

DHCS AUDITS AND INVESTIGATIONS  
CONTRACT AND ENROLLMENT REVIEW DIVISION  
SAN DIEGO SECTION

**REPORT ON THE MEDICAL AUDIT OF  
ALAMEDA ALLIANCE FOR HEALTH  
FISCAL YEAR 2024-25**

Contract Number: 23-30212

Audit Period: June 1, 2024 — February 28, 2025

Dates of Audit: March 3, 2025 — March 14, 2025

Report Issued: July 22, 2025

## TABLE OF CONTENTS

I.	INTRODUCTION .....	3
II.	EXECUTIVE SUMMARY .....	4
III.	SCOPE/AUDIT PROCEDURES .....	5

## I. INTRODUCTION

Alameda Alliance for Health (Plan) is a public, non-profit managed care health plan established by the Alameda County Board of Supervisors in 1994 under the California Welfare and Institutions Code section 14087.54. The Plan operates as an independent entity within the County's health system, ensuring access to essential healthcare services while maintaining organizational autonomy.

The Plan was established to serve as the local initiative for Alameda County under the State Department of Health Services' strategy to expand Medi-Cal Managed Care. It received its initial license from the Department of Corporations in September 1995 and entered into a contract with the California Department of Health Care Services (DHCS) in November 1995. Operations subsequently began in January 1996.

As of February 28, 2025, the Plan had a total of 408,616 Medi-Cal members.

## II. EXECUTIVE SUMMARY

This report presents the audit findings of the DHCS medical audit for the period of June 1, 2024, through February 28, 2025. The audit was conducted from March 3, 2025, through March 14, 2025. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on June 23, 2025. The Plan was allowed 15 calendar days from the date of the Exit Conference to provide supplemental information addressing the draft audit findings. On July 9, 2025, the Plan submitted a response after the Exit Conference. The evaluation results of the Plan's response are reflected in this report.

The audit evaluated four categories of performance: Utilization Management, Population Health Management and Coordination of Care, Network and Access to Care, and Administrative and Organizational Capacity.

The prior DHCS medical audit for the period of June 1, 2023, through May 31, 2024, was issued on November 18, 2024. The deficiencies identified were addressed in a Corrective Action Plan (CAP). As of July 18, 2025, the CAP remains open.

There were no findings noted during the audit period.

## III. SCOPE/AUDIT PROCEDURES

### SCOPE

The DHCS, Contract and Enrollment Review Division conducted the audit to ascertain that medical services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State Contract.

### PROCEDURE

DHCS conducted an audit of the Plan from March 3, 2025, through March 14, 2025, for the audit period of June 1, 2024, through February 28, 2025. The audit included a review of the Plan's Contract with DHCS, policies and procedures for providing services, procedures used to implement the policies, and verification studies of the implementation and effectiveness of the policies. Documents were reviewed and interviews were conducted with the Plan's administrators and staff.

The following verification studies were conducted:

#### Category 1 – Utilization Management

Post-Stabilization Authorization (PSA): Three PSA requests were reviewed for evaluation of compliance with authorization requirements.

#### Category 2 – Population Health Management and Coordination of Care

Initial Health Appointment (IHA): Ten medical records were reviewed for timeliness and completeness of IHA requirements.

Continuity of Care (COC): Ten medical records were reviewed to evaluate timeliness, appropriate determination, and notification of COC requests.

Enhanced Care Management (ECM): Ten medical records were reviewed to evaluate the provision of ECM core service components.

#### Category 3 – Network and Access to Care

Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT): Twenty records (ten NEMT and ten NMT) were reviewed to confirm compliance with transportation requirements for timeliness and appropriate adjudication.

## **Category 6 – Administrative and Organizational Capacity**

Encounter Data: Five records were reviewed for completeness, accuracy, reasonableness, and timely submission.

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**REPORT ON THE MEDICAL AUDIT OF  
ALAMEDA ALLIANCE FOR HEALTH  
FISCAL YEAR 2024-25**

Contract Number: 23-30244

Contract Type: State Supported Services

Audit Period: June 1, 2024 — February 28, 2025

Dates of Audit: March 3, 2025 — March 14, 2025

Report Issued: July 22, 2025

## TABLE OF CONTENTS

I.	INTRODUCTION .....	3
II.	COMPLIANCE AUDIT FINDINGS .....	4



## I. INTRODUCTION

This report presents the results of the audit of Alameda Alliance for Health (Plan) compliance and implementation of the State Supported Services contract number 23-30244 with the State of California. The State Supported Services Contract covers abortion services with the Plan.

The audit covered the period of June 1, 2024, through February 28, 2025. The audit was conducted from March 3, 2025, through March 14, 2025, which consisted of a documentation review, verification study, and interview with the Plan's representatives.

An Exit Conference with the Plan was held on June 23, 2025. No deficiencies were noted during the review of the State Supported Services Contract.

# COMPLIANCE AUDIT FINDINGS

## State Supported Services

The Plan is required to provide, or arrange to provide, to eligible members the following services: Current Procedural Coding System Codes 59840 through 59857 and Health Care Finance Administration Common Procedure Coding System Codes X1516, X1518, X7724, X7726, and Z0336. (*State Supported Services Contract, Exhibit A (1.2.1)*)

The Plan's policy, *CLM-011, Private Services (Abortion Services) Claims Processing* (approved October 23, 2024), states that the Plan will reimburse claims or any portion of any claim for abortion services, whether in-network or out-of-network. Furthermore, the Plan will ensure that provider claims are processed without prior authorization.

The Plan's Member Handbook/Evidence of Coverage informs members of their rights to obtain outpatient abortion services without prior authorization from the Plan by any Medi-Cal provider, either in-network or out-of-network. Members who are under the age of 18 can also obtain these services without a parent or guardian's permission.

Additionally, the Plan informs providers of the right to abortion services for Plan members through the Plan's Provider Manual. Providers are instructed to make every effort to assist members who are seeking abortion services, which includes providing timely and appropriate counseling, education, information, and referral.

**Recommendation:** None.