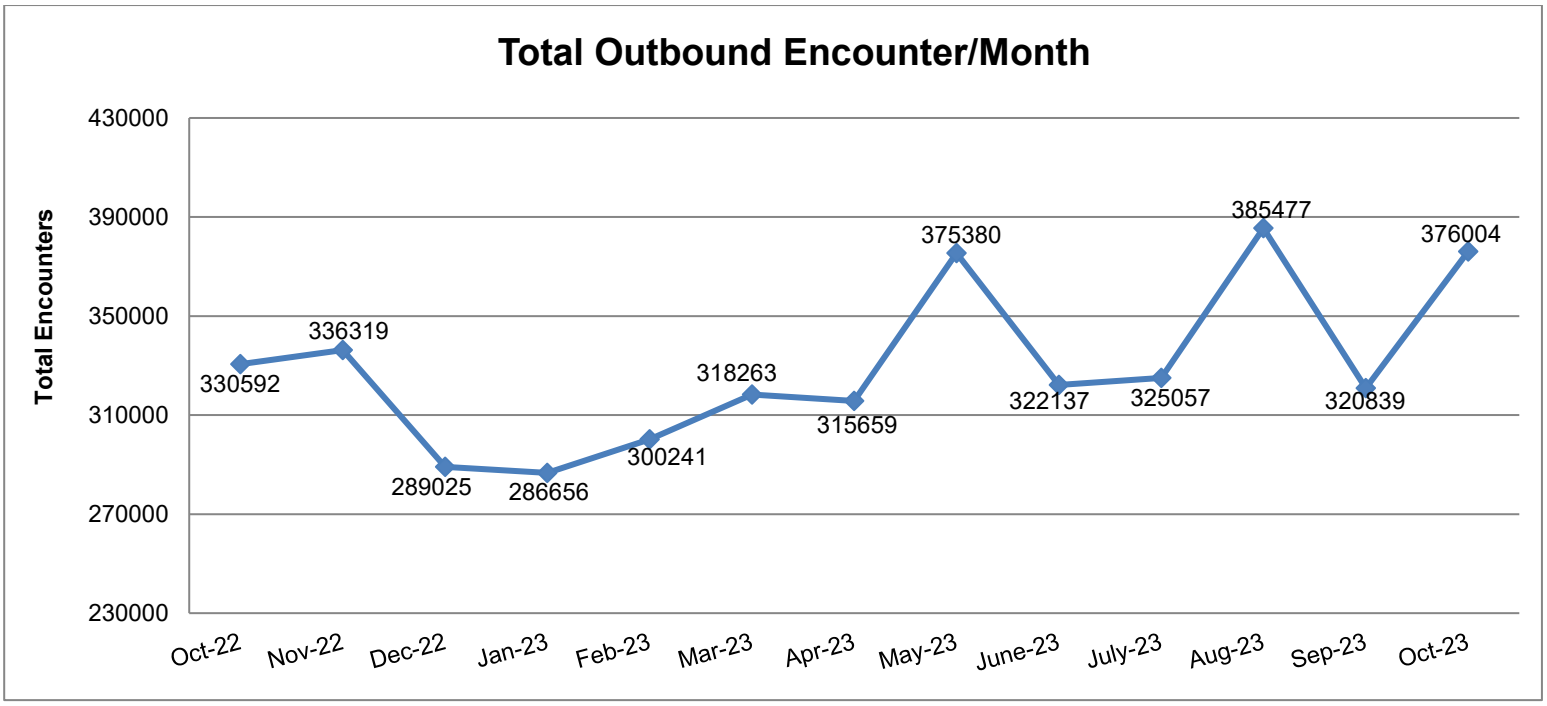
Trading Partner Medical Encounter Inbound Submission History

Trading Partners	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	July-23	Aug-23	Sep-23	Oct-23
Health Suite	171386	174429	177828	163764	167475	238283	218296	251858	267437	224540	244907	247423	241298
ACBH	8	51	87	86	39	95							
AHS	5589	6015	6332	4568	5377	5088	6353	5380	6250	4363	4380	5479	5371
BAC	39	38	35	199	34	32	38	40	37	39	38	38	57
Beacon	13490	12883	10437	13824	11036	12159	15799	5822	4559	620			
CHCN	136445	108148	83258	87182	83191	82394	84654	117764	90418	102081	85836	77060	111275
CHME	5214	5152	4822	4574	5303	4729	5277	4987	5692	5706	5704	6212	7609
Claimsnet	15668	19173	12790	9679	11694	8851	16155	12526	9986	12379	8946	12302	12167
Docustream	1294	1435	1487	1327	1794	1361	865	575	607	567	744	562	400
EBI							976	15	910	1664	814	867	718
FULLCIR													888
HCSA	2098	3734	1781	1825	1976	590	78	72	5573	3824	3466	2490	1913
IOA					172	156	201	325	974	424	673	1086	967
Kaiser	63341	76637	81333	35798	56965	73095	68883	91196	53820	56673	76278	79751	81985
LAFAM													24
Logisticare	19041	23451	16946	24456	18034	21647	20558	28628	20859	22235	27129	22456	25509
March Vision	3693	3497	4427	3598	3434	3281	4275	3647	5101	4468	4563	4933	4427
MED										9	11	144	194
Quest	15948	15997	12564	13793	13551	14326	17216	13671	13627	15741	14859	17008	13712
SENECA											4	74	79
Total	453254	450640	414127	364673	380075	466087	459624	536506	485850	455333	478352	477885	508593



Outbound Medical Encounter Submission

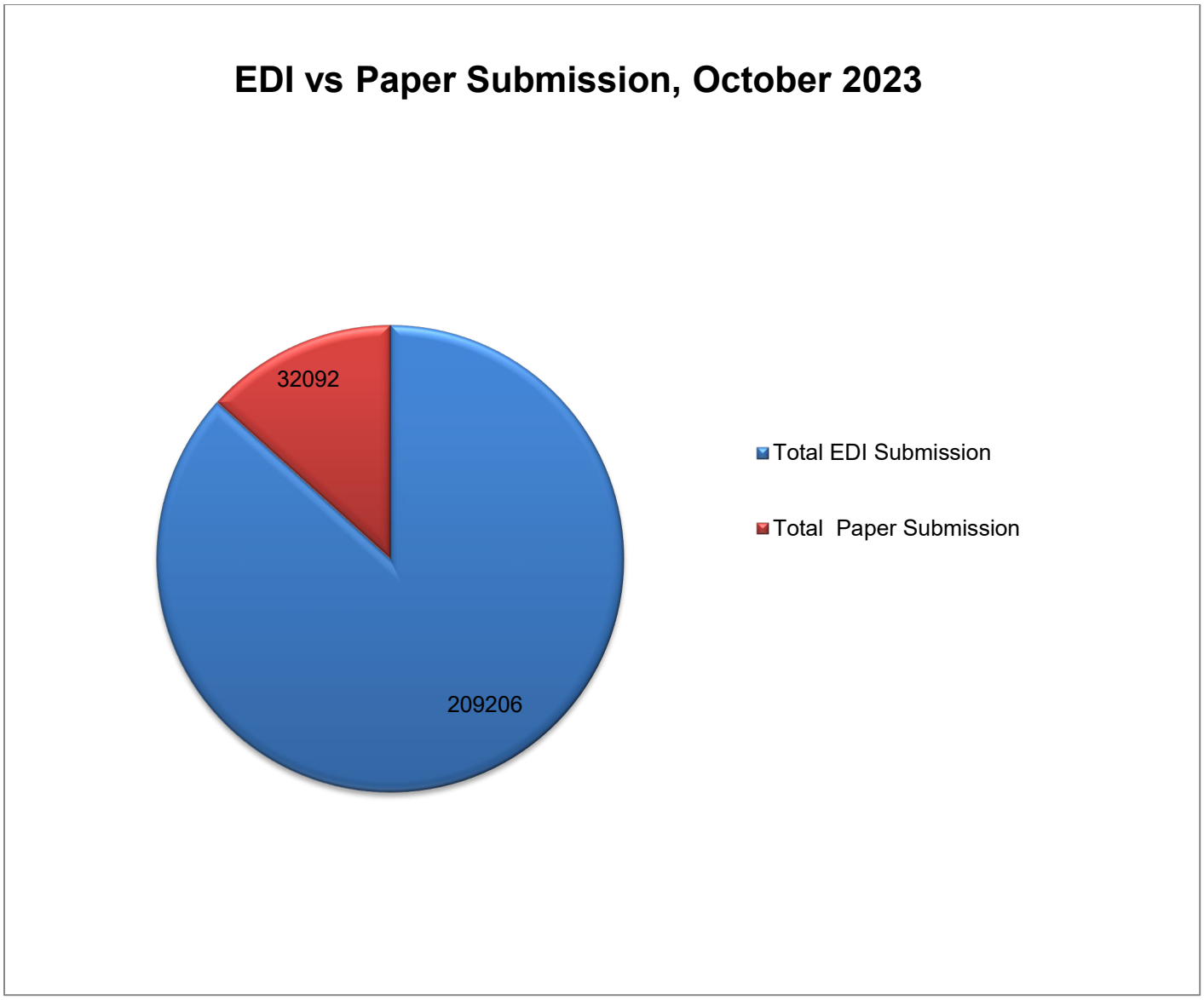
Trading Partners	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Health Suite	121299	95516	97435	114224	128102	117672	117823	151866	126674	147199	170751	127465	163149
ACBH	4	36	60	56	21	73							
AHS	6626	5915	5208	5439	5260	3845	7300	5236	5070	5318	4251	4253	6355
BAC	37	38	33	196	33	32	38	40	37	39	37	38	52
Beacon	10967	10172	8001	11282	8910	9674	11927	2879	2233	318			
CHCN	74449	92283	55698	58881	58279	59074	60373	79256	65595	56593	74313	55365	62962
CHME	5016	4843	4729	4470	5181	4606	5159	4864	5577	5595	5546	6063	7475
Claimsnet	10491	11118	8983	8241	8334	6361	9834	10891	7445	8849	6386	7075	7452
Docustream	1060	1134	1268	1117	1521	1232	481	411	378	347	529	441	270
EBI							906	15	872	1574	804	855	710
FULLCIR													806
HCSA	2013	2001	1725	1777	1304	287	52	55	1781	3778	3405	2349	1876
IOA					168	152	45	276	751	410	654	984	65
Kaiser	62682	75808	80464	35360	55930	72409	65652	72893	68887	55988	75591	78162	81165
LAFAM													2
Logisticare	18457	23178	16729	24291	12223	27071	20411	28455	20787	21686	26670	22142	24497
March Vision	2601	2396	2938	2454	2308	2400	3006	2366	3408	2720	2737	2992	2863
MED										9	11	126	145
Quest	14890	11881	5754	18868	12667	13375	12652	15877	12642	14634	13788	12456	16082
SENECA											4	73	78
Total	330592	336319	289025	286656	300241	318263	315659	375380	322137	325057	385477	320839	376004



HealthSuite Paper vs EDI Claims Submission Breakdown

Period	Total EDI Submission	Total Paper Submission	Total Claims
23-Oct	209206	32092	241298

Key: EDI – Electronic Data Interchange

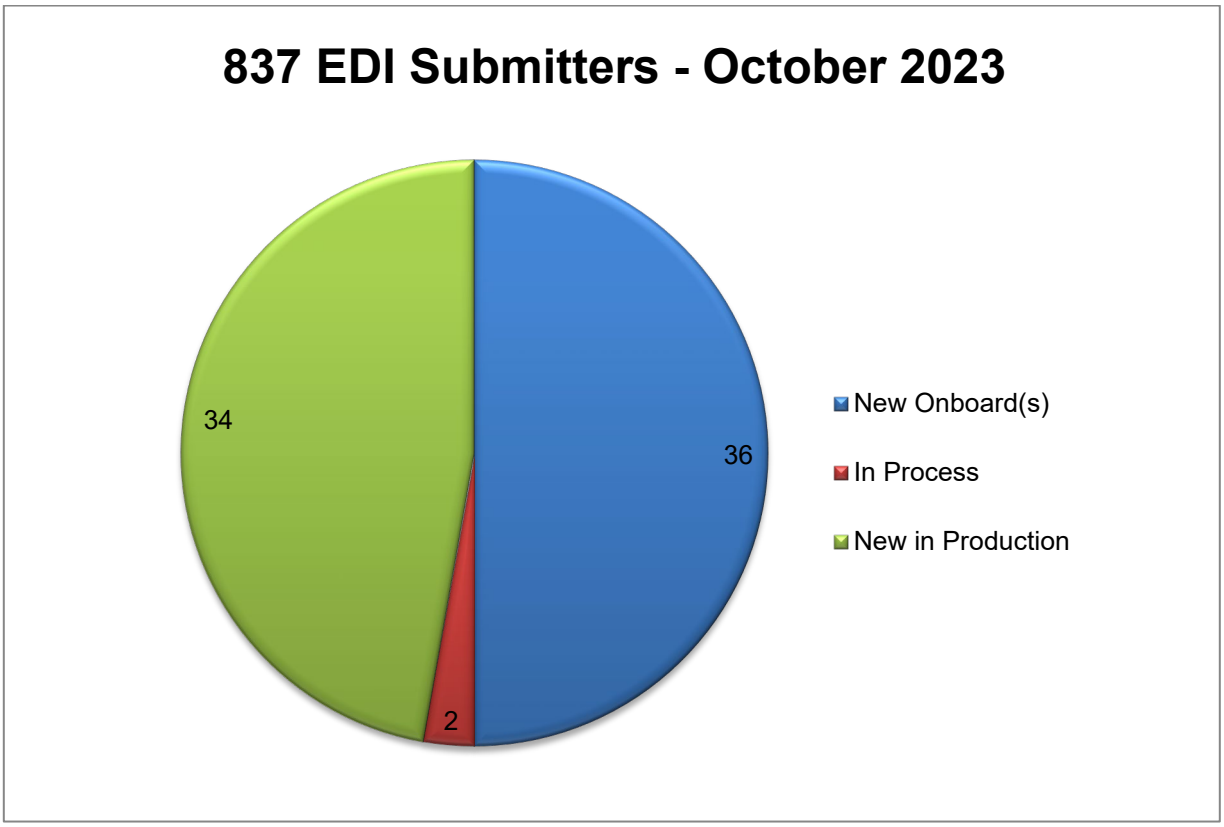


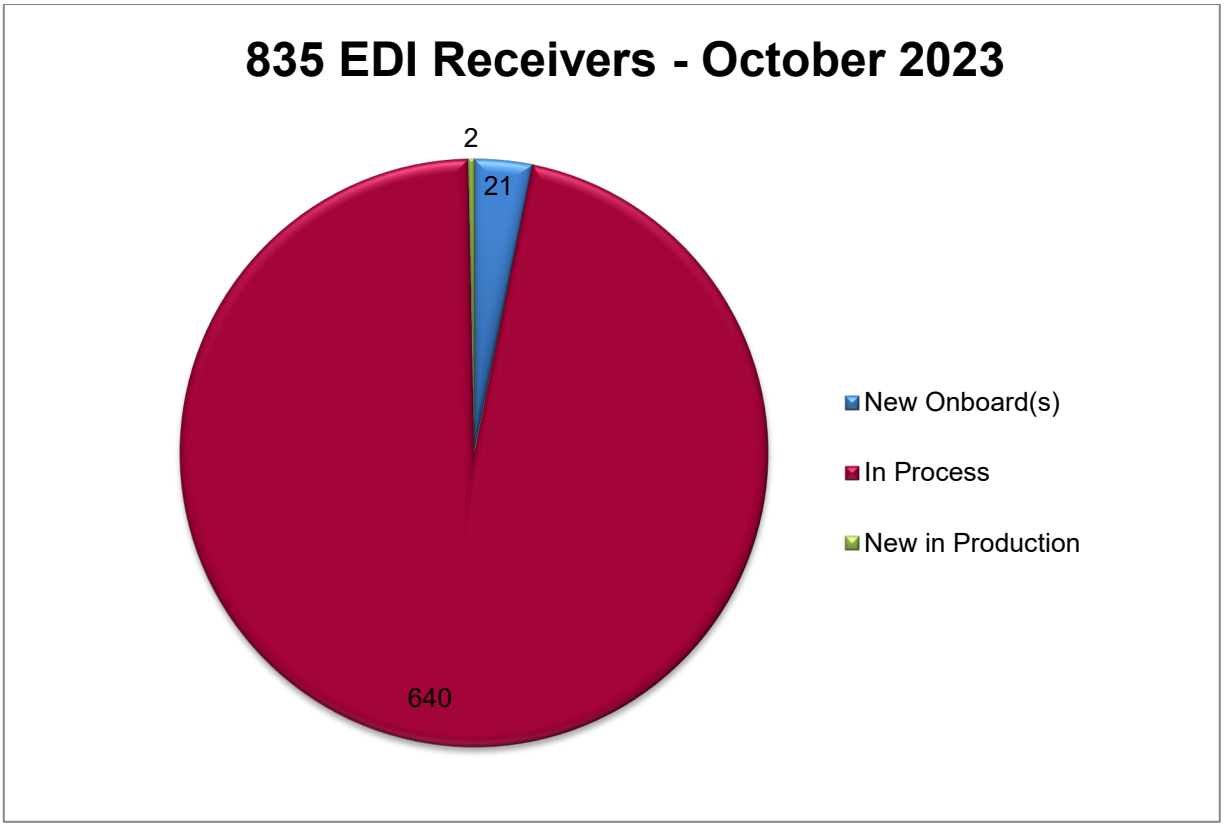
Onboarding EDI Providers - Updates

- October 2023 EDI Claims:
  - A total of 1925 new EDI submitters have been added since October 2015, with 34 added in September 2023.
  - The total number of EDI submitters is 2631 providers.

