

Community Report 2009-2010

ALAMEDA
Alliance
FOR HEALTH

Health care you can count on.
Service you deserve.



Celebrating 15 Years of Service to Alameda County Residents

About Alameda Alliance for Health

Alameda Alliance for Health (Alliance) is a public, not-for-profit managed care health plan committed to making quality health care services accessible and affordable to people who are low-income. The Alliance was created by and for Alameda County residents and began operations in January 1996. The Alliance serves more than 110,000 children and adults through four programs: Medi-Cal, Healthy Families, Alliance Group Care, and Alliance CompleteCare. In 2010, the Alliance ranked 7th on the *San Francisco Business Times* list of "largest HMOs" in the Greater Bay Area.



Alameda Alliance for Health is the only health plan and Medi-Cal managed care partner whose sole priority is to provide medical care to our patients and our community, especially the underserved and disenfranchised. As a primary participating partner in some of our county's programs designed to improve and integrate services for high-risk and special needs children that are being left behind more and more in this current medical economy, the Alliance has demonstrated its commitment beyond simple lip service to provide care and services that are needed.

– Dr. Brian Blaisch, Alliance Network Provider



With Alliance CompleteCare, it was really easy for me to see an eye specialist and get a walker I needed. My Care Advisor helps me get what I need with a positive customer service attitude and attention to detail. The free interpreters are a great service for members, too!

– P. Chu, Alliance Member

**If it were not for you,
I would be living in
the hospital.**

– C. Moore, Alliance Member



Message from the CEO

A Year of Learning, Growing, and Building



Ingrid Lamirault, CEO

If I could summarize what we collectively strive for at Alameda Alliance for Health, it would be that we want to give members options for improving and maintaining their health. We believe this is achievable regardless of each member's background or circumstance.

Sometimes all people need is to know their options. That is what "Mr. Gerber" was looking for when he approached Alameda Alliance for Health—options on how, when, and where to get the services he needed. What he got was much more. Mr. Gerber had been living on the streets. He was suffering from depression and trying to cope with various medical challenges. When he called the Alliance, our Care Advisor staff responded to his needs with individual attention, getting him the medical care he needed, connecting him to housing resources, and helping him complete paperwork. Today, Mr. Gerber has a permanent home. He attributes his ability to accomplish great things to the help he received from the Alliance. We are very gratified that we can play a part in helping people change their lives.

We Are Getting Better

Every day the Alliance works at becoming better. As in the case of Mr. Gerber, our Alliance Care Advisors go above and beyond to help our members. That same level of caring drives our Member Services Representatives, who respond to more than 200,000 member calls annually.

This past year the Alliance focused on learning and building relationships that will help us serve our members better in the future. Below are some of the highlights:

- We broadened and deepened our relationships with community based organizations that have expertise on the health needs and barriers to care for seniors and people with disabilities.
- We ended FY 09-10 with better than breakeven financial performance and reinvested funds into our local provider network to improve services to our members.
- When the state eliminated optional Medi-Cal benefits for adults due to budget shortfalls, we continued to cover seven of the nine benefits as medically

necessary. We also provided dental coverage, eyeglasses and contacts for Medi-Cal members who are also enrolled in our Alliance CompleteCare program.

- We implemented a plan to improve our internal infrastructure. This will allow us to answer customer calls faster, offer customer services online, pay providers efficiently, and use data to design effective member programs. We will also be able to communicate information to members and providers online, and quickly identify members who require intensive case management or need help coordinating health and support services.

What's Next?

As we look ahead with the goal to grow our membership from 110,000 to 250,000, the Alliance Board of Governors is working in the community's interest to sculpt a flexible organization that stands ready to meet the changing needs of Alameda County residents. Our goal to transition Alameda County from a Local Initiative to a County Organized Health System (COHS) will provide member-driven links to the vast array of health and social service benefits available to Medi-Cal beneficiaries, and members of our Healthy Families, Alliance Group Care, and Alliance CompleteCare programs.

We can do this because we are local and connected. We work with our provider partners—Kaiser, Hill Physicians, the Community Health Center Network, and Children's First Medical Group—and private physicians and providers to learn what members need and continuously improve our services.

