Regular Meeting of the

Santa Clara County Health Authority
Governing Board

Thursday, March 25, 2021, 12:00 PM – 2:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

<u>Via Teleconference</u>
(669) 900-6833
Meeting ID: 935 8099 0919
Passcode: GOVBD0321
https://zoom.us/j/93580990919

AGENDA

1. Roll Call	Mr. Brownstein	12:00	5 min

2. Public Comment   Mr. Brownstein   12:05   5 min
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Governing Board reserves the right to limit the duration of the public comment period to 30 minutes.

3. Approve Consent Calendar and Changes to the Agenda   Mr. Brownstein   12:10   5 min
Items removed from the Consent Calendar will be considered as regular agenda items.
    Possible Action: Approve Consent Calendar

a. Approve minutes of the December 17, 2020 **Governing Board** Meeting

b. Approve minutes of the March 11, 2021 **Special Governing Board** Meeting

c. Accept minutes of the January 28, 2021 **Executive/Finance Committee** Meeting
- Ratify approval of Claims Policies:
  - CL.07 Emergency Room Services
  - CL.13 Processing of Family Planning Claims
  - CL.22 Processing of Abortion Claims
  - CL.27 Non-Medical Transportation Services
- Ratify approval of the November 2020 Financial Statements
- Review Quality Updates:
  - CMC 2019 Population Health Management Impact Analysis
  - CY'19 Med-Cal HEDIS Network Comparison Rates

d. Accept minutes of the February 25, 2021 **Executive/Finance Committee** Meeting
- Ratify approval of Claims Policies:
  - CL.01 Interest on the Late Payment of Claims
  - CL.02 Misdirected Claims

- o CL.03 Notice of Denial of Payment
- o CL.09 Claims Timeframes Turn-Around-Time
- o CL.21 Claims Processing & Adjudication
- Ratify acceptance of the Network Detection and Prevention Update
- Review Quality Update: Discuss CMC 2020 CAHPS results and Strategy
- Ratify approval of the December 2020 Financial Statements
e. Accept minutes of the February 25, 2021 **Compliance Committee** Meeting
f. Accept minutes of the February 9, 2021 **Quality Improvement Committee** Meeting
   - Ratify approval of the Assessment of Network Adequacy MY2020
   - Ratify approval of the Quality Improvement (QI) Program Description 2021
   - Ratify approval of the Health Education (HE) Program Description 2021, HE Work Plan 2021, and HE Evaluation 2020
   - Ratify approval of the Cultural and Linguistics (C&L) Program Description 2021, C&L Work Plan 2021, and C&L Evaluation 2020
   - Ratify approval of the Population Health Assessment
   - Ratify approval of the Clinical, Behavioral, and Medical Preventative Practice Guidelines
   - Ratify approval of QI Policies:
     - o QI.05 Potential Quality of Care Issues
     - o QI.07 Physical Access Compliance
     - o QI.10 Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)
     - o QI.13 Comprehensive CM
     - o QI.29 Nurse Advice Line
   - Ratify approval of the Grievance and Appeals Reports Q4 2020
   - Ratify acceptance of Committee Reports
     - o Pharmacy and Therapeutics (P&T) Committee Minutes – September 17, 2020
     - o P&T Committee Minutes – December 17, 2020
     - o Utilization Management Committee - October 14, 2020
     - o Credentialing Committee – December 2, 2020
g. Accept minutes of the February 10, 2021 **Provider Advisory Council Committee** Meeting
h. Accept minutes of the March 9, 2021 **Consumer Advisory Committee** Meeting
i. Approve **Publicly Available Salary Schedule**
j. Approve **Quarterly Investment Compliance Report**

4. Strategic Plan Update Review and discuss strategic planning documents. **Possible Action:** Approve Vision, Mission, Values and 2021-2023 Strategic Plan	Pacific Health Consulting Group	12:15	60 min
5. CEO Update Discuss status of current topics and initiatives.	Ms. Tomcala	1:15	15 min

6. Compliance Report	Mr. Haskell	1:30	15 min
Review and discuss compliance activities and notifications.			
7. Government Relations Update	Mr. Haskell	1:45	15 min
Discuss state budget status and other local, state, and federal legislative and policy issues impacting the Plan and its members.			
8. January 2021 Financial Statements	Mr. Jarecki	2:00	15 min
Review January 2021 Financial Statements. **Possible Action:** Approve the January 2021 Financial Statements			
9. Fiscal Year 2020-21 Budget Update	Mr. Jarecki	2:15	15 min
Review the updated FY'20-'21 budget.			
10. Adjournment		2:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.

- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.

- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the
Santa Clara County Health Authority
Governing Board

Thursday, December 17, 2020, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein, Chair
Alma Burrell
Dave Cameron
Darrell Evora
Kathleen King
Liz Kniss
Michele Lew
Sue Murphy
Ria Paul, M.D.
Debra Porchia-Usher
Sherri Sager
Jolene Smith

Members Absent
Dolores Alvarado

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Graniere, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process
    Improvement
Khanh Pham, Director, Financial Reporting &
    Budgeting
Mike Gonzalez, Manager, Community Resource
    Center
Jayne Giangreco, Manager, Administrative
    Services
Rita Zambrano, Executive Assistant

1. **Roll Call**

   Bob Brownstein, Chair, called the meeting to order at 12:01 PM. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Approve Consent Calendar and Changes to the Agenda**

   Mr. Brownstein presented the Consent Calendar and indicated all agenda items would be approved in one motion.

   a. Approve minutes of the September 24, 2020 **Governing Board** Meeting
   b. Approve minutes of the November 30, 2020 **Special Governing Board** Meeting
   c. Accept minutes of the October 22, 2020 **Executive/Finance Committee** Meeting
      - Accept the Fiscal Year 2019-2020 External Independent Auditor's Report
      - Ratify approval of the August 2020 Financial Statements
      - Review Quality Update: Discuss CY'19 Med-Cal HEDIS Plan Comparison Rates