- October 2023 EDI Remittances (ERA):
  - A total of 821 new ERA receivers have been added since October 2015, with 2 added in September 2023.
  - The total number of ERA receivers is 837 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
Nov-22	49	2	47	2214	50	410	47	615
Dec-22	19	0	19	2233	20	421	9	624
Jan-23	13	2	11	2244	21	423	19	643
Feb-23	24	0	24	2268	37	457	3	646
Mar-23	55	0	55	2323	78	472	63	709
Apr-23	50	3	47	2370	24	491	5	714
May-23	35	5	30	2400	44	527	8	722
Jun-23	79	7	72	2472	58	544	41	763
Jul-23	48	2	46	2518	62	583	23	786
Aug-23	44	1	43	2561	41	602	22	808
Sep-23	70	0	70	2631	46	621	27	835
Oct-23	36	2	34	2665	21	640	2	837


837 EDI Submitters - October 2023
34
36
2
New Onboard(s)
In Process
New in Production


835 EDI Receivers - October 2023
2
21
640
New Onboard(s)
In Process
New in Production

Encounter Data Submission Reconciliation Form (EDSRF) and File Reconciliations

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

File Type	October-23
837 I Files	48
837 P Files	222
Total Files	270

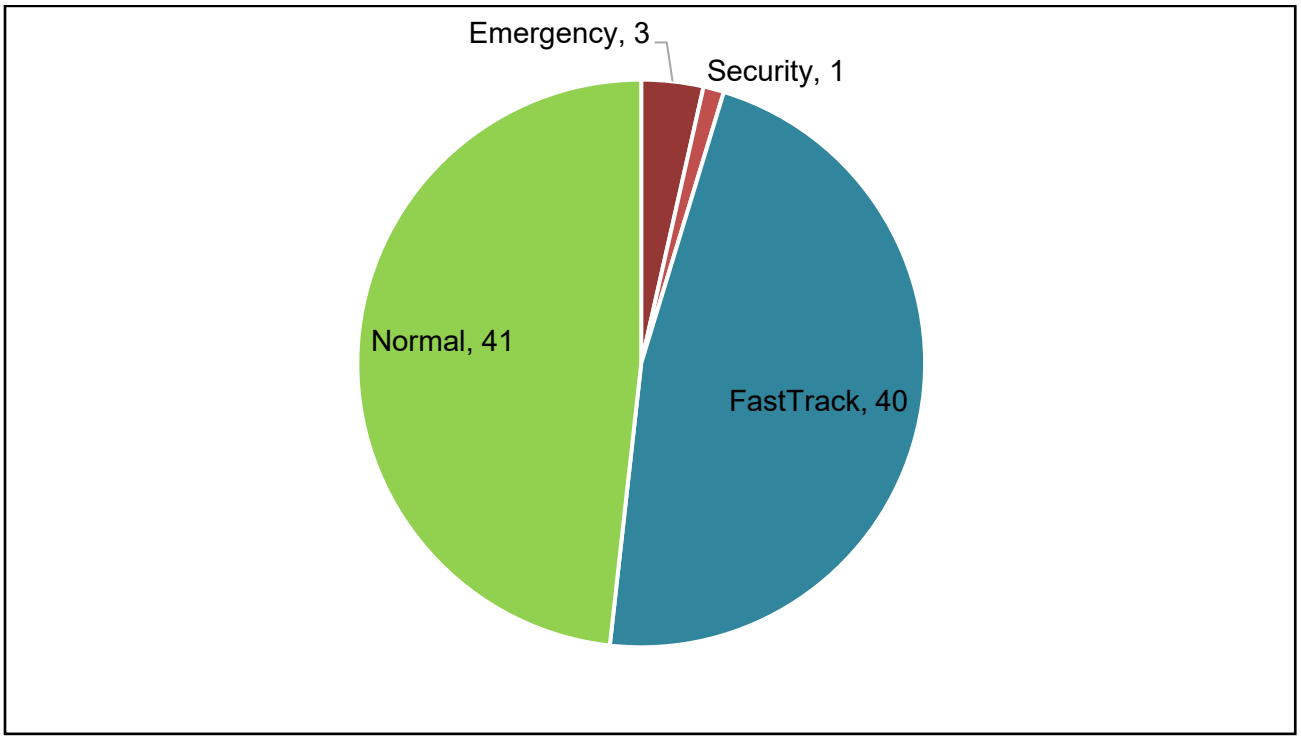
Lag-time Metrics/Key Performance Indicators (KPI)

AAH Encounters: Outbound 837	October-23	Target
Timeliness-% Within Lag Time – Institutional 0-90 days	94%	60%
Timeliness-% Within Lag Time – Institutional 0-180 days	98%	80%
Timeliness-% Within Lag Time – Professional 0-90 days	94%	65%
Timeliness-% Within Lag Time – Professional 0-180 days	98%	80%

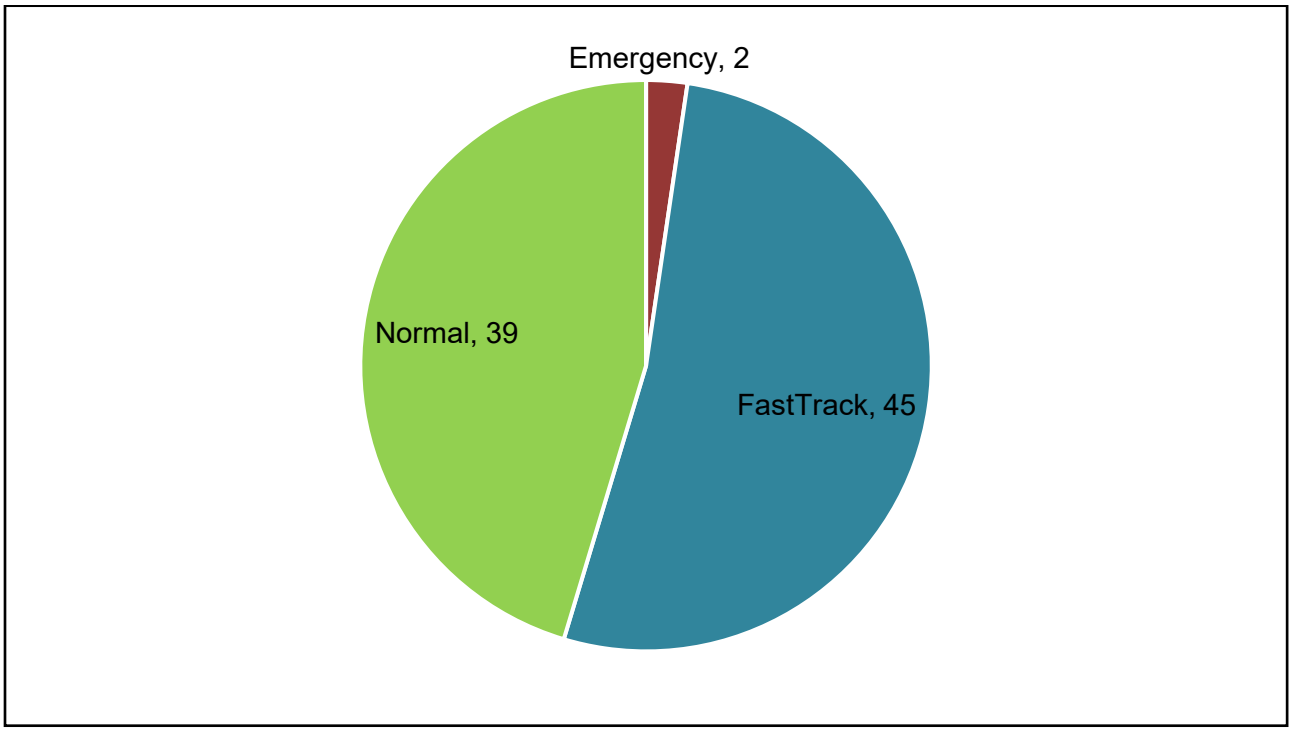
Change Management Key Performance Indicator (KPI)

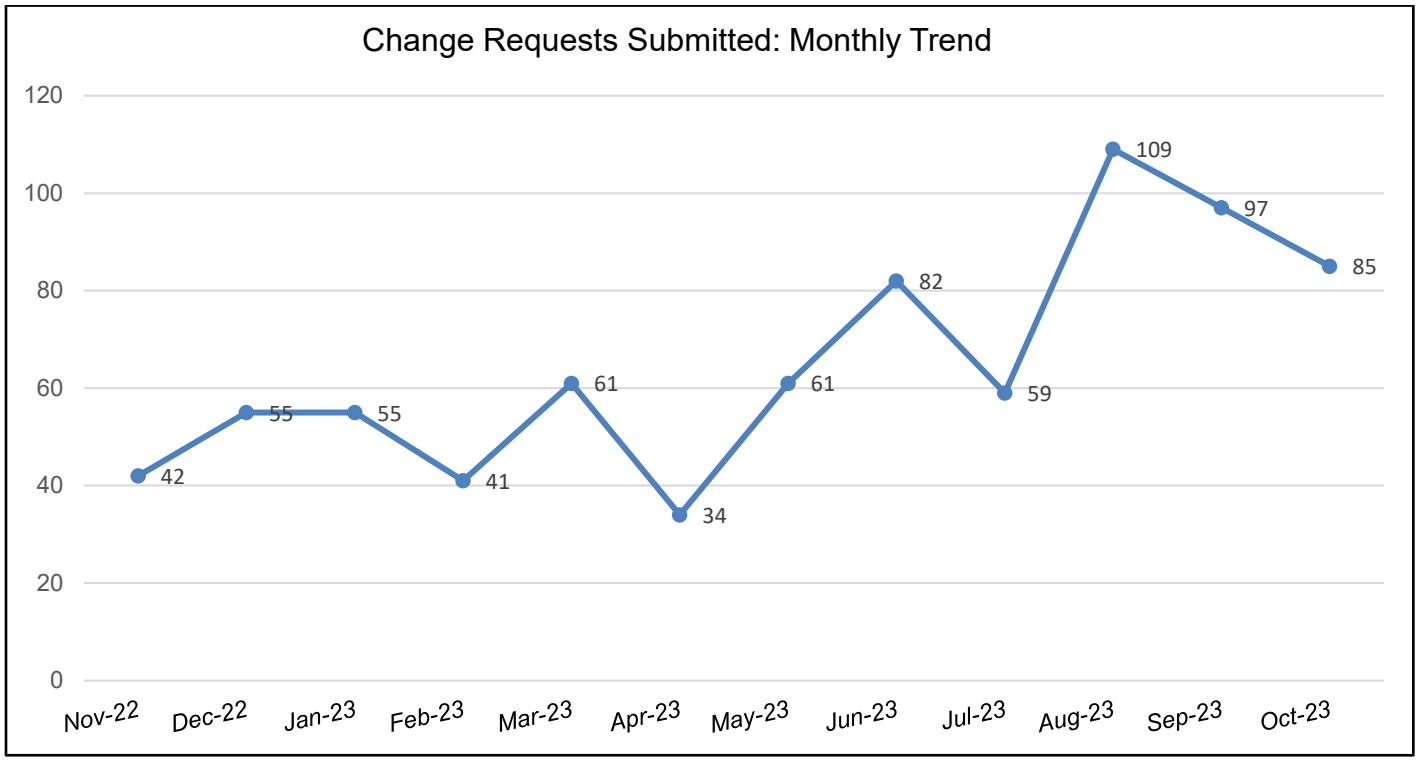
- Change Request Overall Summary in the month of October 2023 KPI:
  - 85 Changes Submitted.
  - 86 Changes Completed and Closed.
  - 185 Active Change Requests in pipeline.
  - 19 Change Requests Cancelled or Rejected.

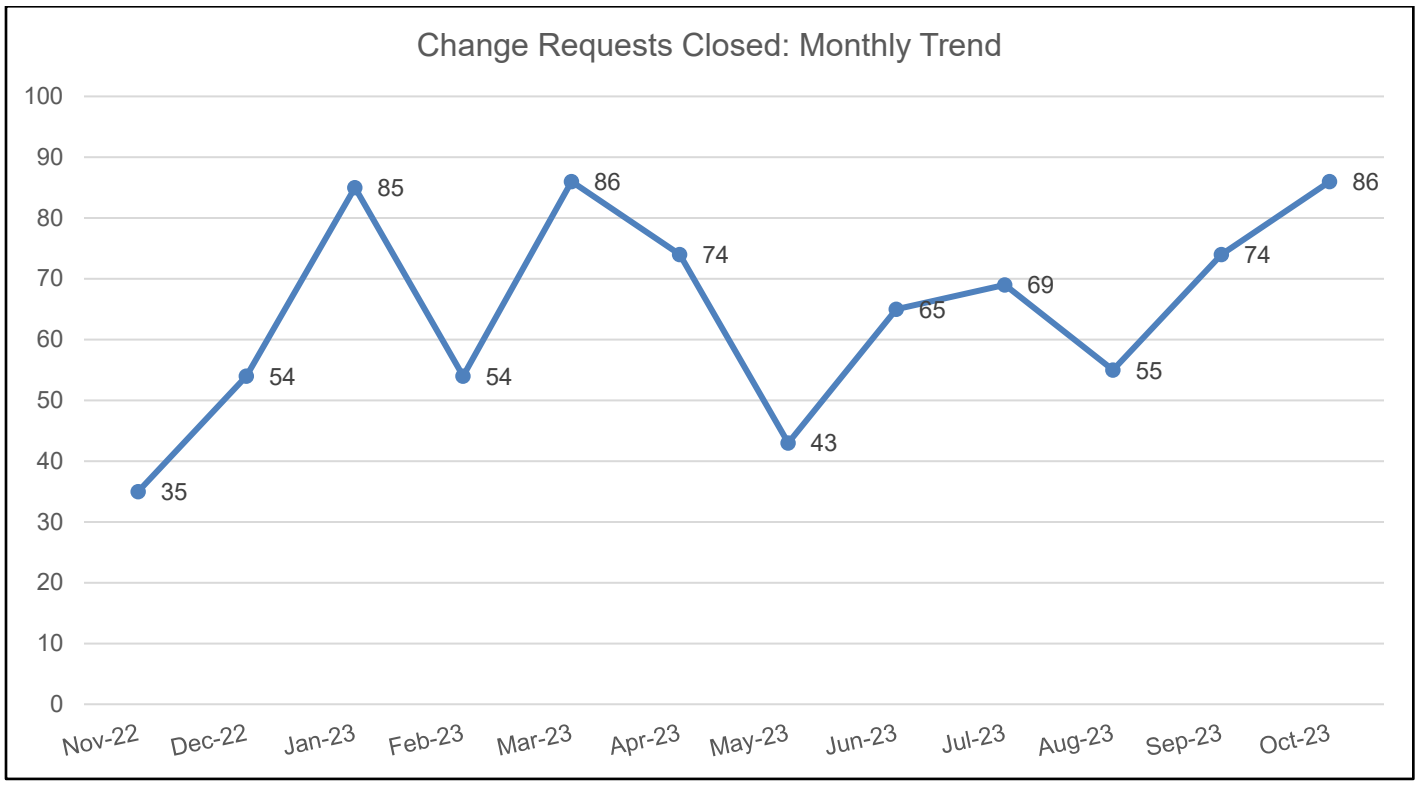
- 85 Change Requests Submitted/Logged in the month of October 2023



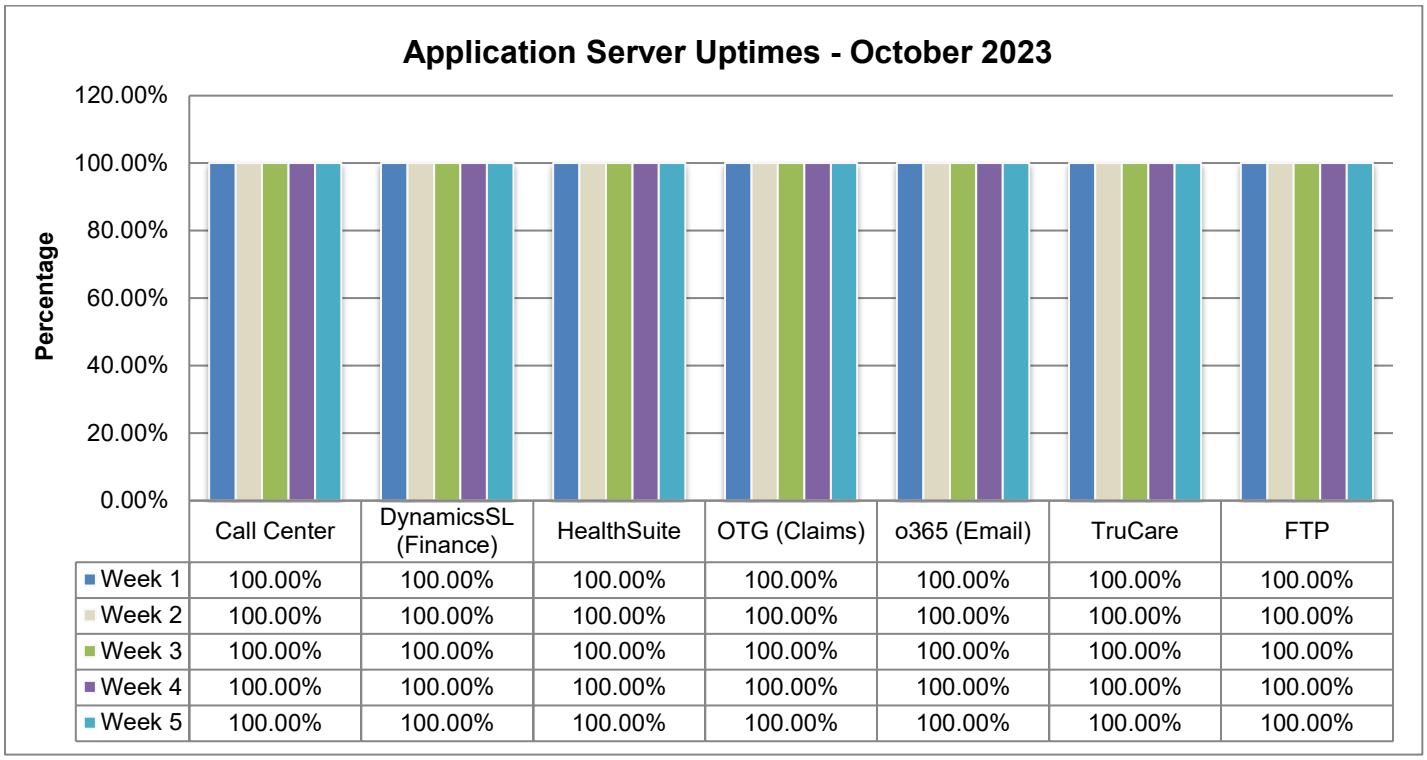
- 86 Change Requests Closed in the month of October 2023