The Alliance will never be satisfied in our learning because to stop learning means we have stopped striving for excellence in customer service and managing members' health care. The Alliance wants to continue being the best plan for members like Mr. Gerber who just need to know their options and for us to go the extra mile.

Sincerely,

A handwritten signature in black ink that reads "Ingrid Lamirault". The signature is fluid and cursive.

Ingrid Lamirault
Chief Executive Officer

Governance

Alameda Alliance for Health upholds its community commitment and balances this effort by maintaining proper business principles throughout its structure. An independent Board of Governors provides diverse perspectives and extensive expertise to ensure that the Alliance meets both of these commitments.

Alameda Alliance for Health Board of Governors

Fiscal Year July 1, 2009 – June 30, 2010

Ingrid Lamirault

CEO, Alameda Alliance for Health, ex officio

Julian Raymond Davis, Jr., MD

Physician

William Foster

Consumer

Jane García, CEO, La Clínica de La Raza

Alliance Board Chair

Community Clinic

Pamela Gumbs, Pharm.D., Pharmacist, United/Royal Medical Pharmacy

Member at Large, Pharmacist

Wright Lassiter, III, CEO, Alameda County Medical Center

Hospital

Bertram Lubin, MD, President & CEO

Children's Hospital & Research Center Oakland

Member at Large

Marty Lynch, CEO, LifeLong Medical Care

Member at Large, Health Care Expert on Seniors and Persons with Disabilities

Michael P. Mahoney, CEO, St. Rose Hospital

Alliance Board Vice Chair

Hospital

John Norton, MD, Sinkler Miller Medical Association and Alameda-Contra Costa Medical Association

Physician

Gail Steele, Alameda County Board of Supervisors, District 2

County Board of Supervisors

Mila Thomas, SEIU Local 616

Member at Large, Labor



From top left:

- (1) Ingrid Lamirault, *CEO, Alameda Alliance for Health*
- (2) Jane García, *Outgoing Alliance Board Chair*
- (3) Julian Raymond Davis, Jr., *MD, Incoming Alliance Board Vice-Chair*
- (4) Wright Lassiter, III, *Incoming Alliance Board Chair*
- (5) Michael Mahoney, *Outgoing Alliance Board Vice-Chair*

THE GROWTH OF THE ALLIANCE



Committees

The Alliance's standing committees reflect the organization's commitment to community collaboration. Each advisory committee meets to address specific issues that are vital to the organization's daily operations and long-term planning. Board and committee members represent their interests on multiple committees.

Alameda Alliance for Health Committees

Fiscal Year July 1, 2009 – June 30, 2010

Finance

Ingrid Lamirault, CEO, ex officio
John Volkober, CFO, ex officio
Julian Raymond Davis, Jr., MD, Board
Jane García, Board
Wright Lassiter, III, Committee Chair
John Norton, MD, Board

Strategic Planning

Ingrid Lamirault, CEO, ex officio
Julian Raymond Davis, Jr., MD, Committee Chair
Pamela Gumbs, Board
Marty Lynch, Board
Michael Mahoney, Board
Gail Steele, Board

Member Advisory

Ingrid Lamirault, CEO, Committee Chair
Maria Archuleta, Member
William Foster, Member
Susan Jamerson, Native America Health Center
Beverly Juan, MD, Child Health & Disability Prevention Program
Maria Sandoval, Member
Will Scott, Member
Sandi Soliday, Alameda County Public Health Department, Developmental Disabilities Council
Yomi Wrong, Center for Independent Living

"Member Services Representatives are always willing to help me. They all work together — and I love that. The reps answer with a smile. That's important."