d. Accept minutes of the November 19, 2020 **Executive/Finance Committee** Meeting
   - Ratify acceptance of the Network Detection and Prevention Update
   - Review Quality Update: Discuss CY'19 Medi-Cal HEDIS Network Comparison Rates
   - Ratify approval of the September 2020 Financial Statements
   - Ratify approval to fund the Institute on Aging (IOA) for Assisted Living Services
e. Accept minutes of the November 19, 2020 **Compliance Committee** Meeting
   - Ratify approval of the Compliance Program, Standards of Conduct, and Policies;
     o CP.07 Corrective Actions
     o CP.10 Compliance Training
     o CP.12 Annual Compliance Program Effectiveness Audit
     o CP.15 Standards of Conduct
     o CP.17 Risk Assessments
     o DE.04 Communication Between SCFHP and FDRs/Delegated Entities
     o DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities
     o DE.12 Delegated Entity Reporting
f. Accept minutes of the October 21, 2020 **Quality Improvement Committee** Meeting
   - Ratify acceptance of the Annual Assessment of Physician Directory Accuracy Report 2020
   - Ratify acceptance of the Provider Satisfaction Survey MY2020 Analysis
   - Ratify acceptance of the PHM 2C Activities and Resources
   - Ratify approval of Policies
     o Q1.17 Behavioral Health Care Coordination
     o Q1.20 Information Sharing with San Andreas Regional Center (SARC)
     o Q1.21 Information Exchange Between SCFHP and County of Santa Clara Behavioral Health Services Department
     o Q1.22 Early Start Program
     o Q1.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care (SBIRT)
   - Ratify acceptance of Committee Reports
     o Pharmacy & Therapeutics Committee Minutes – June 18, 2020
     o Utilization Management Committee July 15, 2020
     o Credentialing Committee – August 5, 2020
g. Accept minutes of the December 9, 2020 **Quality Improvement Committee** Meeting
   - Ratify acceptance of the Provider Accessibility Assessment
   - Ratify approval of the Q1.30 Private Duty Nursing Policy
   - Ratify acceptance of the Annual Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis
   - Ratify acceptance of the Annual Cal Medi-Connect (CMC) Continuity and Coordination of Medical Care Analysis (2020)
   - Ratify acceptance of the Personalized Information on Health Plans Services
   - Ratify acceptance of the Pharmacy Benefit Information
   - Ratify acceptance of Committee Reports
     o Credentialing Committee – October 7, 2020
h. Accept minutes of the November 11, 2020 **Provider Advisory Council Committee** Meeting
i. Accept minutes of the December 8, 2020 **Consumer Advisory Committee** Meeting
j. Approve **Publicly Available Salary Schedule**
k. Approve **Quarterly Investment Compliance Report**
l. Approve **FHIR Vendor Contract**
m. Approve **Resolution to Adopt an Amended Conflict of Interest Code**
n. Approve **Annual Report to the Board of Supervisors**

   It was moved, seconded, and the Consent Calendar was **unanimously approved.**

   Motion: Ms. Murphy
   Second: Ms. Sager

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. King, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith

Absent: Ms. Alvarado, Mr. Evora

4. CEO Update

Christine Tomcala, Chief Executive Officer, presented the updated SCFHP COVID-19 Responses noting 3,400 members have tested positive, 1,346 have been hospitalized, and 95 are deceased, representing 17% of County-reported deaths, while total membership equals about 12% of the County population. Ms. Tomcala also referenced a sizable increase in COVID outbreaks in Skilled Nursing Facilities (SNFs), which have impacted a number of members. She provided an update on COVID vaccines and indicated the Santa Clara County Public Health Department is starting to administer vaccinations.

With respect to calendar year 2021 Medi-Cal rates, Ms. Tomcala noted the vaccine cost and administration fees would be carved out of managed care. She reported that the 1.5% rate decrease would be eliminated next year, at least initially. However, DHCS could revise the rates if COVID experience differs materially from assumptions. Also, there will be no risk corridor in calendar year 2021.

Ms. Tomcala shared an update on the Blanca Alvarado Community Resource Center (CRC), noting the Certificate of Occupancy was received and the final signage drawings are in review. She reported the CRC Manager, Mike Gonzalez, has started and noted program planning is underway, which will include engagement with internal and external stakeholders.

Ms. Tomcala shared a draft Board Dashboard and indicated it was designed to be a high-level, easy-to-understand reference tool. She welcomed feedback, noting the Plan will share an updated version quarterly, along with the one-page "At-a-Glance" information sheet about SCFHP.

5. Quality Update

Laurie Nakahira, DO, Chief Medical Officer, provided an update on the Medi-Cal CY19 HEDIS Disparity Analysis. Dr. Nakahira noted for CY19 there were 18 HEDIS measures on which Medi-Cal Managed Care Plans must meet the DHCS minimum performance level (MPL) of 50th percentile. The measures were analyzed to determine if there was a cultural/ethnic or language health disparity.

Dr. Nakahira noted that the data's general observations were that the Caucasian group performed statistically significantly lower than the rest of the population in six measures, followed by the African American group in four measures. The English speaking group performed lower in nine measures.

Dr. Nakahira reported that Preventive Care and Chronic Disease Measure Observations included that Vietnamese, African American, and Caucasian groups performed statistically significantly lower than the rest of the population in three out of six children's measures. Hispanic, African American, and Caucasian groups performed statistically significantly lower in the diabetes measures, and the Hispanic group performed statistically significantly lower in the anti-depressant medication measure.

Dr. Nakahira reviewed the work underway, noting the Plan is meeting with cultural champions in our community to identify additional barriers and opportunities.

Mr. Brownstein suggested deferring the CMC 2019 Population Health Management Impact Analysis to the Executive/Finance Committee.

6. Compliance Report

Tyler Haskell, Interim Compliance Officer, reported on the Centers for Medicare and Medicaid Services (CMS) Program Audit Revalidation for Cal MediConnect, noting the audit is officially closed.

Mr. Haskell noted the Plan is currently undergoing its annual Compliance Program Effectiveness (CPE) Audit,

The upcoming 2021 Department of Health Care Services (DHCS) audit will begin with an entrance conference on March 8, 2021.

Mr. Haskell also reported on the upcoming Department of Managed Health Care (DMHC) audit, saying the Plan submitted pre-audit deliverables in advance of the March 2021 follow-up audit. Mr. Haskell noted that the review period for this audit would be February 2020 through October 2020. The scope of this audit is limited to the outstanding deficiencies in the 2019 audit final report.

Mr. Haskell further reviewed the 2020-2021 Compliance Summary.

7. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on state and federal issues affecting the Plan. He began by discussing the implications of the State's one-time $26 billion budget surplus, then moved through a series of updates about the resumption of CalAIM, delay of the Medi-Cal pharmacy carve-out, COVID vaccine planning, and legislation to be considered in the 2021 California legislative session. Mr. Haskell also provided an update on the federal COVID relief bill taking shape in Congress, discussing the interplay between the variance in state and local budget needs and the likelihood of inclusion of state and local budget relief in the final package.