Change Requests Submitted: Monthly Trend
120
100
80
60
40
20
0
42
55
55
41
61
34
61
82
59
109
97
85
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23

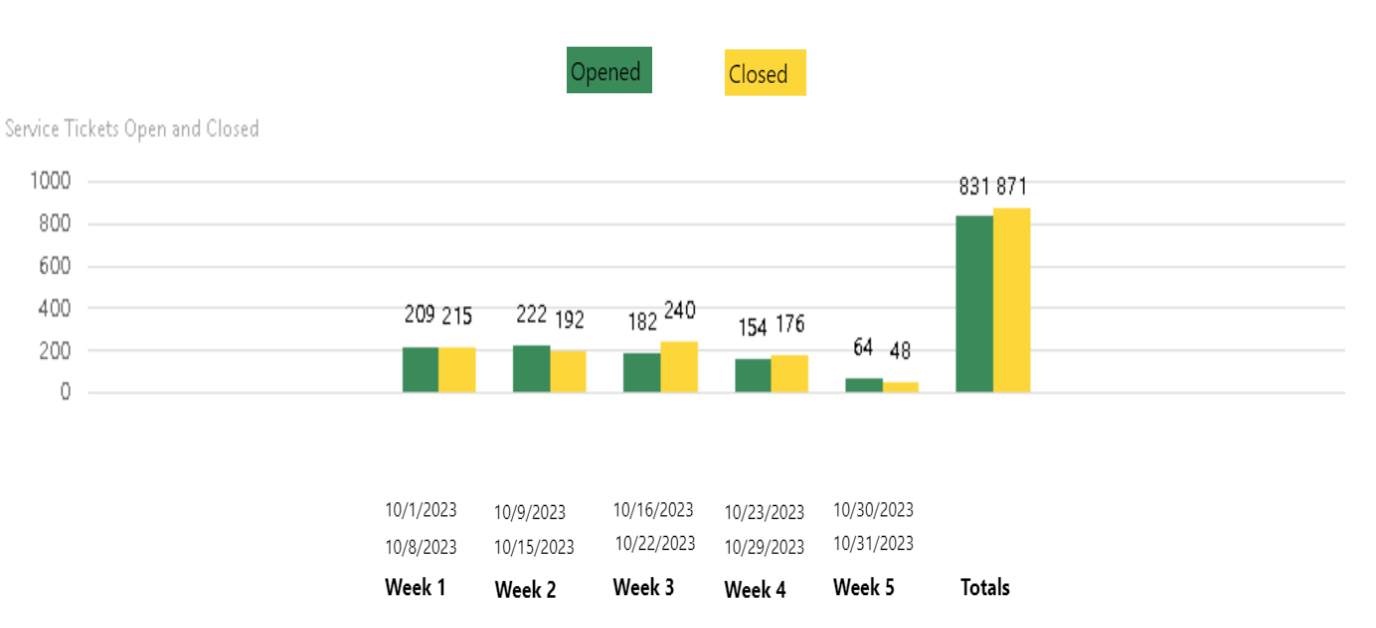

Change Requests Closed: Monthly Trend
100
90
80
70
60
50
40
30
20
10
0
35
54
85
54
86
74
43
65
69
55
74
86
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23

IT Stats: Infrastructure



	Call Center	DynamicsSL (Finance)	HealthSuite	OTG (Claims)	o365 (Email)	TruCare	FTP
Week 1	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 3	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Week 5	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

- All mission critical applications are monitored and managed thoroughly.
- Microsoft experienced a global mail service issue on October 11th at 7am.
    - This mail sync issue only affected system generated emails.
    - The issue was resolved by Microsoft on October 11th by 10am.
- Primary VPN services experienced an outage on October 18th at 10am.
    - Alameda Alliance remote staff were switched over to the secondary (DR) VPN service, all systems and application were accessible.
    - Primary VPN services were restored on October 18th at 10pm.



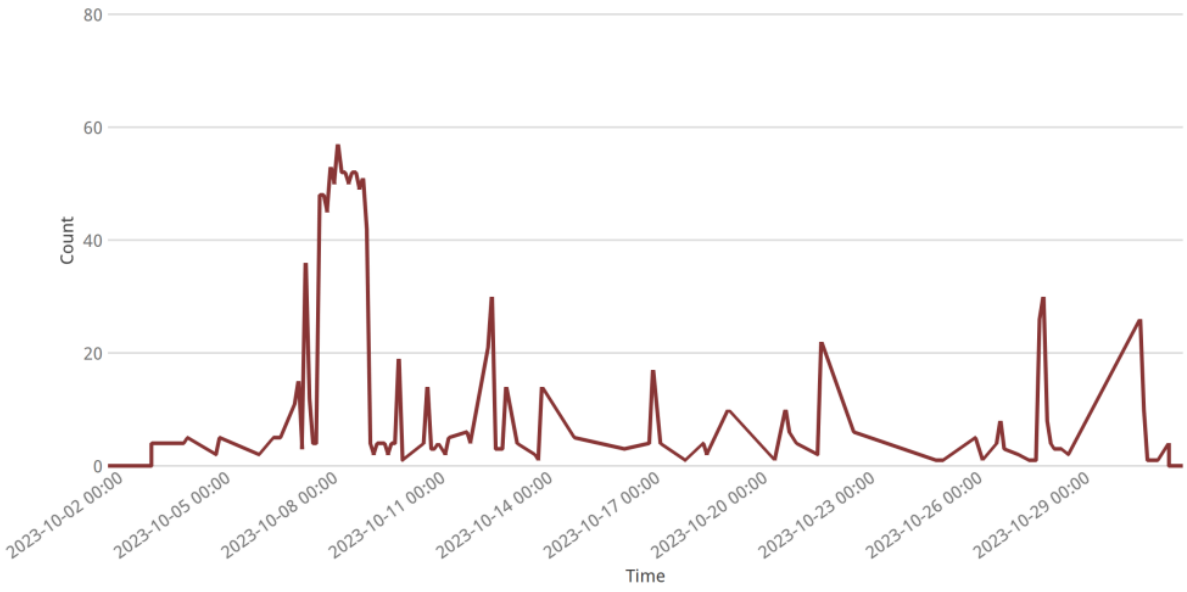
- 831 Service Desk tickets were opened, which is 6.9% lower than the previous month (890) and 7.5% lower than the previous 3-month average of 896.

- 871 Service Desk tickets were closed, which is 4.2% lower than the previous month (835) and 2.2% lower than the previous 3-month average of 890.

October 2023

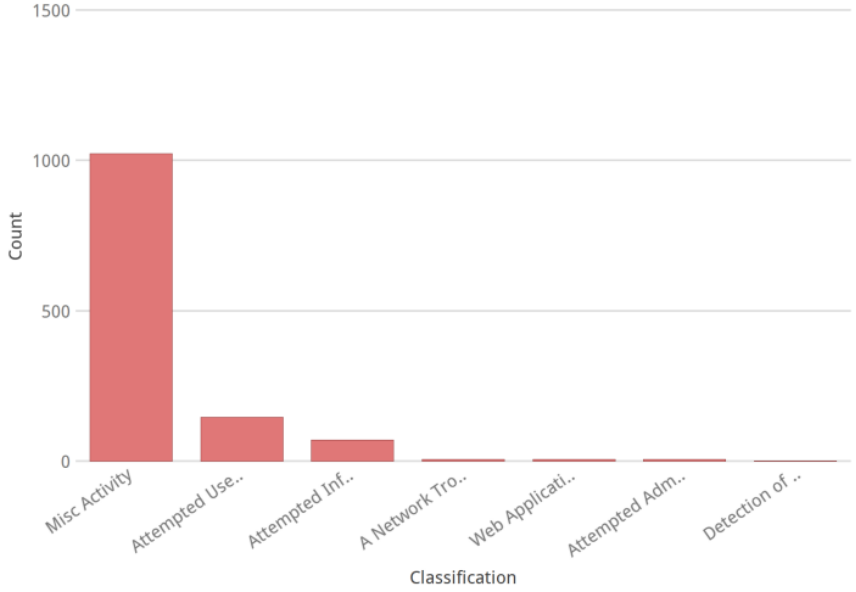
All Intrusion Events

Time Window: *2023-10-01 09:29:00 - 2023-10-31 09:29:00*



Dropped Intrusion Events

Time Window: *2023-10-01 09:30:00 - 2023-10-31 09:30:00*
Constraints: *Inline Result = !Alert,!Would **



Classification	Count
Misc Activity	1,023
Attempted User Privilege Gain	146
Attempted Information Leak	71
A Network Trojan was Detected	7
Web Application Attack	7
Attempted Administrator Privilege Gain	6
Detection of a Denial of Service Attack	1

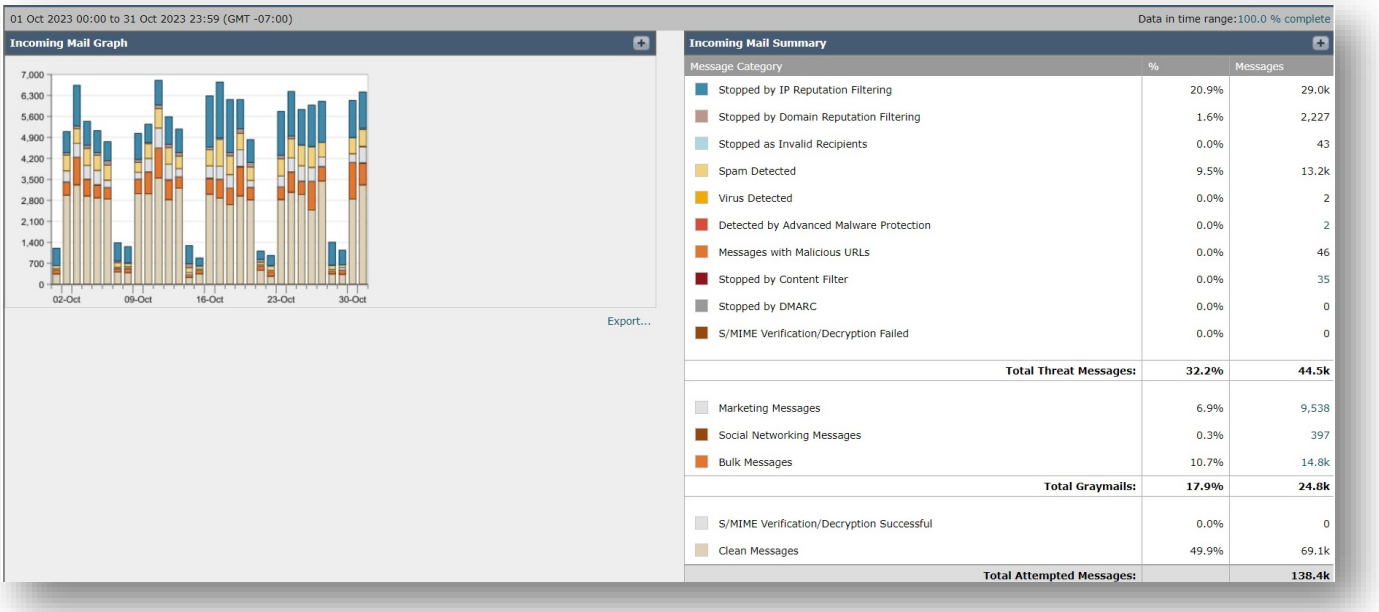
IronPort Email Security Gateways

Email Filters

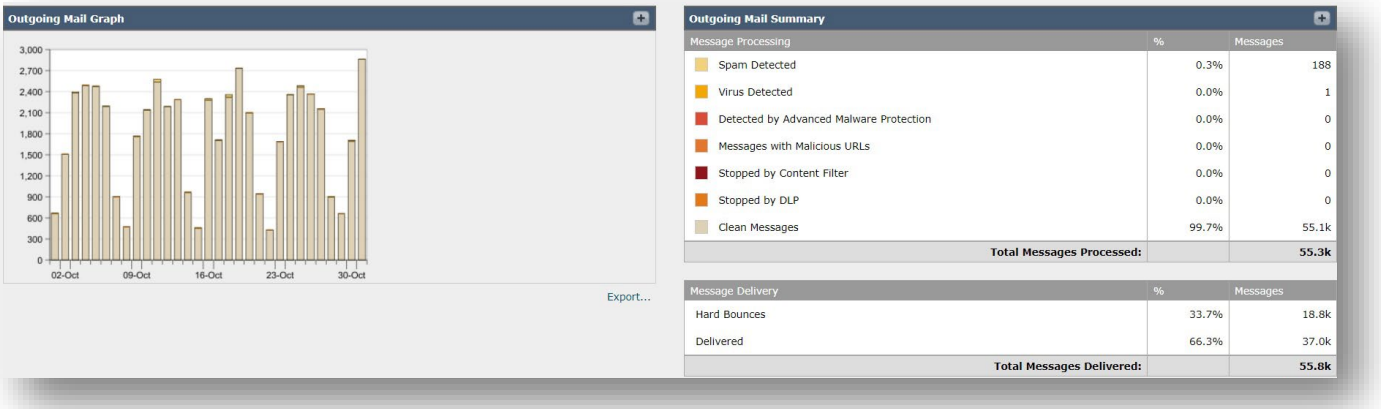
October 2023

MX4

Inbound Mail



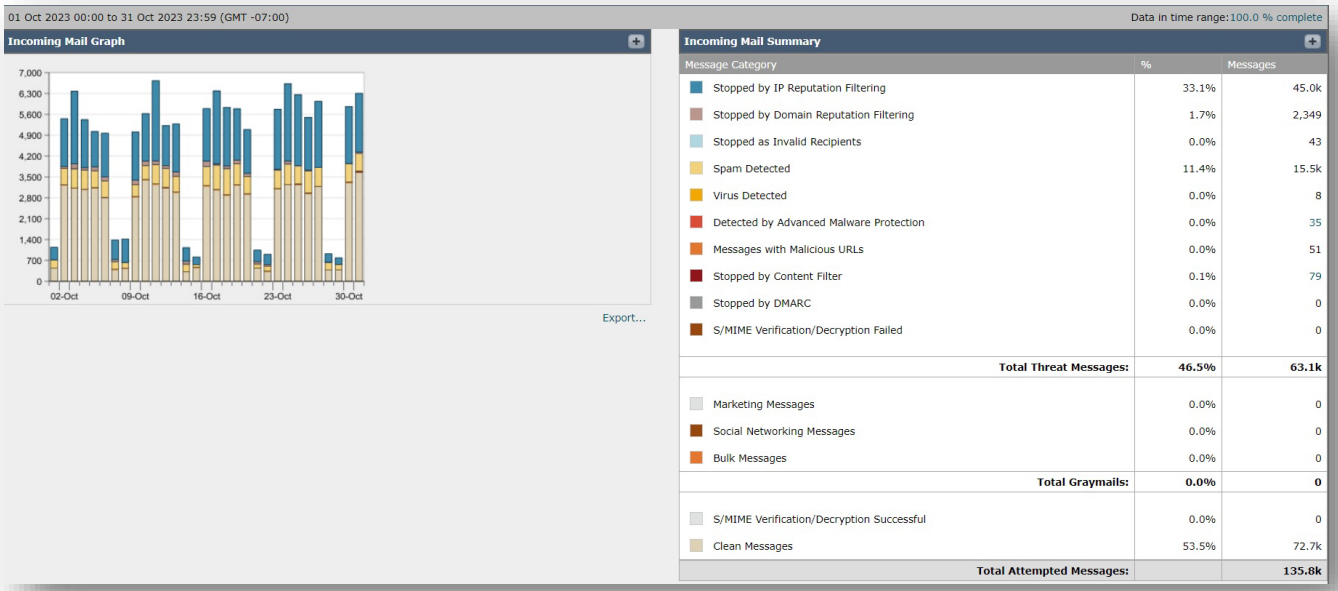
Outbound Mail



October 2023

MX9

Inbound Mail



01 Oct 2023 00:00 to 31 Oct 2023 23:59 (GMT -07:00) — Data in time range: 100.0 % complete

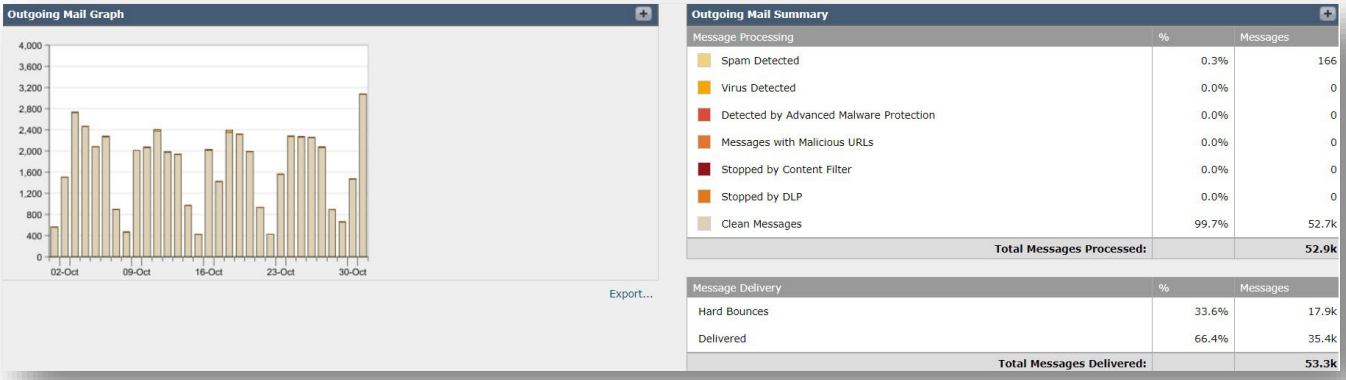
Incoming Mail Graph

Export...

Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	33.1%	45.0k
Stopped by Domain Reputation Filtering	1.7%	2,349
Stopped as Invalid Recipients	0.0%	43
Spam Detected	11.4%	15.5k
Virus Detected	0.0%	8
Detected by Advanced Malware Protection	0.0%	35
Messages with Malicious URLs	0.0%	51
Stopped by Content Filter	0.1%	79
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**46.5%**	**63.1k**
Marketing Messages	0.0%	0
Social Networking Messages	0.0%	0
Bulk Messages	0.0%	0
Total Graymails:	**0.0%**	**0**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	53.5%	72.7k
Total Attempted Messages:		**135.8k**

Outbound Mail



Outgoing Mail Graph

Export...

Outgoing Mail Summary

Message Processing	%	Messages
Spam Detected	0.3%	166
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	0
Stopped by Content Filter	0.0%	0
Stopped by DLP	0.0%	0
Clean Messages	99.7%	52.7k
Total Messages Processed:		**52.9k**

Message Delivery	%	Messages
Hard Bounces	33.6%	17.9k
Delivered	66.4%	35.4k
Total Messages Delivered:		**53.3k**

Item / Date	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	*Sep-23*	*Oct-23*
Stopped By Reputation	20.9k	23k	53.9k	41.9k	65.3k	60.9k	31.7k	33.2k	27.1k	30.4k	59.1k	*99.7k*	*74k*
Invalid Recipients	94	87	184	204	68	75	97	113	92	82	79	*98*	*86*
Spam Detected	10.9k	10.9k	10.8k	10.1k	12.5k	15.4k	14.5k	13.7k	14.1k	12.5k	27.9k	*33.1*	*28.7k*
Virus Detected	3	3	2	1	3	0	2	9	1	5	3	*22*	*10*
Advanced Malware	0	0	0	1	1	0	0	3	1	0	1	*55*	*37*
Malicious URLs	102	61	14	35	34	27	6	478	233	170	6	*50*	*97*
Content Filter	171	77	23	37	33	40	115	127	162	56	39	*110*	*114*
Marketing Messages	13.9k	16.1k	13.4k	13.7k	13.9k	15.5k	15.5k	18.5k	16.1k	15.7k	16.2k	*8.4k*	*9.5k*
Attempted Admin Privilege Gain	68	40	112	61	61	115	170	4	50	173	51	*250*	*6*
Attempted User Privilege Gain	180	324	797	107	307	87	428	42	66	162	47	*329*	*146*
Attempted Information Leak	12,942	12.3k	78.9k	17.8k	17.1k	12.5k	24.4k	5	1	18	53	*118*	*71*
Potential Corp Policy Violation	0	0	1	0	0	0	0	4	2	0	0	*0*	*0*
Network Scans Detected	0	0	0	0	0	0	0	0	0	0	0	*0*	*0*
Web Application Attack	0	0	0	19	1	2	2	7	1	8	0	*15*	*7*
Attempted Denial of Service	0	214	117	0	0	2.9k	109	0	0	1	0	*4*	*0*
Misc. Attack	469	87	111	240	1,288	2	521	2	3	1,862	151	*2,901*	*1,023*

- 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 increased with a return to a reputation-based block for a total of 74k.
- Attempted information leaks detected and blocked at the firewall is at 71 for the month of October 2023.
- Network scans returned a value of 0, which is in line with previous month's data.
- Attempted User Privilege Gain is lower at 146 from a previous six-month average of 132.

Integrated Planning

Ruth Watson

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

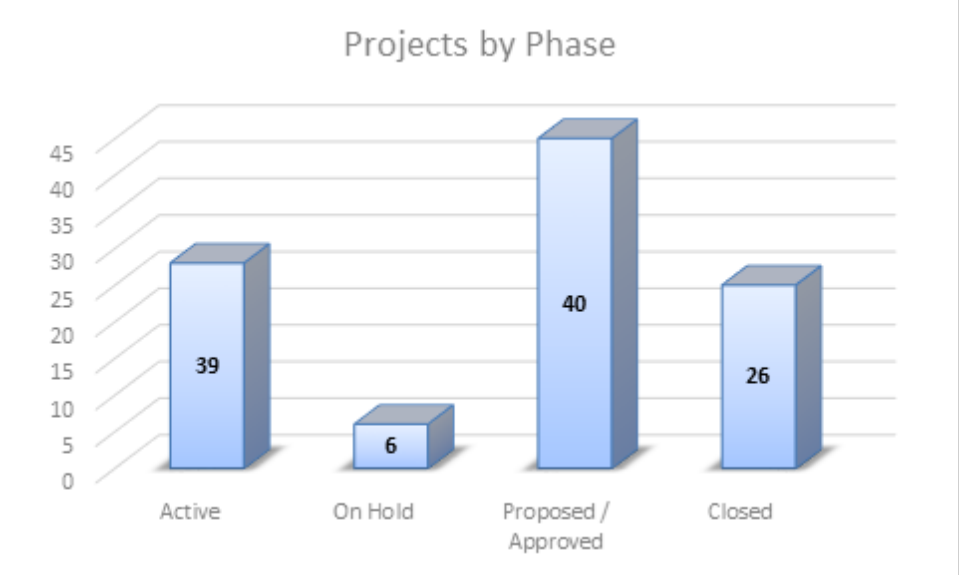
From: **Ruth Watson, Chief Operating Officer**

Date: **November 10th, 2023**

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

Project Management Office

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



Integrated Planning

CalAIM Initiatives

- Enhanced Care Management and Community Supports
    - Enhanced Care Management (ECM)
        - January 2024 ECM Populations of Focus (PoF)
            - Individuals Transitioning from Incarceration
                - ECM MOC Addendum III template was submitted to DHCS on October 16th, 2023
                - Updated Provider Capacity document due to DHCS on November 16th

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

- Justice-Involved Initiative
    - DHCS announced the initial go-live date for the justice-involved initiative has moved from April 1st, 2024, to October 1st, 2024
        - Correctional facilities will have the ability to select their go-live date within a 24-month phase-in period (10/1/2024 – 9/30/2026)
            - As of November 1st, we are still awaiting confirmation from the county on the model for re-entry: embedded or in-reach
        - Managed Care Plans (MCPs) must be prepared to coordinate with correctional facilities as of October 1st, 2024, even if facilities in their county will go-live at a later date
    - Bi-weekly workgroup meetings with Alameda County Sheriff's Office, Probation, and AAH continue to support collaboration on the strategy for this initiative
    - In October, AAH met with Adult Forensic Behavioral Health (AFBH), to understand their intake process flow and function
        - A similar discovery meeting with Probation will be held in the month of November
    - Initial meeting with HCSA was held on October 31st to begin discussing data sharing requirements for JI, specifically regarding data from the SHIE
        - Additional meetings will be held internally to further define the data requirements for AAH to share with external agencies in support of the JI initiatives
    - AAH submitted our Model of Care for the JI population on October 15th and we have initiated work on the JI Provider Capacity Attachment and Exception Question due to DHCS by November 15th

        - AAH will look to meet with Kaiser week of November 7th to discuss network overlap in support of the exception question document from DHCS, due November 15th
    - AAH has sent out contract amendments to our existing ECM providers who will expand their support to serve the JI population, as well a full contract to one brand new ECM provider
        - Weekly meetings to onboard our new provider started on October 30th
    - AAH continues to explore potential consultant services to support building our provider network, provide connections to the state prison system and provider training for hiring and recruiting individuals with lived experience with the justice system
        - Received a scope of work and cost estimate from one consultant firm; meeting with them on November 7th to further discuss the details of the services they are offering
    - AAH pilot for post-release services began in July 2023 in preparation for the 2024 programs related to this population
        - Monthly reporting from Roots began this month, with the first report due October 31st
            - Roots will also provide a lookback report for July-September 2023 to provide data from the start of the pilot term
        - The team will begin to analyze the data we receive from Roots to support the development of our strategy for re-entry in 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 will go live January 1st, 2024
    - Final All Plan Letter (APL) for LTC ICF-DD was released by DHCS on August 18th (APL 23-023)
    - Redlined Sub-acute APL was released on September 26th (APL 23-027)
        - AAH has identified approximately 150-200 members in ICF-DD homes
        - Volume of members in the Subacute facilities is yet to be determined by the state
    - ICF-DD and Subacute Network Readiness Template resubmitted to DHCS on October 30th
        - Long-Term Services and Supports (LTSS) Liaison is outreaching to ICF-DD homes to establish rapport and offer assistance with the process to join AAH's network
        - AAH is also hosting "Office Hours" to answer questions providers may have about joining the network
        - ICF-DD and Subacute Provider Trainings have been scheduled for November and December
        - Monthly collaborative meetings with Regional Centers of East Bay continue
    - Developing UB04 billing form for ICF-DD Providers per recent DHCS guidelines

- Completing DHCS deliverables due to DHCS on November 27th
- Ongoing configuration in various AAH platforms including claims and case management systems
- Refining workflows to manage ICF-DD and Subacute members
- Creating ICF-DD and Subacute Member and Provider Letters

- Population Health Management (PHM) Program – effective January 1st, 2023
  - 2023 DHCS PHM Strategy deliverable
    - Submitted DHCS-required PHM Strategy documentation to DHCS on October 26th, 2023
    - Held initial meetings with Alameda County Health Care Services Agency (HCSA) and City of Berkeley, Health Housing and Community Services, regarding Alliance collaboration with the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)
  - 2023 DHCS PHM Monitoring requirements
    - Establishing internal monitoring processes for PHM Key Performance Indicators (KPIs) and Quality metrics, including stratification by race, ethnicity, language, and age
    - Preparing 2nd quarterly report of PHM KPI data for submission to DHCS by November 15th

- 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.
    - CHW team is working to identify if/how we can provide incentives to boost provider engagement
    - AAH continues to participate in the HCSA CHW Practice Design Workgroup which includes County staff as well as representatives from organizations throughout the state who utilize CHWs
    - Monitoring CHW Services (under PHM):
      - Developing data collection and quality strategy
    - Working with provider services to develop communication strategy and documents
    - Collaborating with PHM team regarding risk stratification strategy to identify target populations
    - Meeting with potential CHW partners to provide overview of CHW services, and agree on next steps re certification, contracting and claims submission.
      - Youth Alive
      - Family Resource Navigators
      - Inspiring Communities
      - First 5
      - Dr. De La Cruz (pediatrics)

- 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 has earned $14.8M which is 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 has been allocated $15.1M for potential earnable dollars
        - AAH completed the Submission 3 responses, for activities completed during January – June 2023, and submitted to DHCS for review on September 1st
        - AAH distributed funding to twelve (12) providers and organizations to support the ECM and CS programs
    - AAH continues to work with Anthem in preparation for the January 2024 transition to a single plan model

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

Other Initiatives

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

- Regulatory Reports – Eighteen (18) reports identified by Compliance – Complete
- Management Reports – Twenty-three (23) reports identified – Complete
- Identification of business system process improvements and automations where necessary and feasible
    - TruCare – Complete
    - Provider Portal – Online Forms
        - Initial Evaluation Form (Priority 1) - Deployed
        - Coordination of Care Update Form (Priority 2) – Target deployment November 16th, 2023
- Project close out in process – Target November 30, 2023

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

- The first Bi-Quarterly Report (BQR) for the measurement period of January – June 2023, was submitted June 30th, 2023, and approved by DHCS on September 15th; payment in the amount of $1.1M (100% of eligible funds) was received on October 25th, 2023
- Partner meetings continue with Local Education Agencies (LEAs) to further refine project plan activities for successful completion of the milestones related to the July – December 2023 measurement period
- The Alameda County SBHIP Steering Group, comprised of Alameda County Office of Education (ACOE), Alameda County Center for Healthy Schools and Communities (CHSC), Alameda Alliance, and Anthem continues to meet to provide strategic program direction
    - The Steering Group will advise in the development of an Alameda County Learning Exchange (LE) which will support targeted interventions and development of sustainability resources for LEAs
- The Alliance has hosted two SBHIP LEs; participants include LEAs and Steering Group Partners, with a focus on program updates, LEA project plan sharing, current school-based behavioral landscape
    - In conjunction with Steering Group partners, the Alliance distributed a calendar of events for the remainder of the program period inclusive of Alliance, ACOE, and planned CHSC activities to promote foundational understanding, build capacity, and develop sustainability plans
    - ACOE hosted their first SBHIP Medical Billing Learning Exchange on October 6th, 2023, with a focus on developing 'sustainability roadmaps' for SBHIP program activities
        - The first Office Hours session, to apply Learning Exchange concepts, was held on October 26th, 2023
- To-date, $6.3M has been awarded to the Alliance for completed deliverables and a total of $4.4M 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 1 (S1) Report for reporting period May 1st, 2022 – December 31st, 2022, was submitted to DHCS on March 10th, 2023
    - AAH earned $13.7M or 88.6% of earnable dollars for our S1 Report
    - 92% of HHIP eligible funds have been earned to-date
- Tracking and monitoring the Submission 2 (S2) Report for reporting period January – October 2023 is currently underway
- HCSA continues to complete deliverables and milestones outlined in the December 2022 MOU:
    - HCSA has submitted sixteen (16) deliverables to-date:
        - HHIP data reporting (received on February 15th, 2023)
        - Housing Financial Supports Progress Report (received on March 30th and June 30th, 2023)

        - Street Medicine Data and Program Model and Contracting Recommendations (received on January 13th, March 30th, and June 20th, 2023)
        - 2023 Q1 and Q2 Housing Community Supports Capacity Building progress report (received April 20th, July 25th, 2023, and October 30th, 2023)
        - Housing Community Supports Legal Services Pilot grant agreement execution with legal service provider and hiring of 1.0 FTE staff attorney
    - As of September 30th, $11.8M in total payments has been paid to HCSA for HHIP milestone completion
- Workgroup meetings continue with HCSA and Anthem Blue Cross, as well as internally, to implement Investment Plan initiatives related to street health, recuperative care coordination, medical respite, medically frail beds, data needs, and a recently approved housing community supports legal services pilot program
- DHCS released a preliminary HHIP Reinvestment Fund Option (RFO) structure that was reviewed with Managed Care Plans (MCPs) in September and that is expected to be finalized mid-fall; the RFO will offer an opportunity for MCPs to submit performance data to potentially draw down unearned funds from previous submissions

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 – 1
            - Additional Information Requests (AIR) – 0
            - On Hold – 2
        - Upcoming Q4 2023 Operational Readiness Deliverable Dates
            - Deliverables due 12/29/2023 – 10 total deliverables
- MCP Member Transition
    - Anthem Member Transition – members currently assigned to Anthem will transition to AAH effective January 1st, 2024
        - Planning for work related to member notification, provider contracting, data sharing, and Continuity of Care (CoC) has begun
        - No new members will be assigned to Anthem as of October 1st, 2023
    - Kaiser Direct Contract– members currently assigned to AAH but delegated to Kaiser will transition to Kaiser effective January 1st, 2024
        - Member assignment by AAH into the Kaiser subcontract will freeze on September 1st, 2023, except if member qualifies for CoC with Kaiser
        - DHCS confirmed on September 6th that AAH should only work directly with Kaiser on those members with CoC or currently in treatment; all other requests for Kaiser will be referred to DHCS' enrollment broker, Health Care Options (HCO)

- Bi-weekly workgroups are held with Kaiser and Anthem in support of the transition work and collaboration
- DHCS continues to update the MCP Member Transition Policy Guide; the guide is being deconstructed by internal teams to identify deliverables within the updated sections
- DHCS released revised CoC Data Sharing Templates on October 25th and they are under review with team
- Project team has initiated mapping of incoming data elements from Anthem to values within our medical management system, TruCare, to support development of a batch authorization process
- DHCS revised the timeline for the initial transfer of Previous MCP (Anthem) provided files from Thursday, November 2nd to Thursday, November 9th
- Requests have been made to Anthem and DHCS for test files of the CoC data templates to allow for testing prior to the first required data share on November 9th, 2023. As of November 1st, we are still awaiting confirmation on availability of these test files from both Anthem and DHCS
- A technical assistance call with DHCS is scheduled for November 2nd to discuss the 2024 MCP Transition - CoC Overlap Provider Analysis report the state provided AAH
- Preparations are underway to support the bi-weekly monitoring and oversight reporting required by DHCS:
  - Development of an internal process to gather the required reporting elements from the various business units is in progress
  - Reporting timeline is currently being revised by DHCS and we are awaiting final guidance on when reporting will commence
- Member Transition CoC Workflow documentation continues for all impacted departments including Utilization Management, Case Management, Long-term Care, Behavioral Health, Provider Services, Member Services, and IT
  - Departments will need to revise current CoC workflows to include exceptions resulting from the Member Transition
- Internal teams made updates to policies and procedures impacted by the transition and submitted them to DHCS for review on October 6th
  - Three (3) additional policies were drafted and submitted on October 6th, specific to MCP Member Transition Policy requirements