— *Maria Archuleta, Alliance Member Advisory Committee*

Health Care Quality

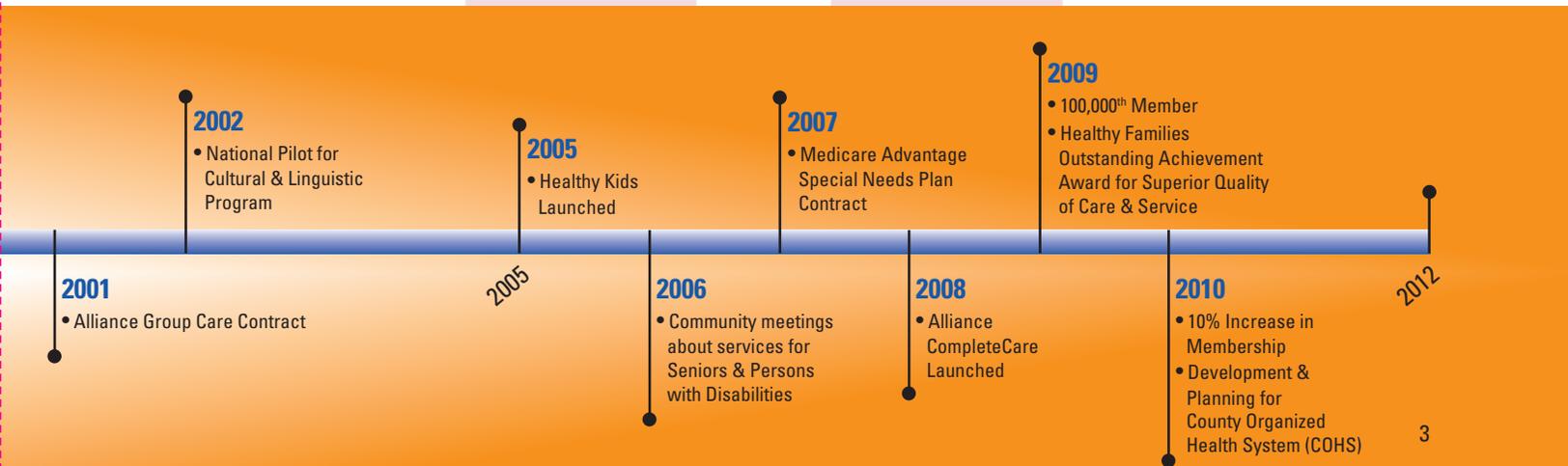
Rajendra Ratnesar, MD, CMO, ex officio, Committee Chair
Garfield Bryant, MD, Provider
Sang-Ick Chang, MD, Alameda County Medical Center
Dennis Conyers, MD, Kaiser Health Plan
Beverly Juan, MD, Child Health & Disability Prevention Program
Barbara Ramsey, MD, Community Health Center Network
Steve Yedlin, MD, Children First Medical Group

Peer Review & Credentialing

Rajendra Ratnesar, MD, CMO, ex officio, Committee Chair
Kala Chandler, MD, Physician
Yolanda Cuadros, MD, Alameda County Medical Center
Floyd Huen, MD, Community Health Center Network
James Jackson, MD, Committee Vice Chair
Norman Lewak, MD, Children First Medical Group
Tomas Magana, MD, Physician
John Norton, MD, Board

Pharmacy & Therapeutics

Rajendra Ratnesar, MD, CMO, ex officio, Committee Chair
Marie Barrett, Chief Health Plan Services Officer
Gary Basrai, Pharm.D., Community Pharmacist
Paul Bayard, MD, Family Practice/Internal Medicine
Harpreet Dhillon, MD, Family Practice/Internal Medicine
Reatha Fowler, MD, Pediatrics
Pamela Gumbs, Pharm.D., Community Pharmacist
Daljit Johl, Clinical Pharmacist/Pharmacy Benefit Manager
Ivan Lee, MD, Family Practice/Internal Medicine
Robert Watts, MD, Pediatrics
Leon Wilde, Pharm.D., Community Pharmacist



Meeting Our Members' Needs

At Alameda Alliance for Health, our focus is on identifying innovative and creative ways to improve health care in our community. As a local, not-for-profit health plan, integrity, accountability, and service are of the utmost importance.

This commitment is demonstrated through:

- An extensive network of doctors, specialists, hospitals and pharmacies
- Community resources and referrals
- Dedication to locating doctors that meet members' needs
- Free health education resources and wellness classes
- Interpreter services
- Transportation services
- Caring, dedicated staff

Building Community Partnerships

The Alliance was established by and for Alameda County residents. We are accountable to the community and driven by our social mission as a public entity. Collaboration with providers, elected officials, health care advocates, and many other community organizations has been vital to our success.