8. October 2020 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the October 2020 financial statements, which reflected a current month net deficit of $5 thousand ($2.3 thousand unfavorable to budget) and a fiscal year-to-date net surplus of $5.4 million ($3.6 million favorable to budget). Enrollment increased by 3,380 members from the prior month to 266,060 members (4,129 unfavorable to budget). Membership growth due to COVID-19 has not been as pronounced initially as budgeted, but will likely be sustained for a longer period of time than planned. Revenue reflected a favorable current month variance of $1.3 million (1.3%) largely due to higher CY20 full-dual Medi-Cal CMC & MLTSS capitation rates than budgeted. Medical expense reflected an unfavorable current month variance of $901 thousand due to (1) Medi-Cal capitation expenses in excess of budget related to the retroactive capitation rate updates from DHCS, and (2) certain fee-for-service expenses related to COVID. Administrative expense reflected a favorable current month variance of $77 thousand (1.4%) due largely to the timing of headcount and certain other expenses. The balance sheet reflected a Current Ratio of 1.26:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of $214 million represented approximately two months of the Plan's total expenses. Year-to-date capital investments of $2.8 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

> **It was moved, seconded, and** the October 2020 Financial Statements were **unanimously approved.**

Motion:	Ms. Lew
Second:	Mr. Cameron
Ayes:	Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith
Absent:	Ms. Alvarado

9. Fiscal Year 2020-2021 Budget Update

Mr. Jarecki provided an update to the FY21 budget. He began by noting that the Board-approved budget of June 2020, which was based in-part on data from early in the pandemic, envisioned an annual net deficit of $14M and a medical loss ratio (MLR) of 96.5%. The forecast is based on year-to-date results through October 2020 with updated projections from November 2020 through June 2021. Many budget assumptions have changed as the COVID pandemic has unfolded: Enrollment is expected to increase, revenue projections from DHCS and CMS have been updated,medical expenses have been adjusted to reflect the effects of COVID, while administrative expenses remain generally flat. The current forecast reflects a net deficit of $6.1 million and an MLR of 95.6%.

10. Innovation Fund Expenditure

Ms. Tomcala presented a funding request from The Healthier Kids Foundation (HKF) for $42,000 to assist with the My HealthFirst – Phase 1 project. The additional funding would help complete the first-year pilot at Franklin McKinley School District, and a rollout at Alum Rock Union School District. All SCFHP funding would be used to sustain the consultant leading the project to provide students with mental health screening and referrals.

Ms. King responded to questions and excused herself from the meeting at 1:56 pm.

It was moved, seconded, and the Healthier Kids Foundation funding request for My HealthFirst – Phase 1 in the amount of $42,000 from the Board Designated Innovation Fund was **unanimously approved.**

Motion:	Mr. Evora
Second:	Ms. Smith
Ayes:	Mr. Brownstein, Ms. Alvarado, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith
Absent:	Ms. Alvarado, Ms. King

11. Adjourn to Closed Session

Ms. King rejoined the meeting.

a. Public Employee Performance Evaluation
The Governing Board met in Closed Session to consider the performance evaluation of the Chief Executive Officer.

12. Report from Closed Session

Mr. Brownstein reported the Governing Board met in Closed Session to discuss the public employee performance evaluation.

13. Annual CEO Evaluation Process

Sue Murphy, Board Member, presented the 2019-20 annual CEO evaluation and reported that the ad hoc CEO Evaluation Subcommittee recommended a compensation increase of 3.5% in base pay effective July 1, 2020, and a 10% incentive bonus, based on the favorable evaluation of the CEO.

It was moved, seconded, and the recommended annual salary increase and incentive bonus for the CEO was **unanimously approved.**

Motion:	Mr. Evora
Second:	Ms. Smith
Ayes:	Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith
Absent:	Ms. Alvarado

14. Adjournment

The meeting was adjourned at 2:33 PM.

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Susan G. Murphy, Secretary

Special Meeting of the

Santa Clara County Health Authority
Governing Board
Strategic Planning Session

Thursday, March 11, 12:00 PM – 2:00 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present	**Staff Present**
Bob Brownstein, Chair	Christine Tomcala, Chief Executive Officer
Alma Burrell	Neal Jarecki, Chief Financial Officer
Dave Cameron	Laurie Nakahira, DO., Chief Medical Officer
Darrell Evora	Jonathan Tamayo, Chief Information Officer
Kathleen King	Chris Turner, Chief Operating Officer
Liz Kniss	Ngoc Bui-Tong, VP, Strategies & Analytics
Michele Lew	Teresa Chapman, VP, Human Resources
Sue Murphy	Laura Watkins, VP, Marketing & Enrollment
Ria Paul, MD	Tyler Haskell, Director, Government Relations
Debra Porchia-Usher	Mike Gonzalez, Manager, Community Resource
Sherri Sager	Center
Jolene Smith	Rita Zambrano, Executive Assistant
	Nancy Aguirre, Administrative Assistant
	Amy O'Brien, Administrative Assistant

Members Absent	**Others Present**
Dolores Alvarado	Bobbie Wunsch, Pacific Health Consulting Group
	Rafael Gomez, Pacific Health Consulting Group
	Christine Rutherford-Stuart, Board Aide to
	Supervisor Susan Ellenberg

1. **Welcome, Meeting Goals and Setting the Stage**

   Bob Brownstein, Chair, called the meeting to order at 12:03 pm. Roll call was taken and a quorum was established.

   Bobbie Wunsch, Pacific Health Consulting Group, welcomed the Board Members and shared where we are in the strategic planning process, noting there have been individual Board Member interviews, stakeholder interviews, discussions with the Executive Team, and the results of a staff survey. She indicated the draft documents being proposed also include input from the Executive/Finance Committee. Ms. Wunsch stated the purpose of today's meeting is to review and discuss the draft vision, mission, and value statements, and the draft strategic plan. Feedback received will be incorporated, and revised drafts will be presented at the Governing Board meeting on March 25, 2021 for approval and adoption.

   Christine Tomcala, Chief Executive Officer, provided a brief review of the 2016-2020 Strategic Plan Framework as background, and referenced the existing Mission, Spirit of Care, Core Values, and

Distinguishing Characteristics. In refreshing the organizational Mission and Values, the goal is to create statements that are succinct and memorable.

2. **Public Comment**

There were no public comments.

3. **Presentation of the Vision, Mission and Value Statements**

Ms. Wunsch presented the purpose of Vision, Mission, and Value statements, stating a Vision is a desired future—it's aspirational, while a Mission is a brief statement of the organization's purpose—the reason Santa Clara Family Health Plan exists. The organization's values are its core beliefs and guide how SCFHP operates and serves the community. She noted a Strategic Plan provides direction for annual Plan objective and budget development for the next several years.

Ms. Tomcala presented draft Vision, Mission, and Value statements. Discussion ensued, and Board Members provided feedback and suggested enhancements to the Vision, Mission, Value Statements.

4. **Review of Strategic Planning Themes / Environmental Context**

Raphael Gomez, Pacific Health Consulting Group, provided a summary of key environmental issues for context and consideration in development of the strategic plan, and Board Members added their thoughts. He also reviewed the internal and external stakeholders that provided feedback, and summarized themes. He noted the input received played a significant role in shaping the leadership team's discussion.

5. **Discussion: Board Questions, Reflections and Feedback on Strategic Plan**

Ms. Wunsch thanked everyone for their comments and suggestions on themes, and noted the next focus of the meeting is to hear feedback on the draft Strategic Plan. There are three anchor goals, with strategies and success measures for those goals. The three goals are: Community Health Leadership; Quality, Access & Equity; and Organizational Excellence. Ms, Wunsch indicated the plan will be modified based on the feedback received today, and will be presented for approval at the March 25 Governing Board meeting. It will then be the framework for developing the annual Plan objectives and budget. How to address these issues will be considered again in each subsequent year of deployment.