- Business Continuity Plan – required as part of our 2024 Operational Readiness
  - Disaster Recovery Plan
    - Included in the overall Business Continuity Plan (BCP)
    - Development of the Disaster Recovery Plan is complete
  - Engagement with BCP Consultant – Quest
  - Quest is working with AAH business areas on the completion of the BCP Questionnaire
- Memorandums of Understanding (MOUs) with Third Parties – required as part of our 2024 Operational Readiness (OR)
  - MOUs associated with OR requirements due to DHCS on December 29th
  - DHCS has published seven (7) final DHCS MOU templates; one MOU template for Women, Infant, and Children (WIC) is pending from DHCS

- AAH will submit the MOU Quarterly Report required by DHCS by March 31st, 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 number of transitioning members is 25,000-30,000
- Members will be managed like every other Medi-Cal member
- The following activities are in progress in preparation for this expansion:
  - Planning for Continuity of Care Authorizations for members with retroactive authorizations
  - Workgroup meetings with CHCN and AHS to discuss data sharing in order to avoid interruption of services for members with an established PCP at those clinics
  - Network evaluation and strategizing utilizing historical data provided by DHCS

Portfolio Project Management (PPM) Tool – Team Dynamix (TDX) is the selected tool being implemented in a phased approach and started January 2023

- Implementation is complete and closure meeting with TDX was conducted

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

- DHCS released program guidance, FAQs, assessment tool, and initial program application in August and September
- AAH identified provider practices eligible for the initial phase of the EPT program based on eligibility criteria provided by DHCS
- Sent fax blast to providers alerting them of the EPT program and added program information to AAH website on September 15th
- Preliminary meetings held with CHCN, AHS, CFMG, and interested practices to determine interest and address initial questions
- Engaged consultant to work with small and medium provider practices to assist in preparation of application
- A total of 14 program applications were submitted to DHCS on October 23rd, 2023, with the Alliance as the selected as the MCP
- AAH must evaluate all 14 applications (5-6 are considered as small/medium sized practices) according to DHCS criteria and submit scored applications to DHCS by November 27th, 2023
- DHCS will make final decisions on practices selected for program participation by December 11th, 2023, and the program will launch January 1st, 2024

Recruiting and Staffing

Integrated Planning Open position(s):

- Project Manager – recruitment underway

Integrated Planning

Supporting Documents

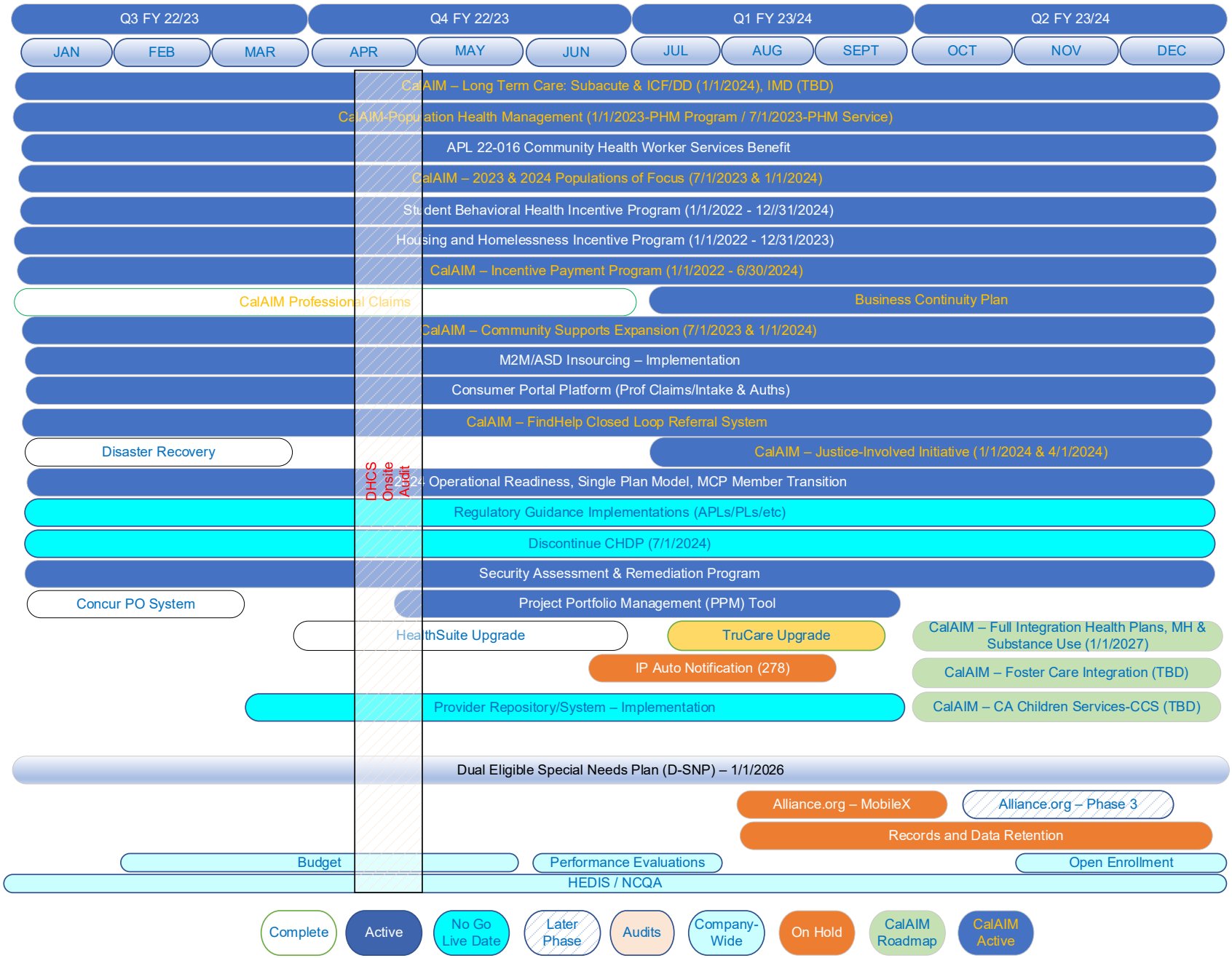
Project Descriptions

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.
- Mental Health (Mild to Moderate/Autism Spectrum Disorder) Insourcing – services currently performed by Beacon Health Options were brought in-house effective April 1st, 2023
- Community Health Worker Services Benefit – Community Health Worker (CHW) services became a billable Medi-Cal benefit effective July 1st, 2022. CHW services are covered as preventive services on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law for individuals who need such services to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and well-being
- Student Behavioral Health Incentive Program (SBHIP) – program launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. Incentive payments will be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services
- Housing and Homelessness Incentive Program (HHIP) – program launched in January 2022 and is part of the Home and Community-Based (HCBS) Spending Plan

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


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

ALAMEDA Alliance FOR HEALTH

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

Analytics

Tiffany Cheang

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

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

Date: **November 10th, 2023**

Subject: **Performance & Analytics Report**

- The Member Cost Analysis below is based on the following 12 month rolling periods:
    - Current reporting period: August 2022 – July 2023 dates of service Prior reporting period: August 2021 – July 2022 dates of service (Note: Data excludes Kaiser membership data.)
- For the Current reporting period, the top 9.9% of members account for 87.4% of total costs.
- In comparison, the Prior reporting period was lower at 9.3% of members accounting for 83.6% of total costs.
- Characteristics of the top utilizing population remained fairly consistent between the reporting periods:
    - The SPD (non duals) and ACA OE categories of aid decreased to account for 57.7% of the members, with SPDs accounting for 24.8%and ACA OE's at 32.9%.
    - The percent of members with costs >= $30K increased from 1.9% to 2.6%.
    - 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 43.3%.
    - Demographics for member city and gender for members with costs >=$30K follow the same distribution as the overall Alliance population.
    - However, the age distribution of the top 9.9% is more concentrated in the 45-66 year old category (38.2%) compared to the overall population (20.7%).

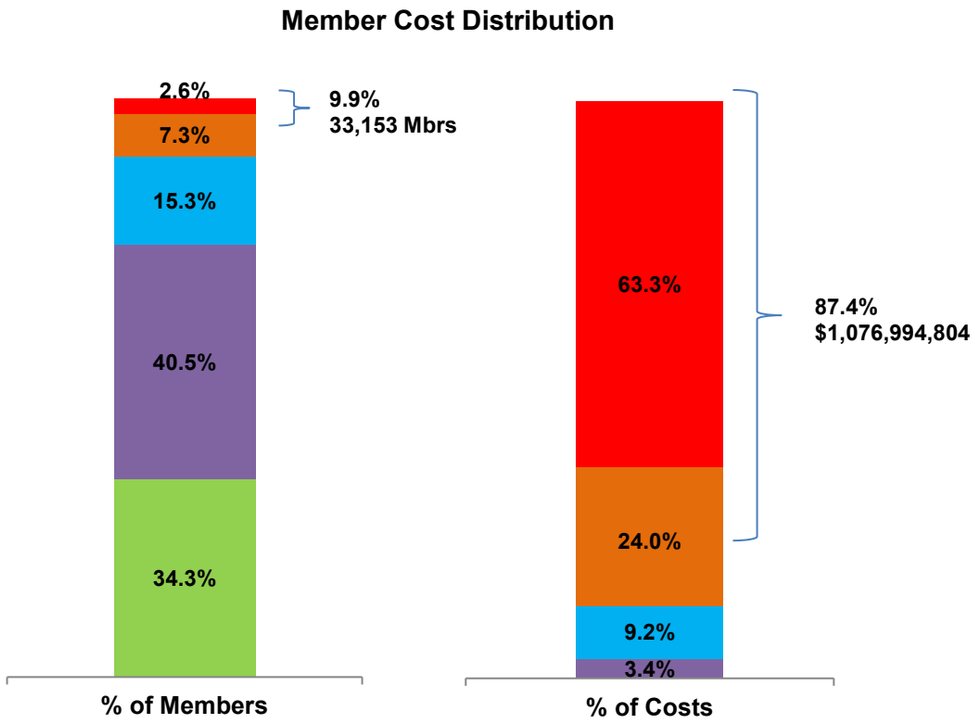
Analytics

Supporting Documents

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

Note: Data incomplete due to claims lag

Run Date: 10/27/2023



Cost Range	Members	% of Members	Costs	% of Costs
$30K+	8,820	2.6%	$ 780,837,015	63.3%
$5K - $30K	24,333	7.3%	$ 296,157,789	24.0%
$1K - $5K	51,187	15.3%	$ 113,917,614	9.2%
< $1K	135,192	40.5%	$ 41,848,709	3.4%
$0	114,402	34.3%	$ -	0.0%
Totals	**333,934**	**100.0%**	**$ 1,232,761,127**	**100.0%**

Top 9.9% of Members = 87.4% of Costs

Cost Range	Members	% of Total Members	Costs	% of Total Costs
$100K+	1,906	0.6%	$ 423,799,765	34.4%
$75K to $100K	871	0.3%	$ 74,986,352	6.1%
$50K to $75K	2,201	0.7%	$ 132,286,106	10.7%
$40K to $50K	1,652	0.5%	$ 73,902,762	6.0%
$30K to $40K	2,190	0.7%	$ 75,862,031	6.2%
SubTotal	***8,820***	***2.6%***	***$ 780,837,015***	***63.3%***
$20K to $30K	3,415	1.0%	$ 83,603,313	6.8%
$10K to $20K	9,161	2.7%	$ 128,697,707	10.4%
$5K to $10K	11,757	3.5%	$ 83,856,769	6.8%
SubTotal	***24,333***	***7.3%***	***$ 296,157,789***	***24.0%***
Total	**33,153**	***9.9%***	**$ 1,076,994,804**	***87.4%***

Enrollment Status	Members	Total Costs
Still Enrolled as of Jul 2023	305,695	$ 1,123,997,302
Dis-Enrolled During Year	28,239	$ 108,763,825
Totals	**331,241**	**$ 1,208,896,495**

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

Alameda Alliance for Health - Analytics Supporting Documentation: Member - Cost Analysis
9.9% of Members = 87.4% of Costs
Lines of Business: MCAL, IHSS; Excludes Kaiser Members
Dates of Service: Aug 2022 - Jul 2023
Note: Data incomplete due to claims lag
Run Date: 10/27/2023

9.9% of Members = 87.4% of Costs
24.8% of members are SPDs and account for 30.3% of costs.
32.9% of members are ACA OE and account for 32.4% of costs.
6.1% of members disenrolled as of Jul 2023 and account for 9.4% of costs.

Member Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Members	% of Members
IHSS	IHSS	151	605	756	2.3%
MCAL	MCAL - ADULT	840	4,578	5,418	16.3%
	MCAL - BCCTP	-	-	-	0.0%
	MCAL - CHILD	376	1,991	2,367	7.1%
	MCAL - ACA OE	2,618	8,297	10,915	32.9%
	MCAL - SPD	2,701	5,524	8,225	24.8%
	MCAL - DUALS	539	1,912	2,451	7.4%
	MCAL - LTC	118	4	122	0.4%
	MCAL - LTC-DUAL	750	114	864	2.6%
Not Eligible	Not Eligible	727	1,308	2,035	6.1%
Total		**8,820**	**24,333**	**33,153**	**100.0%**

Cost Breakout by LOB

LOB	Eligibility Category	Members with Costs >=$30K	Members with Costs $5K-$30K	Total Costs	% of Costs
IHSS	IHSS	$ 10,835,979	$ 6,792,574	$ 17,628,554	1.6%
MCAL	MCAL - ADULT	$ 75,061,471	$ 52,800,669	$ 127,862,140	11.9%
	MCAL - BCCTP	$ -	$ -	$ -	0.0%
	MCAL - CHILD	$ 25,288,427	$ 22,998,315	$ 48,286,742	4.5%
	MCAL - ACA OE	$ 248,726,823	$ 100,437,532	$ 349,164,355	32.4%
	MCAL - SPD	$ 255,531,340	$ 71,144,571	$ 326,675,910	30.3%
	MCAL - DUALS	$ 33,997,919	$ 23,213,364	$ 57,211,283	5.3%
	MCAL - LTC	$ 8,813,330	$ 101,092	$ 8,914,422	0.8%
	MCAL - LTC-DUAL	$ 38,259,768	$ 2,265,440	$ 40,525,208	3.8%
Not Eligible	Not Eligible	$ 84,321,957	$ 16,404,233	$ 100,726,190	9.4%
Total		**$ 780,837,015**	**$ 296,157,789**	**$ 1,076,994,804**	**100.0%**

% of Total Costs By Service Type

Breakout by Service Type/Location

Cost Range	Trauma Costs	Hep C Rx Costs	Pregnancy, Childbirth & Newborn Related Costs	Pharmacy Costs	Inpatient Costs (POS 21)	ER Costs (POS 23)	Outpatient Costs (POS 22)	Office Costs (POS 11)	Dialysis Costs (POS 65)	Other Costs (All Other POS)
$100K+	8%	0%	1%	0%	52%	1%	14%	4%	2%	9%
$75K to $100K	6%	0%	1%	1%	36%	2%	7%	4%	6%	20%
$50K to $75K	3%	0%	2%	0%	26%	2%	5%	5%	5%	38%
$40K to $50K	5%	0%	1%	1%	26%	4%	4%	4%	1%	34%
$30K to $40K	9%	0%	2%	1%	25%	10%	6%	5%	1%	24%
$20K to $30K	3%	1%	4%	0%	25%	6%	7%	7%	1%	18%
$10K to $20K	1%	0%	10%	1%	26%	5%	10%	8%	2%	14%
$5K to $10K	0%	0%	11%	1%	20%	7%	11%	11%	1%	16%
Total	**5%**	**0%**	**3%**	**0%**	**37%**	**3%**	**10%**	**5%**	**2%**	**18%**

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

Highest Cost Members; Cost Per Member >= $100K
35.5% of members are SPDs and account for 35.0% of costs.
34.6% of members are ACA OE and account for 35.0% of costs.
13.1% of members disenrolled as of Jul 2023 and account for 13.7% of costs.