During the past year, the Alliance broadened and deepened its relationships with community based organizations that have expertise in the health needs of seniors and persons with disabilities and the challenges they face in accessing care. The Alliance works with a range of programs throughout Alameda County, including:

- Alameda County Public Health Department
 - Perinatal Screening, Assessment, Referral, Treatment (SART)
 - Asthma Start
 - Diabetes Program
- Regional Center of the East Bay
- California Children Services (CCS)
- Family Bridges, Diabetes Education Center
- Center for Independent Living
- Family Caregiver Alliance
- Senior Services Coalition
- Children's Hospital Oakland
- Through the Looking Glass



Mobilizing Community Resources

Through the Looking Glass is an agency that provides services to families in which a child, parent, or grandparent has a disability or medical issue. Based on a referral from a case worker at Through the Looking Glass, the Alliance arranged for services for one of its members from the Alameda County Public Health Department's Diabetes Program. The member—a young, developmentally delayed mother of four children—had recently been prescribed insulin and did not understand how to calculate or draw up her dosage. She also displayed little understanding of how to manage her diabetes through diet and was adamant about not attending a class. Because the member was leaving on an out-of-state trip in four days, the case worker was especially concerned for her health. Within a day, staff from the Diabetes Program met with the member in her home and worked with her on insulin administration. This immediate and coordinated response illustrates the value of the Alliance's collaboration with community organizations and service providers.





Preparing for Growth

Medi-Cal Managed Care Expansion

A key element of California's 1115 Medicaid Waiver in 2010 is to provide Medi-Cal beneficiaries, specifically seniors and persons with disabilities, with access to care that is better organized and coordinated than the care that is currently available from the fee-for-service payment system. A phased-in enrollment approach for seniors and persons with disabilities into managed care health plans is scheduled to begin in June 2011. The State's waiver identifies over 23,000 Medi-Cal beneficiaries who will be impacted in Alameda County. The Alliance is preparing for this expansion and growth in membership. We are adding new providers to our network, strengthening care coordination strategies, assessing our provider network's accessibility and capacity, and conducting focus groups with seniors and persons with disabilities to learn more about their specific concerns and the barriers they face in getting quality health care.

Improving the Customer Experience

In 2010 the Alliance began implementing a plan to strengthen and enhance our internal infrastructure to improve customer service for members and providers. This includes telecommunications for customer calls, offering online services, paying providers efficiently, and using data to design effective programs. These solutions support the Alliance's strategic theme of financial strength through better information, improved efficiencies, and reduced costs.

Care Coordination Programs

Alliance Care Coordination Programs help members with complex medical needs navigate the care system, ensure that members receive appropriate care, boost self-management skills, and contain medical costs. The Alliance recognizes that a one-type-fits-all strategy of care for members will not work.

Our experience with former Agnews Developmental Center residents and Alliance CompleteCare, our Medicare Advantage Plan serving people who are dually eligible for Medi-Cal and Medicare, has taught us a great deal about care management and coordination. We have implemented various programs to meet the specialized needs of this population such as physician home visits, individual risk profiling, care plans, high-risk care management for co-occurring morbidities, and Care Advisors who provide referrals to medical and community resources, explain benefits, and assist with access. We recognize our role in care management and have tangible coordination activities such as joint care plans with other service providers.

Easing the Burden for Members

Some of our members don't understand their health care benefits. While some of them have family members that can help them navigate the system, many members do not. As a Care Advisor, I assist our members by explaining how their plan works, how to access their benefits, and how to obtain medications. The Care Advisors take the burden off the members by acting as liaisons between the provider, the pharmacist, and sometimes Alliance departments. We also provide community resources to members like helping them obtain some basic things like furniture or meals.

— Dania Anderson
Alliance Care Advisor

Since 2000
the Alliance
has seen a

13%

yearly average
increase
in voluntary
Medi-Cal
enrollment by
seniors and
persons with
disabilities.

The Alliance
consistently
holds between

70-75%

of the Medi-Cal
managed care
market share in
Alameda County.

79%

of Medi-Cal
beneficiaries
who voluntarily
chose to enroll
in a Medi-Cal
managed care
plan over the
past 12 months,
selected the
Alliance.