Extensive discussion ensued on how to improve on the draft Strategic Plan strategies and success measures. Key themes included commitment to equity, listening to members' perspectives, a focus on children, behavioral health needs, quality improvement and reduction of health disparities, visibility and community leadership. It was also noted that the value of brevity should be kept in mind, and organizational bandwidth should be considered.

6. **Next Steps**

Ms.Wunsch noted she would incorporate the feedback, in as few words as possible, and share a red-line version so everyone can see the changes made to the Vision, Mission, Value statements, and the Strategic Plan. The revised drafts will be presented at the March 25, 2021 Governing Board meeting for approval and adoption.

7. **Adjournment**

The meeting was adjourned at 2:04 pm.

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Susan G. Murphy, Secretary

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, January 28, 2020, 11:30 PM – 1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present
Dolores Alvarado, Chair
Bob Brownstein
Dave Cameron
Liz Kniss
Sue Murphy

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Chelsea Byom, Director, Marketing & Communications
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director of Finance Reporting & Budgeting
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present
Mike Daponde, Daponde, Simpson, Rowe PC
Rafael Gomez, Pacific Health Consulting Group
Bobbie Wunsch, Pacific Health Consulting Group

1. **Roll Call**

   Dolores Alvarado, Chair, called the meeting to order at 11:30 am. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Adjourn to Closed Session**

   a. **Pending Litigation**
      The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding Kindred Hospital - San Francisco Bay Area v. Santa Clara Family Health Plan; Superior Court of the State of California for the County of Alameda Case No.: RG20076644

4. **Report from Closed Session**

Ms. Alvarado reported the Executive/Finance Committee met in Closed Session to discuss Item 3.a. Pending Litigation.

5. **Approve Consent Calendar and Changes to the Agenda**

Ms. Alvarado presented the Consent Calendar and indicated all agenda items would be approved in one motion. Sue Murphy, Board Member, requested a correction to the meeting minutes in Item 5.a. Ms. Alvarado removed Item 5.a. from the Consent Calendar.

  a. Approve minutes of the November 19, 2020 **Executive/Finance Committee** Meeting
  b. Approve Claims Policies:
     • CL.07 Emergency Room Services
     • CL.13 Processing of Family Planning Claims
     • CL.22 Processing of Abortion Claims
     • CL.27 Non-Medical Transportation Services

  It was moved, seconded, and Item 5.b. of the Consent Calendar was **unanimously approved.**

  Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

Ms. Murphy requested that her statement in Item 7. Quality Update of the November 19, 2020 meeting minutes be corrected to state "single standard of care" instead of "good basic care."

  It was moved, seconded, and the minutes of the November 19, 2020 Executive/Finance Committee Meeting **were unanimously approved** with the corrected reference to "single standard of care."

  Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

6. **CEO Update**

Christine Tomcala, Chief Executive Officer, presented the SCFHP COVID-19 Summary, noting cumulative members affected as of January 27, 2021.

Ms. Tomcala reported that negotiations with Kaiser Permanente have concluded, with an extension of their lease through December 2023. At that time their subleased space will become available for alternate use.

Ms. Tomcala noted that Valley Health Plan requested an extension of the proposed contract amendment through calendar year 2021. Discussion ensued.

7. **Government Relations Update**

Tyler Haskell, Director of Government Relations, provided an update on the proposed State Budget for the upcoming fiscal year and the related re-launch of CalAIM. Mr. Haskell described the Governor's proposals to spend the State's one-time surplus, and provided some detail on the proposed Medi-Cal budget and CalAIM implementation timeline.

8. **November 2020 Financial Statements**

Neal Jarecki, Chief Financial Officer, presented the November 2020 financial statements, which reflected a current month net surplus of $135 thousand ($286 thousand favorable to budget) and a fiscal year to date net surplus of $5.5 million ($3.9 million favorable to budget). Enrollment increased by 2,821 members from the prior month to 268,881 members (2,534 members below budget). Year-to-date membership growth due to COVID-19 has not been as pronounced initially as budgeted, but will be sustained for a longer period of time than planned. Revenue reflected a favorable current month variance of $2.9 million (2.9%) largely due to (1) increased utilization of supplemental behavioral health and maternity services, coupled with (2) higher CY20 full-dual Medi-Cal CMC & MLTSS capitation rates versus budgeted. Medical expense reflected an unfavorable current month variance of $2.0 million largely due to (1) Medi-Cal capitation expenses in excess of budget related to the retroactive capitation rate updates from DHCS, (2) higher payments for utilization of

supplemental behavioral health and maternity services, and (3) certain fee-for-service expenses in excess of budget, some of which are related to COVID. Administrative expense reflected an unfavorable current month variance of $161 thousand (2.9%) due higher personnel expenses offset by the timing of certain non-personnel expenses. The balance sheet reflected a Current Ratio of 1.27:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of $214 million, of which $168 million is unrestricted, represented approximately two months of the Plan's total expenses. Year-to-date capital investments of $2.9 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

It was moved, seconded, and the November 2020 Financial Statements were **unanimously approved.**

Motion:	Ms. Kniss
Second:	Mr. Cameron
Ayes:	Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

9. Quality Update

Laurie Nakahira, D.O., Chief Medical Officer, reported on the CMC 2019 Population Health Management (PHM) Impact Analysis. Dr. Nakahira noted that at a previous Board meeting, she was asked to review the interventions that were done during this time. The historical data were discussed, and the Case Management strategy for 2020-2021 was reviewed.

Dr. Nakahira also presented the CY 2019 Medi-Cal HEDIS Network Comparison Rates Update. Discussion ensued regarding the Measure Percentiles by Network (admin rates only), which were color coded by percentile performance. Ms. Murphy inquired if there are actionable remediation plans for each network to improve the performance of measures below the 50th percentile within a specified timeframe. If networks are unable to produce such a plan, are we confident in what we will do to help them get there?

Laurie Nakahira noted we monitor those below the 50th percentile, and discussed actions underway to:

1. To work with Kaiser and other delegates for supplemental data on the CDC H9 measure.
2. Train providers on billing/coding as well as chart documentation.
3. Offer practice transformation to assist clinics/providers with increasing efficiency on coding, billing, and supplemental data.
4. Work on gaps in care with incentives (outreach calls and PPP).

Staff will provide updates at a future meeting. Ms. Alvarado requested that the CEO and Quality Update agenda items be at the beginning of future meeting agendas to allow sufficient time for review.

10. Strategic Planning Update

Rafael Gomez and Bobbie Wunsch, Pacific Health Consulting Group, presented draft options for a Vision Statement, Mission Statement, and Organizational Values. Discussion ensued regarding preferences and suggested edits. Due to time constraints, Mr. Gomez offered to edit the options based on the Committee's feedback, and send a survey for additional input.

11. Adjournment

The meeting was adjourned at 1:28 pm.