Member Breakout by LOB

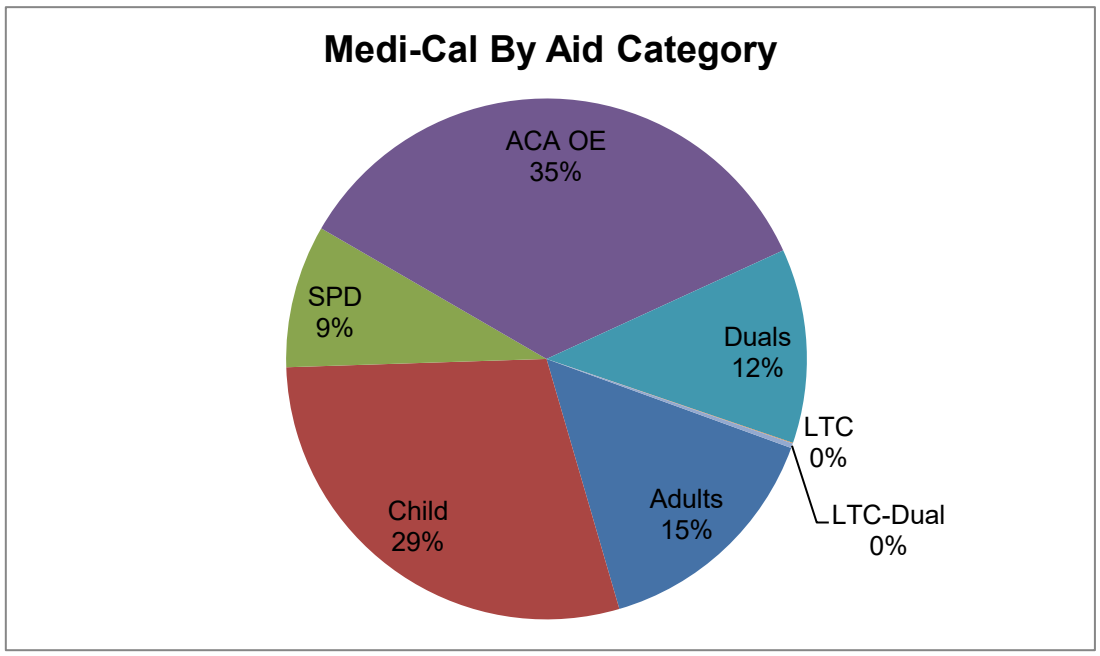
LOB	Eligibility Category	Total Members	% of Members
IHSS	IHSS	23	1.2%
MCAL	MCAL - ADULT	183	9.6%
	MCAL - BCCTP	-	0.0%
	MCAL - CHILD	41	2.2%
	MCAL - ACA OE	660	34.6%
	MCAL - SPD	676	35.5%
	MCAL - DUALS	38	2.0%
	MCAL - LTC	25	1.3%
	MCAL - LTC-DUAL	11	0.6%
Not Eligible	Not Eligible	249	13.1%
Total		**1,906**	**100.0%**

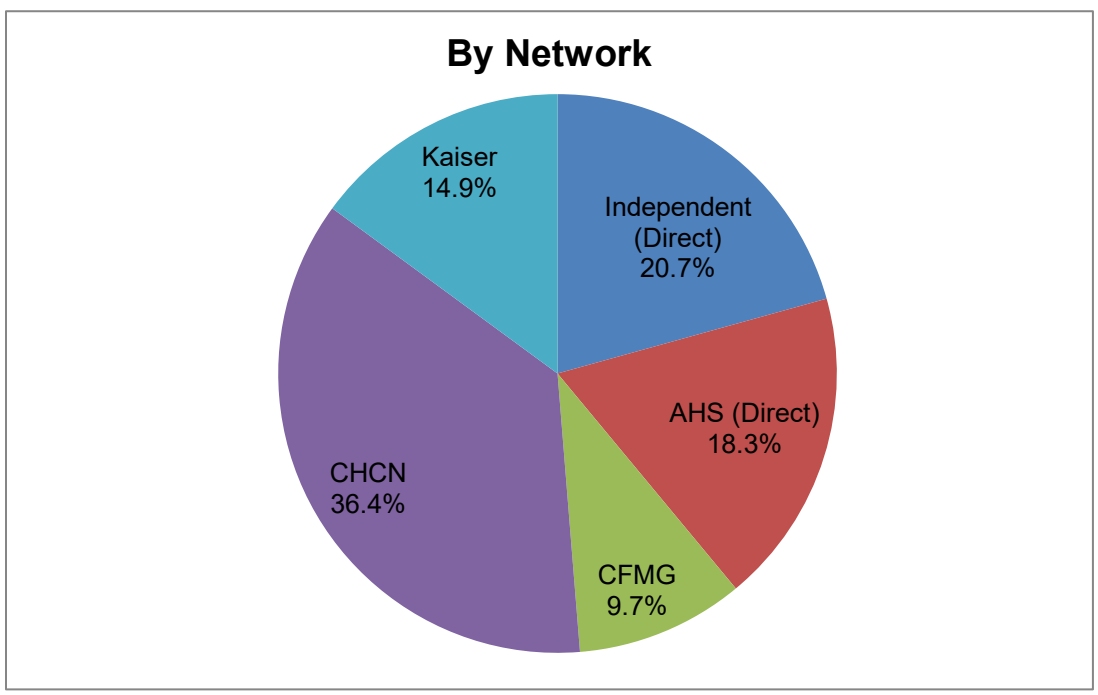
Cost Breakout by LOB

LOB	Eligibility Category	Total Costs	% of Costs
IHSS	IHSS	$ 4,129,371	1.0%
MCAL	MCAL - ADULT	$ 42,427,053	10.0%
	MCAL - BCCTP	$ -	0.0%
	MCAL - CHILD	$ 9,531,394	2.2%
	MCAL - ACA OE	$ 148,135,537	35.0%
	MCAL - SPD	$ 148,151,650	35.0%
	MCAL - DUALS	$ 8,721,902	2.1%
	MCAL - LTC	$ 3,360,196	0.8%
	MCAL - LTC-DUAL	$ 1,351,223	0.3%
Not Eligible	Not Eligible	$ 57,991,439	13.7%
Total		**$ 423,799,765**	**100.0%**

Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

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

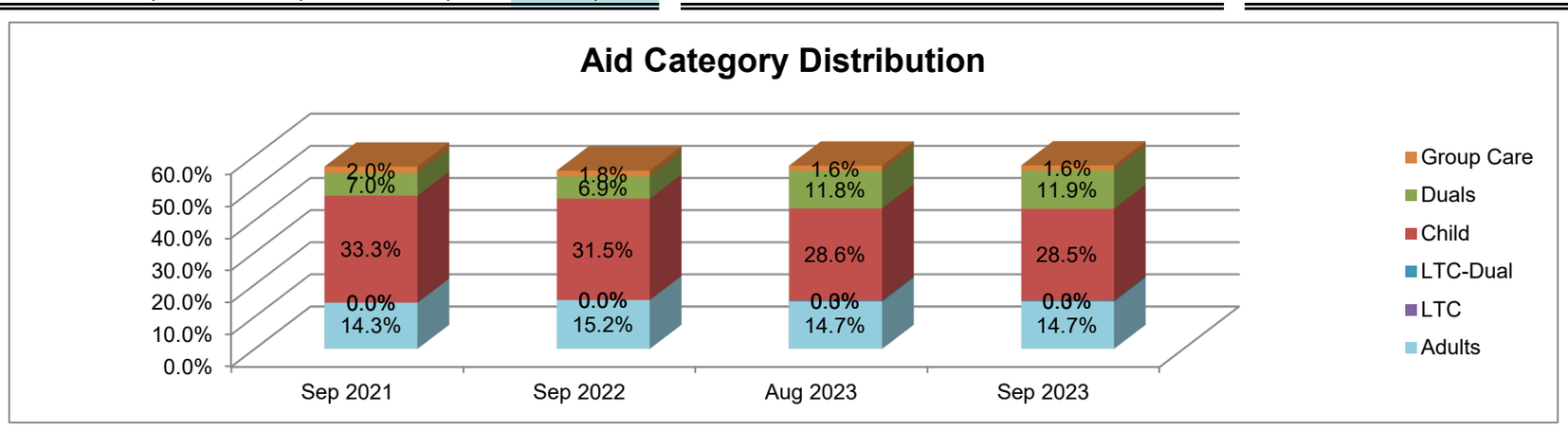




Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

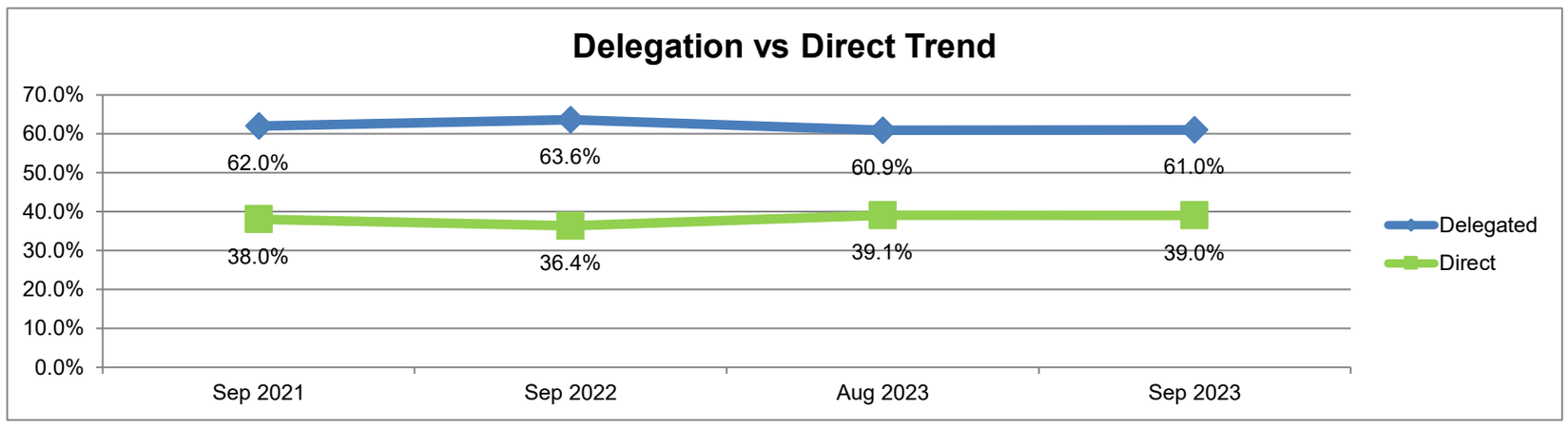
Category of Aid Trend

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



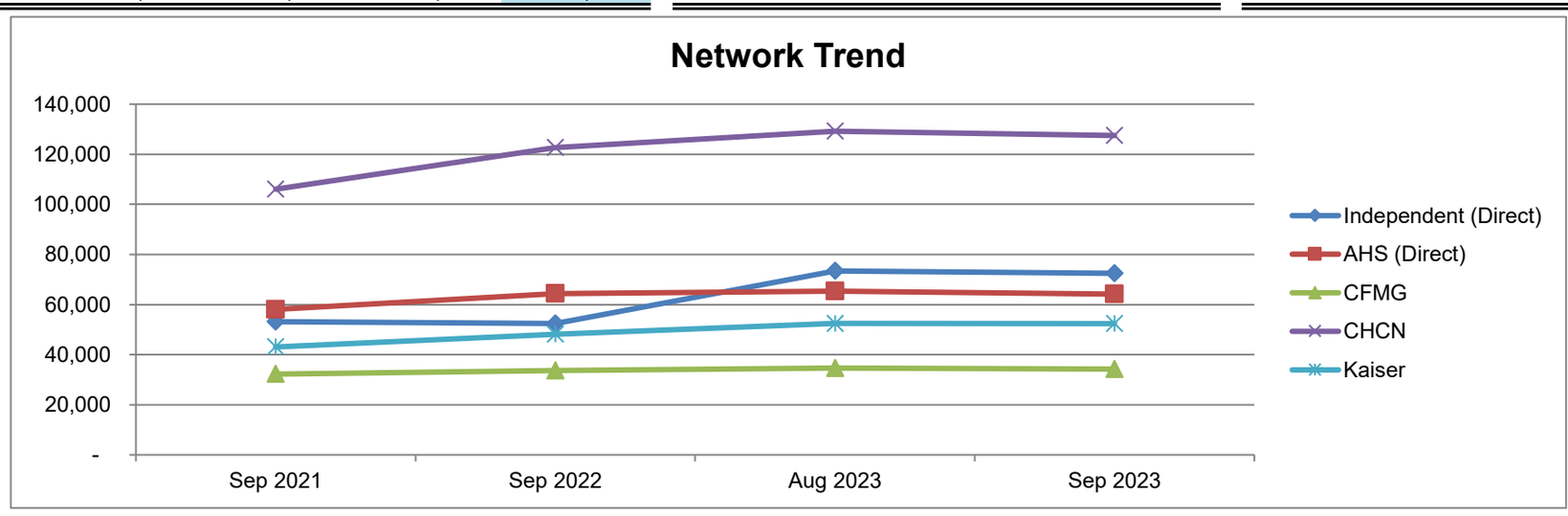
Delegation vs Direct Trend

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



Network Trend

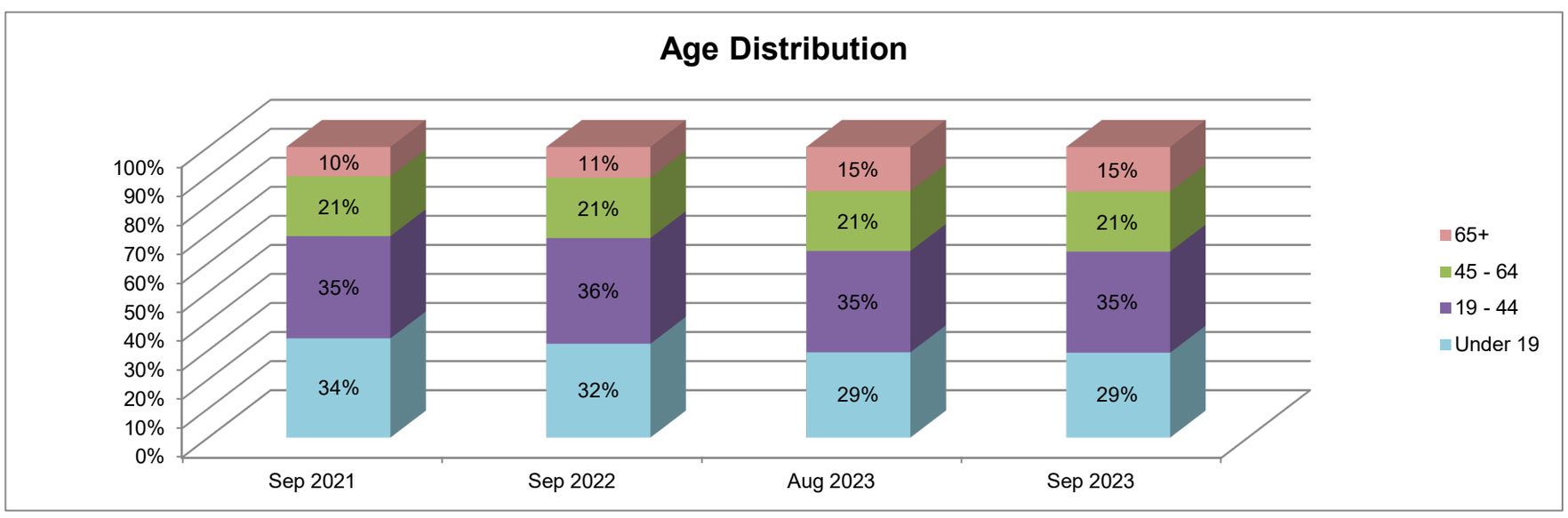
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Network	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
Independent (Direct)	53,246	52,418	73,404	72,504	18.2%	16.3%	20.7%	20.7%	-1.6%	38.3%	-1.2%
AHS (Direct)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