Strengthening Provider Network

Our extensive network of doctors and health care providers gives Alliance members access to health care services throughout Alameda County. Providers include public safety net providers, community clinics, private physicians, medical groups, nurse practitioners, and local area hospitals. The Alliance also partners with Kaiser Permanente, a participant in our Medi-Cal program. In addition to our relationships with health care providers, the Alliance implements activities in support of the network to better serve our members, including:

Enhanced Facility Site Reviews: The Alliance conducts these reviews with primary care providers to identify levels of accessibility for members with disabilities. Member Services Representatives provide this information to members when they select a personal doctor. Provider accessibility will soon be made available to members in our provider directory.

Care Coordination Mapping of Service Providers in Alameda County: As part of an effort to improve how we serve our members and providers, the Alliance will interview service agencies and organizations throughout the county to better determine what existing resources and services are available to our members. Through the interviews, we will strengthen our links to these services, and mapping them will allow us to help providers locate needed community resources and make appropriate referrals. This information will help inform the Alliance on existing service providers to ensure that members are able to take advantage of all the services available to them.

Supporting our providers to manage member care is our top priority. We are committed to ensuring that our members continue to have access to the quality care they need. Our relationships with providers and community resources enable us to be responsive and effective problem solvers.

– Marie Barrett
Chief Health Plan Services Officer

Focus Groups

Earlier this year the Alliance conducted six focus groups with seniors, persons with disabilities, and parents of children with special needs. Sessions were conducted in English and Spanish. The primary goals were to better understand:

- Perceptions and experiences with the current health care delivery system
- Perceptions and views of managed care, including benefits, services, and barriers to care

Participants included Medi-Cal beneficiaries in fee-for-service and managed care Medi-Cal. With help from several community agencies, the Alliance developed discussion guides for each group. Across the board, the primary concern expressed by focus group participants was loss of existing coverage. Findings indicated that:

1. Participants were confused about their coverage
2. Participants were confused about how to get help resolving health related issues
3. Participants would benefit from assistance with navigating the health care system
4. Customer service was identified as very important, as was their relationship with their doctor and specialists

What we learned from these focus groups will serve as the roadmap for the Alliance as we prepare for Medi-Cal managed care expansion.

Financial Strength

The Alliance continues to make necessary changes to its organizational structure to maximize administrative efficiencies. Some of these steps have included:

- Reducing administrative expenses
- Improving technology to gain efficiencies
- Leveraging organizational strengths to increase economies of scale
- Identifying ways to increase revenue such as claims recoupment
- Outreaching to members who may be eligible for additional benefits such as Supplemental Security Income and Medicare Part A
- Assisting members with the application process

Our Future

The Alliance leadership has identified three strategic themes that will guide us over the next several years:

1. Member needs
2. Financial strength
3. Growth

These themes provide the focus for the organization and the context by which decisions are made.

Member Needs: The reason the Alliance exists is to serve its members. Our focus is on excellence in customer service for members as well as providers and other county agencies that partner with the Alliance. Member needs are anchored with an array of care management services to address members with chronic illnesses as well as those who are healthy.

Growth: Growth involves both a strategy and proactive planning for the inevitable changes in health care. Growth will allow the Alliance to achieve the critical mass necessary to efficiently provide the services members expect. Growth is also inevitable with the potential changes in how California addresses the increasing costs of providing care.

Financial Strength: Achieving financial strength means effectively managing administrative and medical expenses, making strategic investments, and leveraging outside expertise and resources.

From Local Initiative to COHS

In May 2009 the Alameda County Board of Supervisors approved a resolution introduced by Supervisor Gail Steele to support legislative efforts that would authorize Alameda County's Medi-Cal managed care status to change from a Two-Plan Model County to a County Organized Health System (COHS). The COHS would be empowered to administer a full-service managed care plan for all Medi-Cal beneficiaries in Alameda County. The major benefits of a COHS in Alameda County are to:

- Improve the quality of care
- Improve access to care
- Create cost savings
- Support the local community
- Provide long-term stability for Alameda County's Medi-Cal beneficiaries

Changing from Two-Plan Model County to a COHS is a long term process dependent on stakeholder input and agreement, legislative changes, and an assurance of sustainable capacity and funding. The final decision will not be made lightly by the Alliance Board of Governors, other stakeholders, and legislators. We will alert stakeholders when opportunities arise to participate in the process.