_____
Susan G. Murphy, Secretary

POLICY

Santa Clara Family
Health Plan™

Policy Title:	**Emergency Room Services**	Policy No.:	CL.07 v5
Replaces Policy Title (if applicable):	Processing of Emergency Room Professional Fees by Delegated Sub-Contractors	**Replaces Policy No. (if applicable):**	CL0090_03
	Reimbursement to Emergency Room Physicians		CL026
	Reimbursement of Emergency Department Claims (Non-Admission)		CL039
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

To accurately process claims regarding emergency room services in accordance with State and Federal regulatory requirements.

To describe the circumstances under which sub-contractors are responsible for professional and technical component services.

II.   Policy

A. Timeframes

1. Contracted Providers

a. Medi-Cal: For Medi-Cal claims regarding emergency room services from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

b. Cal Medi-Connect: For Cal Medi-Connect (CMC) claims regarding emergency room services from contracted providers, SCFHP shall pay all clean cleans within sixty (60) calendar days of the date of receipt.

2. Non-Contracted Providers

a. Medi-Cal: For Medi-Cal claims regarding emergency room services from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

b. Cal Medi-Connect: For Cal Medi-Connect (CMC) claims regarding emergency room services from non-contracted providers, SCFHP shall pay all clean cleans within thirty (30) calendar days of the date of receipt.

3. Sub-contracted Providers
SCFHP to require the delegated sub-contracted providers be responsible for processing in-area emergency room professional services with the exception of claims by Physician Medical Group of San Jose (PMGSJ) for members participating in their network for the Medi-Cal line of business.

B. Availability and Accessibility
SCFHP shall ensure the availability of, and accessibility to, emergency health care services including ambulance services, twenty-four hours-a-day and seven days-a-week.

SCFHP or its delegated groups is financially responsible for emergency services and urgently needed services:
- Regardless of whether services are obtained within or outside the plan's authorized service area and/or network (if applicable);
- Regardless of whether there is prior authorization for the services;
- If the emergency situation is in accordance with a prudent layperson's definition of "emergency medical condition," regardless of the final medical diagnosis.

C. Date of Receipt
The date of receipt shall be the working day when a claim, by physical or electronic means, is first delivered to either the Plan's specified claims payment office, post office box, or designated claims processor, or to the Plan's capitated provider for that claim.

D. Date of Payment
The date of payment shall be the date of the check.

E. Clean Claim
A claim is considered to be a clean claim when a claim is complete and accurate with a claim form that includes all provider and member information, as well as medical records, additional information, or documents needed from the member or provider to enable SCFHP to process the claim.

F. Reimbursement Rates

1. Contracted Providers
   Contracted Providers shall be paid in accordance with their applicable contract.

2. Non-Contracted Providers

   a. Medi-Cal: Non-contracted providers will be paid for covered services at not less than 100% of the Medi-Cal FFS rates.

   b. CMC: Non-contracted providers will be paid for covered services at not less than 100% of the applicable Medicare FFS rates.

III.   Responsibilities

A. The Claims Department is responsible for ensuring applicable rates and interest payments are calculated accurately, applied correctly, and processed timely.

B. In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

C. The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV.   References

Covered Services: Services set forth in Article 4, Chapter 3 (beginning with Section 51301), Sub-division 1, Division 3, Title 22, CCR, which are included as Covered Services under the State Medi-Cal.
Title 22, California Code of Regulations, Section 51301

Title 22, California Code of Regulations, Section 53622
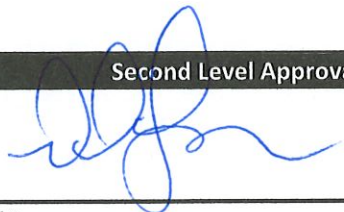Title 28, California Code of Regulations, Section 1300.71
Title 28, California Code of Regulations, Section 1300.67.2© and 1300.67(g)(1)
CA Health and Safety Code section 1371.4(a)(b)
Medicare Managed Care Manual, Chapter 4 section 20.3

V.   Approval/Revision History

Santa Clara Family
Health Plan™

First Level Approval	Second Level Approval
A3	
Arlene Bell	Neal Jarecki
Director, Claims	Chief Financial Officer
12/28/2020	**01/21/21**
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original - 08/26/16	NA	NA	NA
2	Revised - 02/28/18	NA	NA	NA
3	Revised - 2019	NA	NA	NA
4	Revised – 02/19/2020	NA	NA	NA
5	Revised	Executive/Finance	Recommended 01/28/21	NA

POLICY

Policy Title:	Processing of Family Planning Claims	Policy No.:	CL.13 v4
Replaces Policy Title (if applicable):	Processing of Family Planning Claims	Replaces Policy No. (if applicable):	CL005 01
Issuing Department:	Claims	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   **Purpose**

It is the policy of Santa Clara Family Health Plan (SCFHP) that all members have the right to self-refer to a qualified family planning provider for family planning services or STD-related services. SCFHP members may self-refer to in-network or out-of-network qualified family planning providers for family planning services.

Members, when appropriate, are to be provided with sufficient information to allow them to make informed choices regarding the types of family planning services available, to have access to these services in a timely and confidential manner, and if part of a family planning visit, receive diagnosis and initial treatment of Sexually Transmitted Diseases (STDs) and/or HIV counseling and testing.

II.   **Policy**

A. Timeframes

1. Contracted Providers

a. Medi-Cal: For Medi-Cal claims regarding family planning from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

b. Cal Medi-Connect: For Cal Medi-Connect (CMC) claims regarding family planning from contracted providers, SCFHP shall pay all clean cleans within sixty (60) calendar days of the date of receipt.

2. Non-Contracted Providers

a. Medi-Cal: For Medi-Cal claims regarding family planning from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

b. Cal Medi-Connect: For CMC claims regarding family planning services from non-contracted providers, SCFHP shall pay all clean cleans within thirty (30) calendar days of the date of receipt.

3. Date of Receipt
The date of receipt shall be the working day when a claim, by physical or electronic means, is first delivered to either the Plan's specified claims payment office, post office box, or designated claims processor, or to the Plan's capitated provider for that claim.

4. Date of Payment
The date of payment shall be the date of the check.

5. Clean Claim
A claim is considered to be a clean claim when a claim is complete and accurate with a claim form that includes all provider and member information, as well as medical records, additional information, or documents needed from the member or provider to enable SCFHP to process the claim.

B. Reimbursement Rates

1. Contracted Providers

Contracted Providers shall be paid in accordance with their applicable contract.

2. Non-Contracted Providers

a. Medi-Cal: Non-contracted providers will be paid for covered services at not less than 100% of the Medi-Cal FFS rates.

b. CMC: Non-contracted providers will be paid for covered services at not less than 100% of the applicable Medicare FFS rates.