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

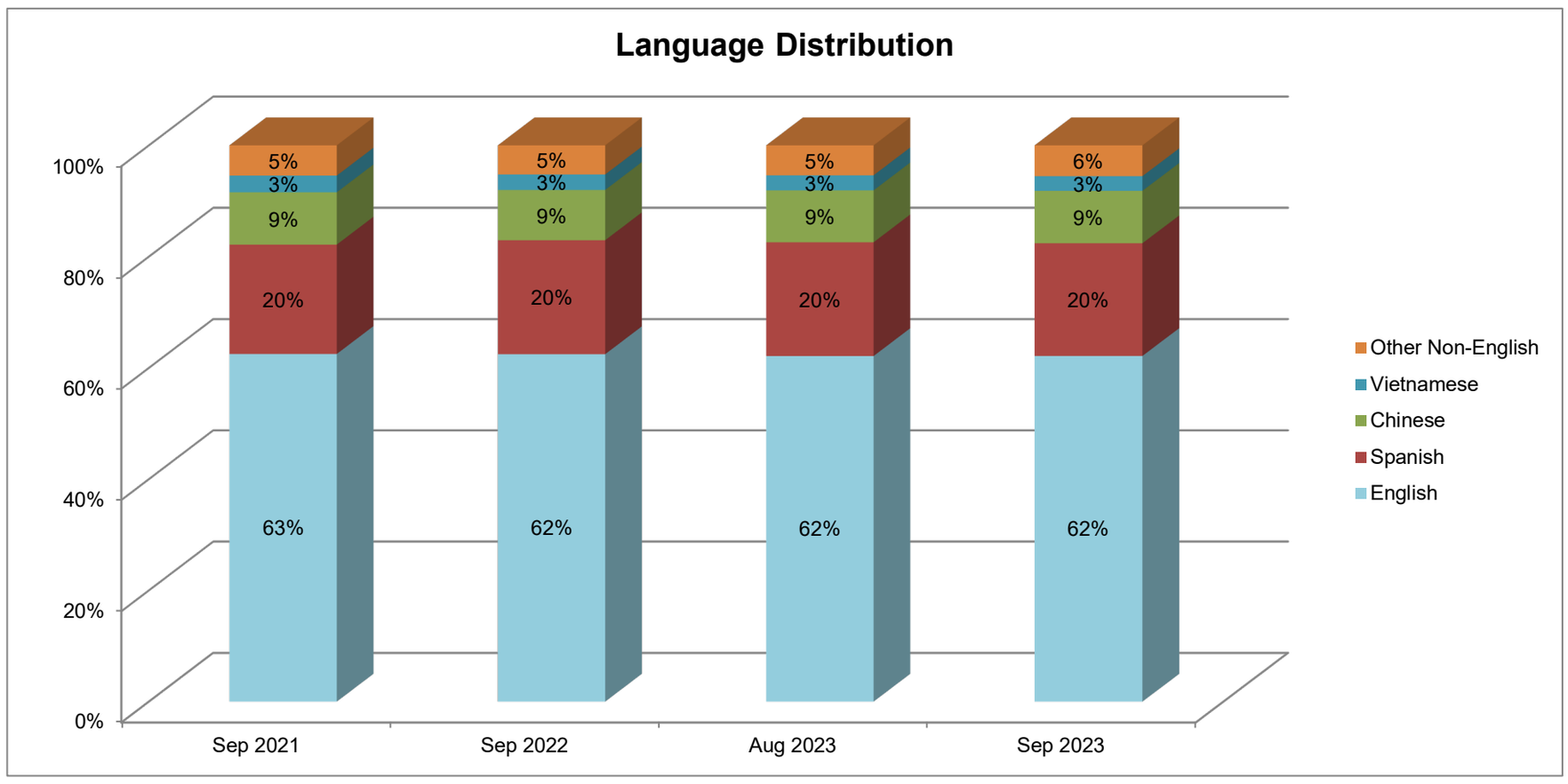
Age Category Trend

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



Language Trend

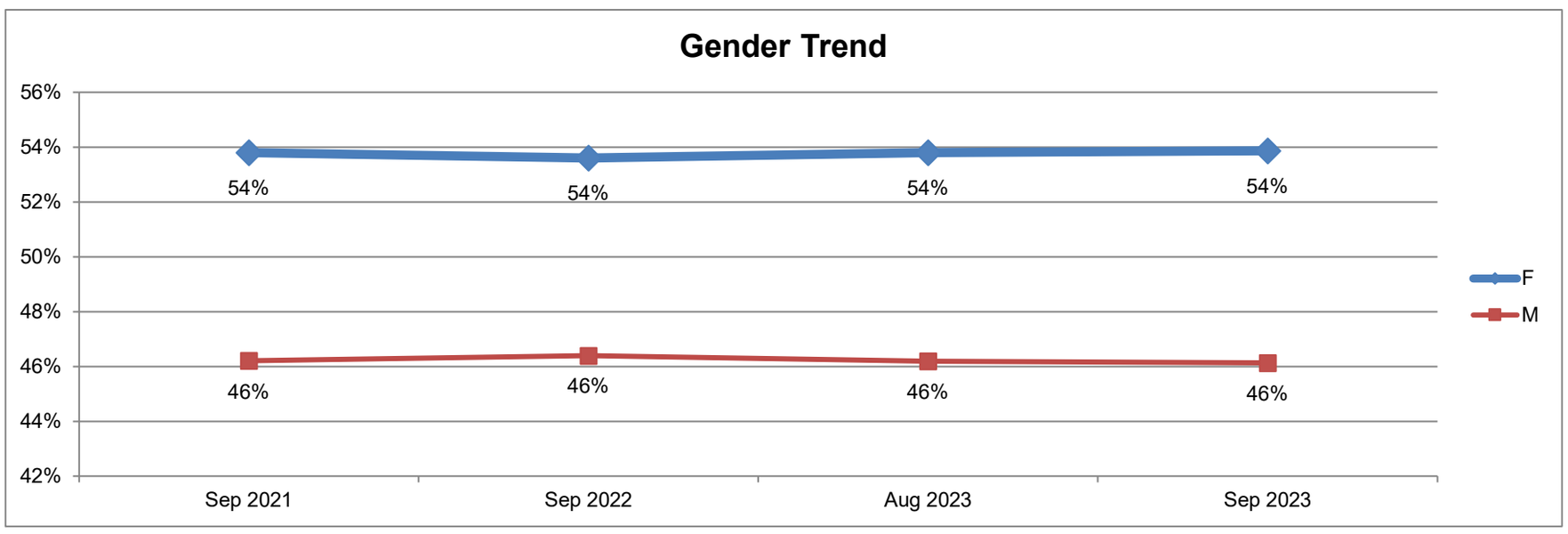
	Members				% of Total (ie.Distribution)				% Growth (Loss)		
Language	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021	Sep 2022	Aug 2023	Sep 2023	Sep 2021 to Sep 2022	Sep 2022 to Sep 2023	Aug 2023 to Sep 2023
English	182,896	200,696	220,565	217,655	63%	62%	62%	62%	10%	8%	-1%
Spanish	57,525	65,837	72,596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



Alameda Alliance for Health - Analytics Supporting Documentation: Membership Profile

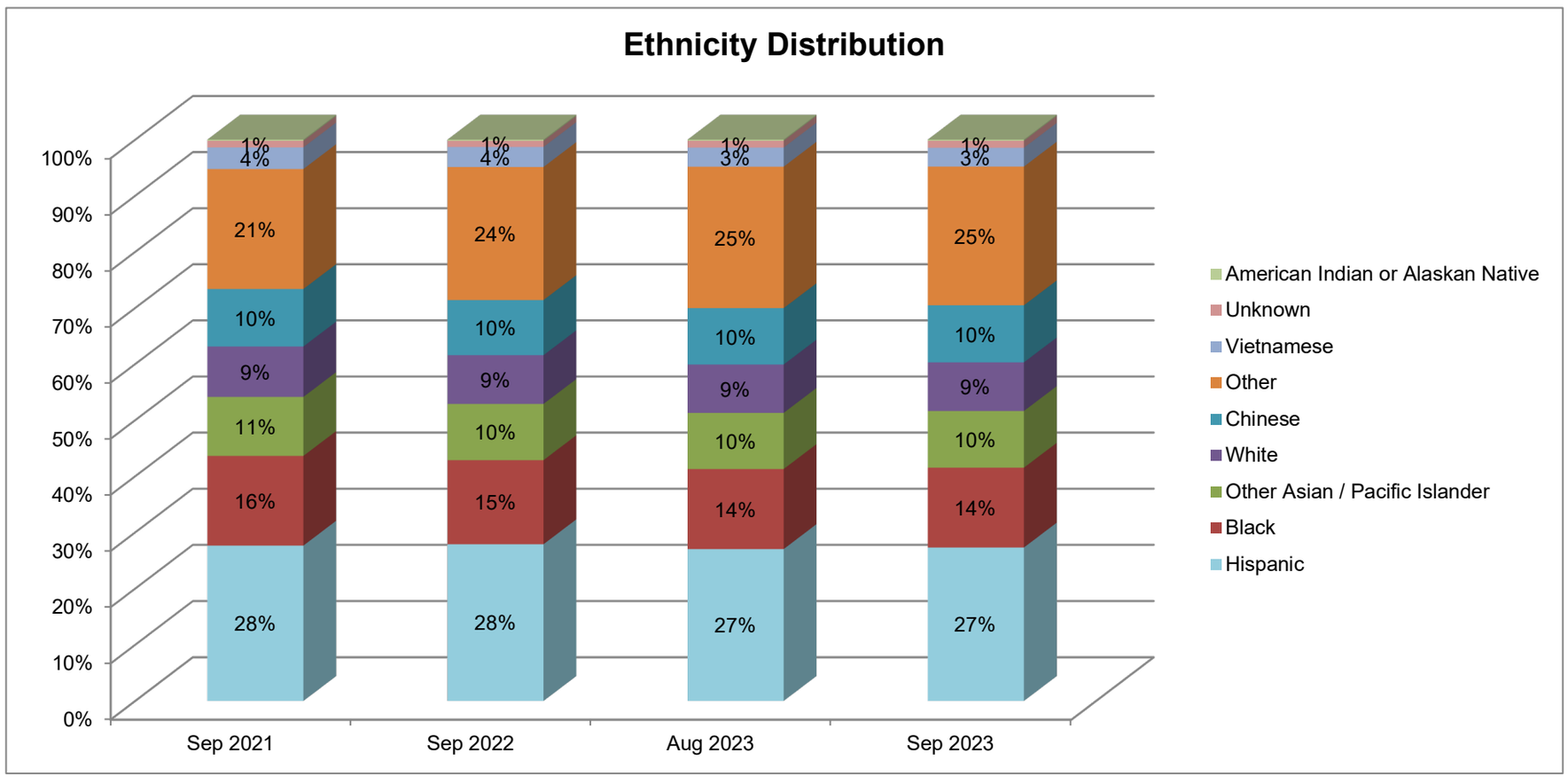
Gender Trend

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



Ethnicity Trend

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



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

Medi-Cal By City

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

Group Care By City

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

Total By City

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

ALAMEDA Alliance FOR HEALTH

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: **November 10th, 2023**

Subject: **Human Resources Report**

Staffing

- As of November 1st, 2023, the Alliance had 517 full time employees and 1-part time employee.

- On November 1st, 2023, the Alliance had 108 open positions in which 43 signed offer acceptance letters have been received with start dates in the near future resulting in a total of 65 positions open to date. The Alliance is actively recruiting for the remaining 65 positions and several of these positions are in the interviewing or job offer stage.

- Summary of open positions by department:

Department	Open Position November 1st	Signed Offers Accepted by Department	Remaining Recruitment Positions
Healthcare Services	43	18	25
Operations	43	20	23
Healthcare Analytics	3	0	3
Information Technology	9	1	8
Finance	5	2	3
Compliance & Legal	3	2	1
Human Resources	1	0	1
Health Equity	0	0	0
Executive	1	0	1
Total	108	43	65

- Our current recruitment rate is 16%.

Employee Recognition

- Employees reaching major milestones in their length of service at the Alliance in October 2023 included:
    - 5 years:
        - Aric Yu (Claims)
        - Van Truong (Claims)
        - Julie Anne Miller (Case & Disease Management)
        - Helen Lee (Pharmacy Services)
        - Brenda Lee (Executive)
        - Francisco Aguilar (Information Technology)
        - Tigist Tesfaye (Claims)
        - Karen Valadez-Tierrablanca (Credentialing)
    - 6 years:
        - Elsa Farsi (Provider Services)
    - 7 years:
        - Elizabeth Olson Lennon (Vendor Management)
        - Jasdeep Joga (IT Quality & Process Improvement)
        - Fernando Izaguirre (Claims)
        - Tina Vuu (Utilization Management)
    - 8 years:
        - Katrina Madriz (Credentialing)
    - 9 years:
        - Cynthia Ngo (Claims)
    - 11 years:
        - Soniya Gupta (IT Quality & Process Improvement)
    - 15 years:
        - Gia DeGrano (Member Services)

ALAMEDA Alliance FOR HEALTH

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Legislative Tracking

2023 Legislative Tracking List

The 2023 California State Legislative Session ended on October 14th and Governor Newsom signed a number of health care related bills. The following is a list of state bills tracked by the Public Affairs and Compliance Departments that were introduced during the current Legislative Session. These bills are of interest to and could have a direct impact on Alameda Alliance for Health and its membership. Of the following bills, 17 were signed by the Governor, 14 were vetoed and many others are 2-year bills that may be acted upon next year. Public Affairs will provide a final legislative report in the December Board of Governors meeting packet.

AB 4 **(Arambula D) Covered California: expansion.**
Current Text: Introduced: 12/5/2022
Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/13/2023)(May be acted upon Jan 2024)
Location: 7/13/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules.

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.	Enrolled	Vetoed	Chaptered
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 48 **(Aguiar-Curry D) Nursing Facility Resident Informed Consent Protection Act of 2023.**
Current Text: Chaptered: 10/13/2023
Last Amend: 9/8/2023

Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 794, Statutes of 2023.
Location: 10/13/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires skilled nursing facilities and intermediate care facilities to have written policies regarding the rights of patients. This bill would add to these rights the right of every resident to receive the information that is material to an individual's informed consent decision concerning whether to accept or refuse the administration of psychotherapeutic drugs, as specified. This bill would also add the right to be free from psychotherapeutic drugs used for the purpose of resident discipline or convenience, or from psychotherapeutic drugs used as a chemical restraint except in an emergency, as specified. Under the bill, all residents of skilled nursing facilities, intermediate care facilities, and hospice facilities would have the right to appeal an involuntary transfer or discharge through the appeal process, as specified, regardless of a resident's payment source or the Medi-Cal or Medicare certification status of the facility in which the resident resides.

AB 55 **(Rodriguez D) Medi-Cal: workforce adjustment for ground ambulance transports.**
Current Text: Amended: 4/27/2023
Last Amend: 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.	Enrolled	Vetoed	Chaptered
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 85 **(Weber D) Social determinants of health: screening and outreach.**
Current Text: Vetoed: 10/7/2023
Last Amend: 9/8/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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, 2027, to include coverage for screenings for social determinants of health, as

defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 137 **(Committee on Budget) Health omnibus trailer bill.**
Current Text: Amended: 8/27/2023
Last Amend: 8/27/2023
Status: 9/13/2023-Re-referred to Com. on B. & F.R.
Location: 8/31/2023-S. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. Current law requires the department, by January 1, 2024, to adopt emergency regulations to implement the recommendations in a specified report of the California State Auditor. Current law requires the department to maintain the general moratorium on new hospice agency licenses until the department adopts the regulations, but in no event later than March 29, 2024. Current law requires the moratorium to end on the earlier of 2 years from the date that the California State Auditor publishes a report on hospice agency licensure, or the date the emergency regulations are adopted. This bill would instead require the moratorium to end on the date the emergency regulations are adopted and would extend the deadline by which the department is required to adopt those regulations to January 1, 2025.

AB 221 **(Ting D) Budget Act of 2023.**
Current Text: Introduced: 1/10/2023
Status: 1/26/2023-Referred to Com. on BUDGET.
Location: 1/26/2023-A. BUDGET

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

AB 236 **(Holden D) Health care coverage: provider directories.**
Current Text: Amended: 3/20/2023
Last Amend: 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.	Enrolled	Vetoed	Chaptered
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 254 **(Bauer-Kahan D) Confidentiality of Medical Information Act: reproductive or sexual health application information.**
Current Text: Chaptered: 9/27/2023
Last Amend: 9/1/2023
Status: 9/27/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 254, Statutes of 2023.
Location: 9/27/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Current law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA.

AB 365 **(Aguiar-Curry D) Medi-Cal: diabetes management.**
Current Text: Amended: 9/8/2023
Last Amend: 9/14/2023
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: 8/24/2023-S. THIRD READING

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 425 **(Alvarez D) Medi-Cal: pharmacogenomic testing.**
Current Text: Chaptered: 10/7/2023
Last Amend: 9/1/2023
Status: 10/7/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 329, Statutes of 2023.
Location: 10/7/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, commencing on July 1, 2024, add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications.

AB 483 **(Muratsuchi D) Local educational agency: Medi-Cal billing option.**
Current Text: Chaptered: 10/9/2023
Last Amend: 9/8/2023
Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 527, Statutes of 2023.
Location: 10/9/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Current law establishes the Administrative Claiming process under which the State Department of Health Care Services is authorized to contract with local governmental agencies and local educational consortia for the purpose of obtaining federal matching funds to assist with the performance of administrative activities relating to the Medi-Cal program that are provided by a local governmental agency or local educational agency (LEA). Current law requires the department to engage in specified activities relating to the LEA Medi-Cal Billing Option, including amending the Medicaid state plan to ensure that schools are reimbursed for all eligible services, consulting with specified entities in formulating state plan amendments, examining methodologies for increasing school participation in the LEA Medi-Cal Billing Option, and conducting an audit of a Medi-Cal Billing Option claim consistent with prescribed requirements, such as generally accepted accounting principles. Current law requires the department to issue and regularly maintain a program guide for the LEA Medi-Cal Billing Option program. Current law requires the department to file an annual report with the Legislature that includes, among other things, a summary of department activities. This bill would require the department, when conducting an audit of a Medi-Cal Billing Option claim, to complete the audit and notify the LEA of the findings within 18 months of the date that the Cost and Reimbursement

Comparison Schedule (CRCS) is submitted. The bill would require the department to provide an interim settlement or final settlement within 12 months of the March 1 due date for the CRCS. The bill would require the department to update and distribute the program guide to all participating LEAs by July 1, 2024, as specified. The bill would require the department's summary of activities in the above-described report to also include training for LEAs and a summary of the number of audits conducted of Medi-Cal Billing Option claims, as specified.

AB 488 **(Nguyen, Stephanie D) Medi-Cal: skilled nursing facilities: vision loss.**
Current Text: Introduced: 2/7/2023 html pdf
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

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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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 551 **(Bennett D) Medi-Cal: specialty mental health services: foster children.**
Current Text: Amended: 4/27/2023
Last Amend: 4/27/2023
Status: 7/5/2023-From committee: Do pass and re-refer to Com. on APPR with recommendation: To Consent Calendar. (Ayes 5. Noes 0.) (July 3). Re-referred to Com. on APPR.
Location: 7/5/2023-S. APPR.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Under current law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Current law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, current law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the

county of original jurisdiction if certain exceptions exist. Under current law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under Current law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions.

AB 557 **(Hart D) Open meetings: local agencies: teleconferences.**
Current Text: Chaptered: 10/9/2023
Last Amend: 9/1/2023
Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 534, Statutes of 2023.
Location: 10/9/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: The Ralph M. Brown Act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1, 2024, authorizes the legislative body of a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect. Those circumstances are that (1) state or local officials have imposed or recommended measures to promote social distancing, (2) the legislative body is meeting for the purpose of determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees, or (3) the legislative body has previously made that determination. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. This bill would revise the authority of a legislative body to hold a teleconference meeting under those abbreviated teleconferencing procedures when a declared state of emergency is in effect.

AB 564 **(Villapudua D) Medi-Cal: claim or remittance forms: signature.**
Current Text: Amended: 4/5/2023
Last Amend: 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	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered

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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 576 **(Weber D) Medi-Cal: reimbursement for abortion.**
Current Text: Vetoed: 10/7/2023
Last Amend: 3/30/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Would require the State Department of Health Care Services, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

AB 586 **(Calderon D) Medi-Cal: community supports: climate change or environmental remediation devices.**
Current Text: Amended: 3/30/2023
Last Amend: 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
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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 608 **(Schiavo D) Medi-Cal: comprehensive perinatal services.**
Current Text: Vetoed: 10/7/2023
Last Amend: 7/12/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Under current law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the State Department of Health Care Services to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department, in coordination with the State Department of Public Health, to consider input from certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.