Alameda Alliance for Health Financial Results

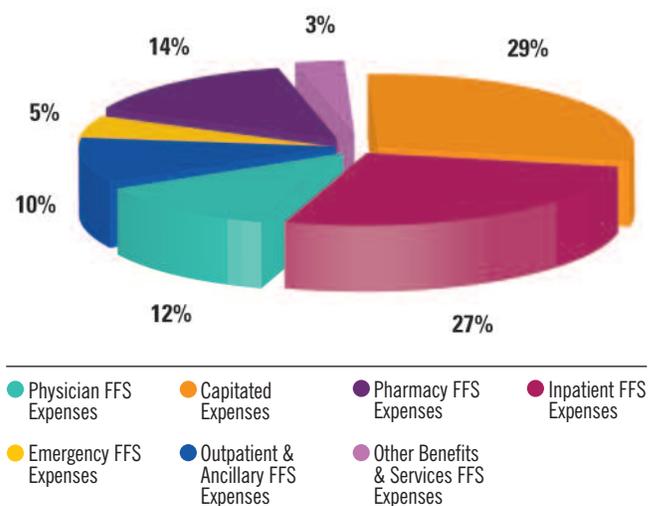
For the Fiscal Years Ended June 30, 2009 and 2010

Abbreviated Financial Statements

All amounts in \$000

	FY 2010	FY 2009
Balance Sheet		
Current Assets	\$61,813	\$37,378
Non-Current Assets	\$7,022	\$7,574
Total Assets	\$68,835	\$44,952
Total Liabilities	\$45,832	\$27,245
Net Assets	\$23,003	\$17,707
Total Liabilities & Net Assets	\$68,835	\$44,952
Operating Statement		
Revenue	\$227,571	\$187,436
Medical & Admin Expenses	(\$222,367)	(\$191,612)
Other Income	\$92	\$335
Net Income / (Loss)	\$5,296	(\$3,841)

Composition of Medical Expenses Fiscal Year Ended June 30, 2010

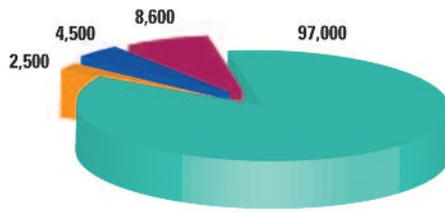


2009-2010

Alameda Alliance for Health Member Profile

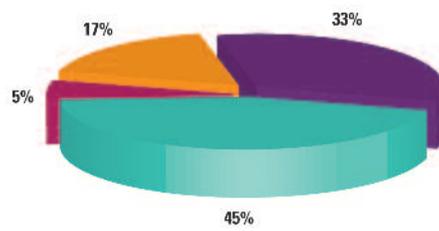
Data as of FY ending June 30, 2010

2010

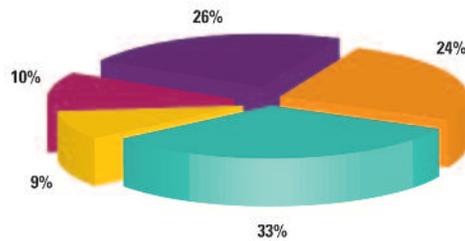


Program

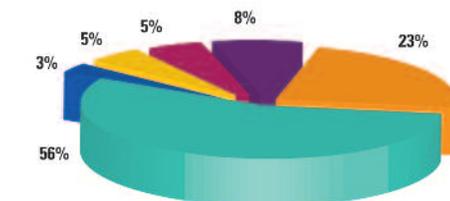
Members:
112,600



Age



Ethnicity



Language



This year by
the numbers...

42%

Healthy Families Program members in Alameda County who chose Alameda Alliance for Health over three other health plans

535,000

number of claims processed

200,000

number of calls responded to from Alliance members

6,000

number of interpreter requests processed on behalf of Alliance members

112,000

Alliance membership increased more than

10%



Health care you can count on.
Service you deserve.

Headquarters

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