III. Responsibilities

The Claims Department is responsible for ensuring applicable family planning rates and interest payments are calculated accurately, applied correctly, and processed timely.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV. References
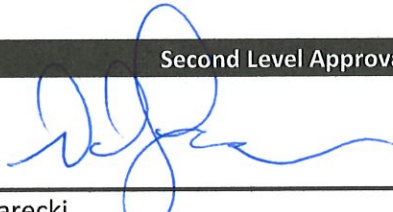Title 28, California Code of Regulations, Section 1300.71

Senate Bill 94 – Family Planning Services

42 CFR Ch. IV (10-1-08 Edition § 441.18

2088.5 Freedom of Choice for Family Planning Services.--Sections 1902(a)(23)(B) and 1905(a)(4)(C) of the Act and 42 CFR 431.51(b)

APL 10-014 Correction to All Plan Letter 10-003 Regarding Augmented Reimbursement for Family Planning Services

V. Approval/Revision History

First Level Approval	Second Level Approval
AB	
Arlene Bell Director, Claims 1/6/2021	Neal Jarecki Chief Financial Officer 01/21/21
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 08/06/16	NA	NA	NA
2	Revised – 02/28/18	NA	NA	NA
3	Revised – 01/06/20	NA	NA	NA
4	Revised	Executive Finance	Recommended 01/28/21	NA

POLICY

Policy Title:	**Processing of Abortion Claims**	Policy No.:	CL.22 v4
Replaces Policy Title (if applicable):	Processing of Abortion Claims	Replaces Policy No. (if applicable):	CL025
Issuing Department:	Claims	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

It is the policy of Santa Clara Family Health Plan (SCFHP) covers abortions as a physician service regardless of the gestational age of the fetus. If SCFHP does not have contracted providers who perform abortions, SCFHP arranges and pays for abortions from a non-contracted provider. SCFHP also holds its sub-contractors accountable for ensuring that Medi-Cal policy on abortion is honored.

SCFHP's members may go to any provider of their choice for abortion services, at any time for any reason, regardless of network affiliation. However, no physician or other health care provider who objects to performing abortion services is required to do so, and no person refusing to perform an abortion is to be subject to retaliation in any form for such a choice.

Policy

A. Timeframes

   1. Contracted Providers

      a. Medi-Cal: For Medi-Cal claims regarding abortion from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

      b. Cal Medi-Connect: For Cal Medi-Connect (CMC) claims regarding abortion from contracted providers, SCFHP shall pay all clean cleans within sixty (60) calendar days of the date of receipt.

   2. Non-Contracted Providers

      a. Medi-Cal: For Medi-Cal claims regarding abortion from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

b. Cal Medi-Connect: For CMC claims regarding abortion services from non-contracted providers, SCFHP shall pay all clean cleans within thirty (30) calendar days of the date of receipt.

B. Date of Receipt

The date of receipt shall be the working day when a claim, by physical or electronic means, is first delivered to either the Plan's specified claims payment office, post office box, or designated claims processor, or to the Plan's capitated provider for that claim.

C. Date of Payment

The date of payment shall be the date of the check.

D. Clean Claim

A claim is considered to be a clean claim when a claim is complete and accurate with a claim form that includes all provider and member information, as well as medical records, additional information, or documents needed from the member or provider to enable SCFHP to process the claim.

E. Reimbursement Rates

1. Contracted Providers

   Contracted Providers shall be paid in accordance with their applicable contract.

2. Non-Contracted Providers

   a. Medi-Cal: Non-Contracted providers are paid for covered services at not less than 100% of the Medi-Cal FFS rates
   b. CMC: Non-contracted providers will be reimbursed at rates in accordance with the applicable Medicare fee schedule.

II. Responsibilities

The Claims Department is responsible for ensuring applicable abortion rates and interest payments are calculated accurately, applied correctly, and processed timely.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

III. References

Title 22, California Code of Regulations, Section 1300.71

Health and Safety [H&S] Code, Section 123420

The Reproductive Privacy Act (H&S Code, Section 123460, et seq.

Title 22, California Code of Regulations, Section 51327

www.Medi-Cal.ca.gov – Abortion Services

Medicare Claims Processing Manual Chapter 3 – Inpatient Hospital Billing, 100.1 - Billing for Abortion Services- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03aug_inpatient_hospital_09-3-3.pdf

IV. Approval/Revision History

First Level Approval	Second Level Approval
AB	
Arlene Bell	Neal Jarecki
Director, Claims	Chief Financial Officer
1/6/2021	01/21/21
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original -08/26/16	NA	NA	NA
2	Revised – 02/28/18	NA	NA	NA
3	Revised - 01-06/20	NA	NA	NA
4	Revised	Executive/Finance	Recommended 01/28/21	NA

Santa Clara Family
Health Plan™

POLICY

Policy Title:	Non-Medical Transportation Services	Policy No.:	CL.27
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Claims	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish the policy for payment of Non-Medical Transportation services in accordance with State and Federal regulatory requirements.

II. Policy

A. Non-Medical Transportation (NMT) is payable at contracted rates or not less than the Medi-Cal FFS rate for non-contracted providers. No authorization is required for this service.
   1. Indian Health Care Providers (IHCP) that provide NMT services follow the same requirements as other contracted or non-contracted providers, as applicable.
      a. An Indian Health Care Provider (IHCP) is a health care program operated by the Indian Health Services (IHS), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1603).
      b. IHCPs are not required to be contracted with MCPs in order to be reimbursed for services provided to American Indians.

III. Responsibilities

A. The Claims department is responsible for timely processing NMT claims, ensuring that all applicable rates and interest payments are calculated accurately and applied correctly.
B. Customer Service will coordinate NMT services.
C. Provider Network Management will coordinate contracting, as applicable, provide education regarding requirements and benefits for NMT providers.
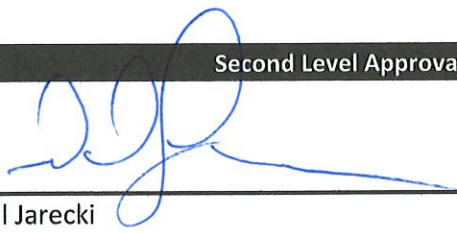
IV. References

APL 17-010
W&I Code, Section 14132(ad)(1); Section 14132(ad)(2)(A)(i)
PPL No. 18-019
PPL No. 20-005
25 U.S. Code § 1603

v

Santa Clara Family Health Plan™

42 CFR 438.14(b)(2)

V.   Approval/Revision History

First Level Approval			Second Level Approval		
AB					
Arlene Bell Director, Claims			Neal Jarecki Chief Financial Officer 01/21/21		
Date 7/22/2020			Date		

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Executive/Finance	Recommended 01/28/21	NA

Unaudited Financial Statements
For The Five Months Ended November 30, 2020

Agenda

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Financial Highlights

	MTD		YTD	
Revenue	$104 M		$515 M	
Medical Expense (MLR)	$98 M	94.2%	$482 M	93.5%
Administrative Expense (% Rev)	$5.7 M	5.5%	$27.6 M	5.4%
Other Income/(Expense)	($219K)		($337K)	
Net Surplus (Net Loss)	**$134.5K**		**$5.5 M**	
Cash and Investments			$328 M	
Receivables			$519 M	
Total Current Assets			$856 M	
Current Liabilities			$676 M	
Current Ratio			1.27	
Tangible Net Equity			$214 M	
% of DMHC Requirement			**622.8%**	