AB 614 **(Wood D) Medi-Cal.**
Current Text: Chaptered: 9/30/2023
Last Amend: 4/19/2023
Status: 9/30/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 266, Statutes of 2023.
Location: 9/30/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.

AB 620 **(Connolly D) Health care coverage for metabolic disorders.**
Current Text: Vetoed: 10/7/2023
Last Amend: 9/8/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and

inherited metabolic disorders, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 632 **(Gipson D) Health care coverage: prostate cancer screening.**
Current Text: Vetoed: 10/7/2023
Last Amend: 6/15/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Summary: Current law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under current law, the application of a deductible or copayment for those services is not prohibited. This bill would instead require that coverage when medically necessary and consistent with nationally recognized, evidence-based clinical guidelines. The bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is at a high risk of prostate cancer, consistent with specified guidelines and is either 55 years of age or older or 40 years of age or older and high risk, as determined by the attending or treating health care provider. 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 719 **(Boerner D) Medi-Cal: nonmedical and nonemergency medical transportation.**
Current Text: Vetoed: 10/7/2023
Last Amend: 7/10/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf.	Enrolled	Vetoed	Chaptered
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Summary: Would require the State Department of Health Care Services to require Medi-Cal managed care plans that are contracted to provide nonmedical transportation or nonemergency medical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public paratransit service operator. The bill would require the rates reimbursed by the managed care plan to the public paratransit service operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

AB 847 **(Rivas, Luz D) Medi-Cal: pediatric palliative care services.**
Current Text: Chaptered: 10/13/2023
Last Amend: 9/8/2023
Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 814, Statutes of 2023.
Location: 10/13/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires the State Department of Health Care Services to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available. Current law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life. Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009, upon receiving federal approval in December 2008. After the waiver ended on December 31, 2018, the department implemented a plan in 2019 to transition some pediatric palliative care services to the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, which is available to Medi-Cal beneficiaries under 21 years of age, as specified. This bill, Sophia's Act, would authorize extended eligibility for pediatric hospice services and palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age to after 21 years of age, as specified. To the extent that these provisions would alter the eligibility of individuals for these services, the bill would create a state-mandated local program.

AB 907 **(Lowenthal D) Coverage for PANDAS and PANS.**
Current Text: Vetoed: 10/7/2023
Last Amend: 7/3/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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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 the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. 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 931 **(Irwin D) Prior authorization: physical therapy.**
Current Text: Vetoed: 10/7/2023
Last Amend: 9/1/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. The bill would

require a physical therapy provider to verify an enrollee's or an insured's coverage and disclose their share of the cost of care, as specified. The bill would require a physical therapy provider to disclose if the provider is not in the network of the enrollee's plan or the insured's policy, and if so, to obtain the enrollee's or the insured's consent in writing to receive services from the noncontracting provider prior to initiating care. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 948 **(Berman D) Prescription drugs.**
Current Text: Chaptered: 10/13/2023
Last Amend: 8/14/2023
Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 820, Statutes of 2023.
Location: 10/13/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding $250 for a supply of up to 30 days, except as specified. Existing law requires a health care service plan contract or health insurance policy for a non-grandfathered individual or small group product that maintains a drug formulary grouped into tiers, and that includes a 4th tier, to define each tier of the drug formulary, as specified. Current law defines Tier 4 to include, among others, drugs that are biologics. Current law repeals these provisions on January 1, 2024. This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely.

AB 1022 **(Mathis R) Medi-Cal: Program of All-Inclusive Care for the Elderly.**
Current Text: Introduced: 2/15/2023 html pdf
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
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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 1085 **(Maienschein D) Medi-Cal: housing support services.**
Current Text: Vetoed: 10/7/2023
Last Amend: 9/8/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	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 current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Existing law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Current law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Current law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would delete the requirement for the department to complete that analysis, and instead would make housing support services for specified populations a covered Medi-Cal benefit when the department has begun a specified evaluation required under the CalAIM Waiver Special Terms and Conditions, and the Legislature has made an appropriation for purposes of the housing support services. The bill would require the department to seek federal approval for the housing support services benefit, as specified. Under the bill, subject to an appropriation by the Legislature, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined.

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
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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
Last Amend: 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

1st House				2nd House				Conf. Conc.	Enrolled	Vetoed	Chaptered
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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
Last Amend: 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

1st House				2nd House				Conf. Conc.	Enrolled	Vetoed	Chaptered
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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 1122 **(Bains D) Vessels: equipment.**
Current Text: Amended: 9/13/2023
Last Amend: 9/13/2023
Status: 9/14/2023-Read second time. Ordered to third reading. Re-referred to Com. on RLS pursuant to Senate Rule 29.10(c).
Location: 9/14/2023-S. RLS.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require any equipment installed, or modification to accommodate that equipment, that could limit engine power or operational ability of specified commercial harbor craft, to be approved for use with the harbor craft's propulsion system, as specified, and not void any existing warranty. The bill would require aftermarket equipment that could limit a harbor craft's engine power or operational ability to include an automatic override or bypass feature that ensures the safe operation of the harbor craft is not affected. The bill would require the owner or operator to report a vessel's loss of power during operation, as specified.

AB 1157 **(Ortega D) Rehabilitative and habilitative services: durable medical equipment and services.**
Current Text: Amended: 7/13/2023
Last Amend: 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

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 1202 **(Lackey R) Medi-Cal: health care services data: children and pregnant or postpartum persons.**
Current Text: Vetoed: 10/9/2023
Last Amend: 7/13/2023
Status: 10/8/2023-Vetoed by Governor.
Location: 10/8/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law sets forth various limits on the number

of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county. This bill would require the State Department of Health Care Services, no later than January 1, 2025, to prepare and submit a report to the Legislature that includes certain information, including an analysis of the adequacy of each Medi-Cal managed care plan's network for pediatric primary care, including the number and geographic distribution of providers and the plan's compliance with the above-described time or distance and appointment time standards.

AB 1288 **(Rendon D) Health care coverage: Medication-assisted treatment.**
Current Text: Vetoed: 10/9/2023
Last Amend: 7/13/2023
Status: 10/8/2023-Vetoed by Governor.
Location: 10/8/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a medical service plan and a health insurer from subjecting a naloxone product, or another opioid antagonist approved by the United States Food and Drug Administration, a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.

AB 1313 **(Ortega D) Older individuals: case management services.**
Current Text: Amended: 4/27/2023
Last Amend: 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

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 1316 **(Irwin D) Emergency services: psychiatric emergency medical conditions.**
Current Text: Introduced: 2/16/2023
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: Would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1338 **(Petrie-Norris D) Medi-Cal: community supports.**
Current Text: Amended: 4/20/2023
Last Amend: 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

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 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 1437 **(Irwin D) Medi-Cal: serious mental illness.**
Current Text: Vetoed: 10/9/2023
Last Amend: 4/13/2023
Status: 10/8/2023-Vetoed by Governor.
Location: 10/8/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program, including specialty and nonspecialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under current law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Current law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than $100, except for prescribed drugs, as specified. Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed. The bill would condition the above-described provisions on the prescription being for a person 18

years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

AB 1451 **(Jackson D) Urgent and emergency mental health and substance use disorder treatment.**
Current Text: Vetoed: 10/7/2023
Last Amend: 7/13/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature for administrative costs of the departments. The bill would clarify that it would not relieve a health plan or insurer of existing obligations, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1481 **(Boerner D) Medi-Cal: presumptive eligibility.**
Current Text: Chaptered: 10/7/2023
Last Amend: 8/16/2023
Status: 10/7/2023-Approved by the Governor. Chaptered by Secretary of State - Chapter 372, Statutes of 2023.
Location: 10/7/2023-A. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Current federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). For a pregnant person covered under PE4PP who applies for full-scope Medi-Cal benefits, if the application is submitted at any time from the date of their presumptive eligibility determination through the last day of the subsequent calendar month, the bill would require the department to ensure the pregnant person is covered under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would require the department to require providers participating in the PE4PP program to provide information to pregnant persons enrolled in PE4PP on how to contact the person's county to expedite the county's determination of a Medi-Cal application.

AB 1537 **(Wood D) Skilled nursing facilities: direct care spending requirement.**
Current Text: Introduced: 2/17/2023
Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on

9/7/2023)(May be acted upon Jan 2024)
Location: 9/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. Existing 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. This bill would require, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. This bill contains other related provisions and other existing laws.

AB 1644 **(Bonta D) Medi-Cal: medically supportive food and nutrition services.**
Current Text: Amended: 4/27/2023
Last Amend: 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

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 1645 **(Zbur D) Health care coverage: cost sharing.**
Current Text: Vetoed: 10/7/2023
Last Amend: 7/13/2023
Status: 10/7/2023-Vetoed by Governor.
Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: 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. Current law requires a group or individual non-grandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit large group contracts and policies issued, amended, or renewed on or after January 1, 2024, and an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified.

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 year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 year	Policy	Fiscal	Floor	Desk	Policy	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, 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.

SB 43 **(Eggman D) Behavioral health.**
Current Text: Chaptered: 10/10/2023
Last Amend: 9/8/2023
Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 637, Statutes of 2023.
Location: 10/10/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law, for purposes of involuntary commitment, defines "gravely disabled" as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of "gravely disabled" to also include a condition in which a person, as a result of a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is, in addition to the basic personal needs described above, unable to provide for their personal safety or necessary medical care, as defined

SB 70 **(Wiener D) Prescription drug coverage.**
Current Text: Amended: 6/29/2023
Last Amend: 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

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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 72 **(Skinner D) Budget Act of 2023.**
Current Text: Introduced: 1/10/2023
Status: 1/11/2023-From printer.
Location: 1/10/2023-S. BUDGET & F.R.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would make appropriations for the support of state government for the 2023–24 fiscal year.

SB 238 **(Wiener D) Health care coverage: independent medical review.**
Current Text: Amended: 6/19/2023
Last Amend: 6/19/2023
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	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law provides for the regulation of disability insurers by the Department of Insurance. Current law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing July 1, 2024, would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, 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, without requiring an enrollee or insured to submit a grievance, 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. The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.

SB 282 **(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.**
Current Text: Amended: 6/19/2023
Last Amend: 6/19/2023
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	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,

including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

SB 299 **(Limón D) Voter registration: California New Motor Voter Program.**
Current Text: Amended: 6/13/2023
Last Amend: 6/13/2023
Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/1/2023)(May be acted upon Jan 2024)
Location: 7/14/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	2 year	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law requires, in conformance with federal law, that the Secretary of State and the Department of Motor Vehicles establish and implement the California New Motor Voter Program for the purpose of increasing opportunities for voter registration for qualified voters. Current law requires the department to transmit to the Secretary of State specified information related to a person's eligibility to vote, which the person provides when applying for a driver's license or identification card or when the person notifies the department of an address change. Current law requires that if this information transmitted to the Secretary of State constitutes a completed affidavit of registration, the Secretary of State must register or preregister the person to vote, as applicable, unless the person affirmatively declines to register or is ineligible to vote, as specified. This bill would additionally require the Department of Motor Vehicles to transmit specified information to the Secretary of State for a person submitting a driver's license application who provides documentation demonstrating United States citizenship and that the person is of an eligible age to register or preregister to vote. The bill would deem this information to constitute a completed affidavit of registration for such persons, and require the Secretary of State to register or preregister the person to vote, unless the Secretary of State determines they are ineligible. The bill would require, if a person is registered or preregistered to vote in this manner, that the county elections official send a notice to the person advising that they may decline to register or preregister to vote and providing additional information. The bill would also require the county elections official to send a notice to a person who is already registered to vote, but for whom the Secretary of State changes their registration information after receiving updated name or address information from the department.

SB 311 **(Eggman D) Medi-Cal: Part A buy-in.**
Current Text: Chaptered: 10/10/2023
Last Amend: 9/6/2023
Status: 10/10/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 707, Statutes of 2023.

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the State Department of Health Care Services to enter into a Medicare Part A buy-in agreement, as defined, for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services by submitting a state plan amendment. Under the bill, the buy-in agreement would be effective on January 1, 2025, or the date the department communicates to the Department of Finance in writing that systems have been programmed for implementation of these provisions, whichever date is later.

SB 324 **(Limón D) Health care coverage: endometriosis.**
Current Text: Amended: 3/30/2023
Last Amend: 3/30/2023
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	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. 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. This bill contains other related provisions and other existing laws.

SB 326 **(Eggman D) The Behavioral Health Services Act.**
Current Text: Chaptered: 10/12/2023
Last Amend: 9/8/2023
Status: 10/12/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 790, Statutes of 2023.
Location: 10/12/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, if approved by the voters at the March 5, 2024, statewide primary election, recast the Mental Health Services Act (MHSA) by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to $36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices. This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance.

SB 340 **(Eggman D) Medi-Cal: eyeglasses: Prison Industry Authority.**
Current Text: Introduced: 2/7/2023
Status: 7/14/2023-Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/15/2023)(May be acted upon Jan 2024)
Location: 7/14/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	2 year	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation.

SB 496 **(Limón D) Biomarker testing.**
Current Text: Chaptered: 10/7/2023
Last Amend: 9/7/2023
Status: 10/7/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 401, Statutes of 2023.
Location: 10/7/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted or denied use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. 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.

SB 502 **(Allen D) Medi-Cal: children: mobile optometric office.**
Current Text: Chaptered: 10/8/2023
Last Amend: 6/30/2023
Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 487, Statutes of 2023.
Location: 10/8/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Pursuant to current state law, the State Department of Health Care Services established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Current law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Current law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under current law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the State Board of Optometry. This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under the Children's Health Insurance Program (CHIP) provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.

SB 537 **(Becker D) Open meetings: multijurisdictional, cross-county agencies: teleconferences.**
Current Text: Amended: 9/5/2023
Last Amend: 9/5/2023
Status: 9/14/2023-Ordered to inactive file on request of Assembly Member Bryan.
Location: 9/14/2023-A. INACTIVE FILE

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: The Ralph M. Brown Act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Current law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Current law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Current law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows "just cause," including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would expand the circumstances of "just cause" to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely.

SB 551 **(Portantino D) Mental health boards.**
Current Text: Amended: 6/15/2023

Last Amend: 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

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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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 582 **(Becker D) Health information.**
Current Text: Vetoed: 10/9/2023
Last Amend: 9/7/2023
Status: 10/8/2023-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.
Location: 10/8/2023-S. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, to facilitate patient and provider access to health information and for the benefit of enrollees, insureds, and contracted providers. Current law authorizes the Department of Managed Health Care and the Department of Insurance to require a plan or insurer to establish and maintain specified API, including provider access API. This bill would instead require the departments to require the plans and insurers to establish and maintain these specified API. The bill would exclude from the requirements of these provisions dental or vision benefits offered by a plan or insurer, including a specialized plan or insurer. 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.

SB 598 **(Skinner D) Health care coverage: prior authorization.**
Current Text: Amended: 8/14/2023
Last Amend: 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	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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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 694 **(Eggman D) Medi-Cal: self-measured blood pressure devices and services.**
Current Text: Vetoed: 10/7/2023
Last Amend: 9/1/2023
Status: 10/7/2023-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.
Location: 10/7/2023-S. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Current law sets forth a schedule of benefits under the Medi-Cal program, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The State Department of Health Care Services announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item. This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program subject to utilization controls. The bill would state the intent of the Legislature that those covered devices and services be no less in scope than the devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

SB 717 **(Stern D) County mental health services.**
Current Text: Chaptered: 10/13/2023
Last Amend: 9/1/2023
Status: 10/13/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 883, Statutes of 2023.
Location: 10/13/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. If a defendant who has been charged with a misdemeanor has been determined to be mentally incompetent, existing law authorizes the court to either grant diversion for a period of one year, refer the defendant to treatment, or dismiss the charge. Te Bronzan-McCorquodale Act governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. This bill would require the court to notify an individual of their ongoing need for mental health services if the individual has been found incompetent to stand trial and is not receiving court directed services. The bill would require the court to provide the individual with specified information, including the name, address, and telephone number of the county behavioral health department..

SB 729 **(Menjivar D) Health care coverage: treatment for infertility and fertility services.**
Current Text: Amended: 8/14/2023
Last Amend: 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)

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	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.

SB 779 **(Stern D) Primary Care Clinic Data Modernization Act.**
Current Text: Chaptered: 10/8/2023
Last Amend: 9/8/2023
Status: 10/8/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 505, Statutes of 2023.
Location: 10/8/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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Summary: Existing law provides for the licensure and regulation of clinics, including primary care clinics and specialty clinics, by the State Department of Public Health. A violation of these provisions is a crime. Existing law excludes certain facilities from those provisions, including a clinic that is operated by a primary care community or free clinic and that is operated on separate premises from the licensed clinic and is only open for limited services of no more than 40 hours a week, also referred to as an intermittent clinic. This bill would provide that no reimbursement is required by this act for a specified reason. This bill contains other

existing laws.

SB 786 **(Portantino D) Prescription drug pricing.**
Current Text: Chaptered: 10/7/2023
Last Amend: 6/15/2023
Status: 10/7/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 414, Statutes of 2023.
Location: 10/7/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs.

SB 819 **(Eggman D) Medi-Cal: certification.**
Current Text: Amended: 6/26/2023
Last Amend: 6/26/2023
Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 8/28/2023)(May be acted upon Jan 2024)
Location: 9/14/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
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