Financial Highlights

Net Surplus (Net Loss)	▶ Month: Surplus of $134.5K is $285.6K or 189.0% favorable to budget of ($151.1K). ▶ YTD: Surplus of $5.5M is $3.9M or 231.3% favorable to budget of $1.7M.
Enrollment	▶ Month: Membership was 268,881 (2,534 or 0.9% lower than budget of 271,415). ▶ YTD: Member Months YTD was 1,314,927 (24,940 or 1.9% lower than budget of 1,339,867).
Revenue	▶ Month: $103.9M ($2.9M or 2.9% favorable to budget of $101.0M). ▶ YTD: $515.2M ($15.4M or 3.1% favorable to budget of $499.8M).
Medical Expenses	▶ Month: $97.9M ($2.0M or 2.1% unfavorable to budget of $95.8M). ▶ YTD: $481.7M ($10.2M or 2.2% unfavorable to budget of $471.6M).
Administrative Expenses	▶ Month: $5.7M ($161K or 2.9% unfavorable to budget of $5.5M). ▶ YTD: $27.6M ($169K or 0.6% favorable to budget of $27.7M).
Tangible Net Equity	▶ TNE was $214.2M (represents approximately two months of total expenses).
Capital Expenditures	▶ YTD Capital Investments of $2.9M vs. $6.9M annual budget, primarily Community Resource Center.

Detail Analyses

Enrollment

- Total enrollment of 268,881 members is 2,534 0.9% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 15,006 members or 5.9%.

- Medi-Cal enrollment has been increasing since January 2020, reflecting newly-eligible and COVID enrollment (beginning in March 2020 annual eligibility redeterminations were suspended).

- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 6.3%, Medi-Cal Dual enrollment has increased 2.0%, and CMC enrollment has grown 7.7% also due largely to the suspension of disenrollments.

	For the Month November 2020				For Five Months Ending November 30, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY20 vs. FY21
Medi-Cal	259,202	262,181	(2,979)	(1.1%)	1,267,955	1,294,407	(26,452)	(2.0%)	2,840,218	(55.4%)
Cal Medi-Connect	9,679	9,234	445	4.8%	46,972	45,460	1,512	3.3%	101,391	(53.7%)
Total	**268,881**	**271,415**	**(2,534)**	**(0.9%)**	**1,314,927**	**1,339,867**	**(24,940)**	**(1.9%)**	**2,941,609**	**(55.3%)**

Santa Clara Family Health Plan Enrollment By Network
November 2020

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	32,659	13%	9,679	100%	42,338	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	130,068	50%	-	0%	130,068	48%
Palo Alto Medical Foundation	6,985	3%	-	0%	6,985	3%
Physicians Medical Group	44,560	17%	-	0%	44,560	17%
Premier Care	15,593	6%	-	0%	15,593	6%
Kaiser	29,337	11%	-	0%	29,337	11%
Total	**259,202**	**100%**	**9,679**	**100%**	**268,881**	**100%**
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	5.8%		7.7%		5.9%	

[1] SCVHHS = Santa Clara Valley Health & Hospital System

[2] FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD NOVEMBER-2020

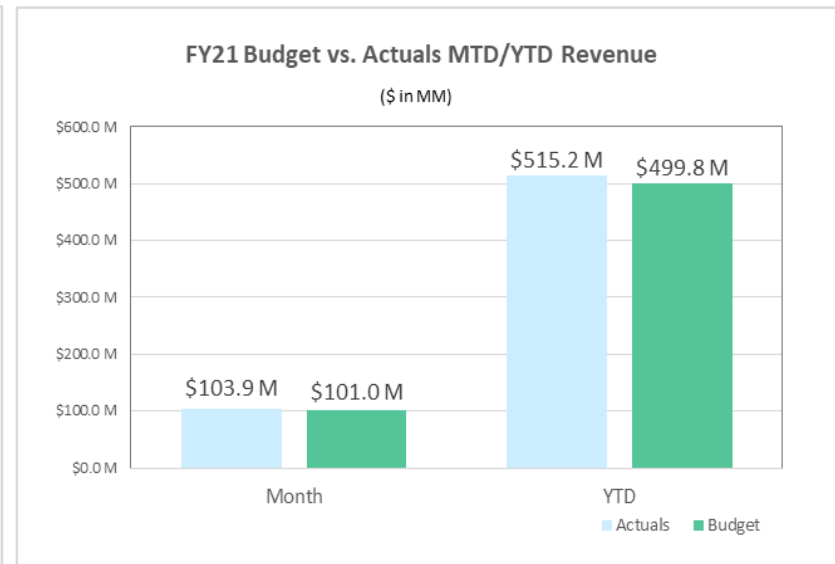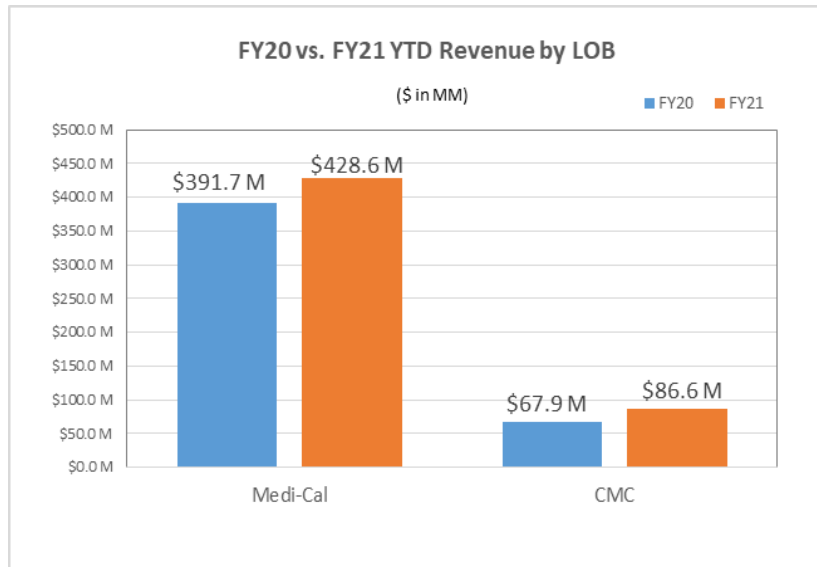|		2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	FYTD var	%
NON DUAL	Adult (over 19)	24,207	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	3,536	13.4%
	Child (under 19)	93,829	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	2,757	2.9%
	Aged - Medi-Cal Only	10,897	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	121	1.1%
	Disabled - Medi-Cal Only	10,865	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	(92)	(0.8%)
	Adult Expansion	69,889	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	7,507	10.1%
	BCCTP	12	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	371	373	379	373	367	380	398	405	402	406	407	409	389	(16)	(4.0%)
	Total Non-Duals	**210,070**	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**13,813**	**6.3%**
DUAL	Adult (21 Over)	350	341	330	328	320	311	320	321	327	320	337	354	353	32	10.0%
	SPD (21 Over)	23,577	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	252	1.1%
	Adult Expansion	82	177	139	130	136	134	190	241	261	289	358	410	498	257	106.6%
	Long Term Care	1,271	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	(40)	(3.2%)
	Total Duals	**25,280**	**25,324**	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**501**	**2.0%**
	Total Medi-Cal	**235,350**	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**14,314**	**5.8%**
	Healthy Kids	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**
CMC	CMC Non-Long Term Care	8,069	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	695	7.9%
	CMC - Long Term Care	220	222	224	225	213	214	212	212	215	211	216	210	209	(3)	(1.4%)
	Total CMC	**8,289**	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**692**	**7.7%**
	Total Enrollment	**243,641**	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**15,006**	**5.9%**

Enrollment Trend
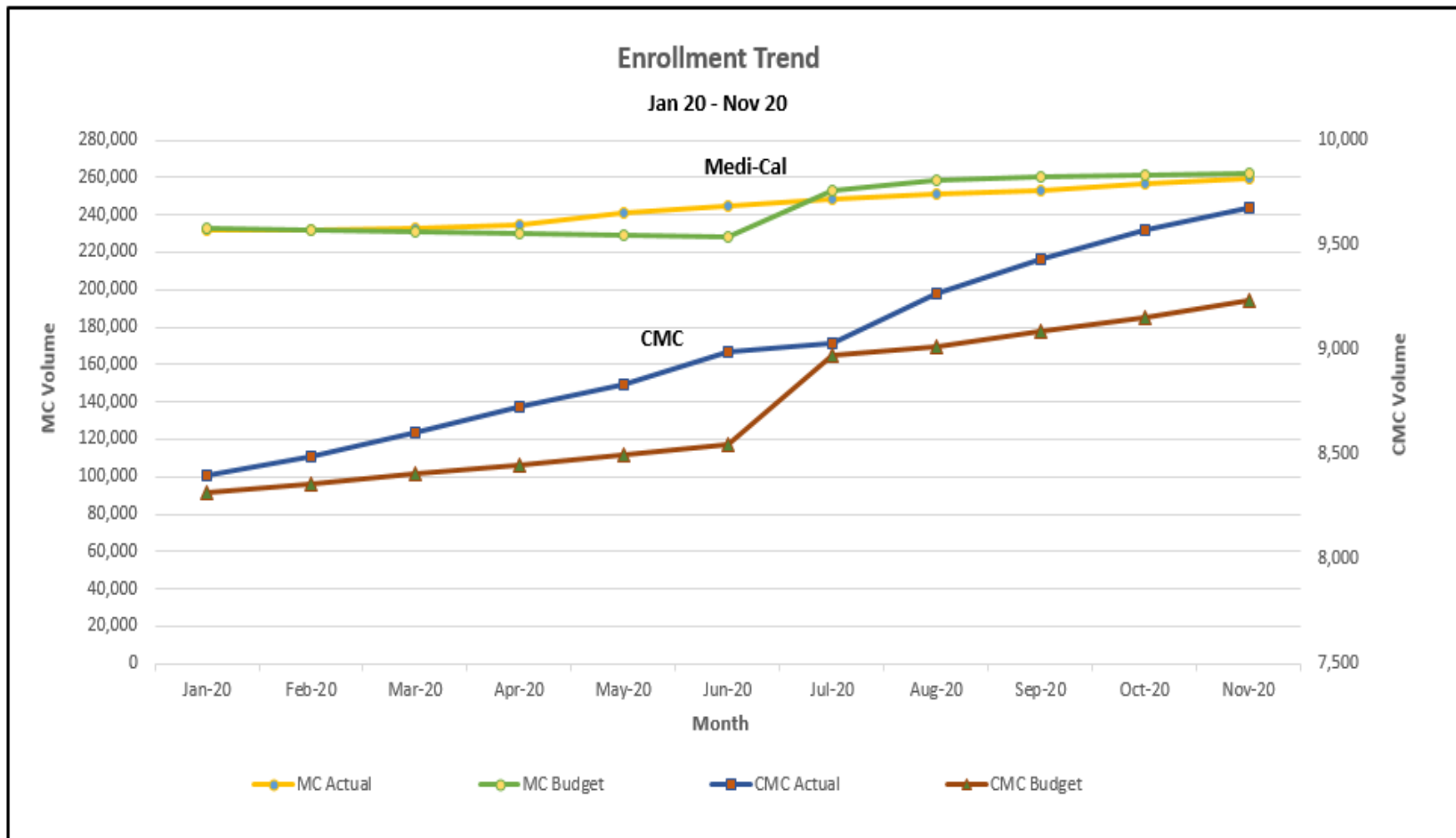
- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.

- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of $103.9M is $2.9M or 2.9% favorable to budget of $101.0M. The current month variance was primarily due to the following:

- Supplemental Kick revenue is $985K favorable to budget due primarily to increased utilization of BHT & Maternity.

- Medi-Cal Dual revenue is $843K favorable to budget due to a higher CY20 Medi-Cal MLTSS rate and higher enrollment than budgeted.

- MC Non-Dual revenue is $817K favorable to budget due to a higher SPD rate than expected and favorable LTC, Adult and Adult Expansion enrollment.

- CMC revenue is $304K favorable to budget due to a higher CY20 CMC Medi-Cal rate and favorable enrollment versus budget.

FY20 vs. FY21 YTD Revenue by LOB ($ in MM) — Medi-Cal: FY20 $391.7 M, FY21 $428.6 M; CMC: FY20 $67.9 M, FY21 $86.6 M

FY21 Budget vs. Actuals MTD/YTD Revenue ($ in MM) — Month: Actuals $103.9 M, Budget $101.0 M; YTD: Actuals $515.2 M, Budget $499.8 M

Medical Expense

Current month medical expense of $97.9M is $2.0M or 2.1% unfavorable to budget of $95.8M. The current month variance was due largely to:

- Capitation expense is an $618K unfavorable variance due to capitation rates paid (offsetting favorable revenue variance).

- Fee-For-Service expense is a $1.2M favorable variance due to lower utilization in Inpatient and Outpatient services, netted with a mandated LTC rate increase for COVID.

- Supplemental Kick payments are $1.2M unfavorable to budget due to increase BHT and Health Homes utilization (offsetting favorable revenue variance).

- Pharmacy expense is $1.4M unfavorable to budget due to higher average per script cost ($1.1M) and lower manufacturer rebates ($300K). Cost increase reflects increase in 90-day supply utilization (25%), higher utilization (17%), and drug mix.

FY21 Budget vs. Actuals YTD Med. Exp. By LOB ($ in MM)

FY21 Budget vs. Actuals MTD/YTD Med. Exp. ($ in MM)
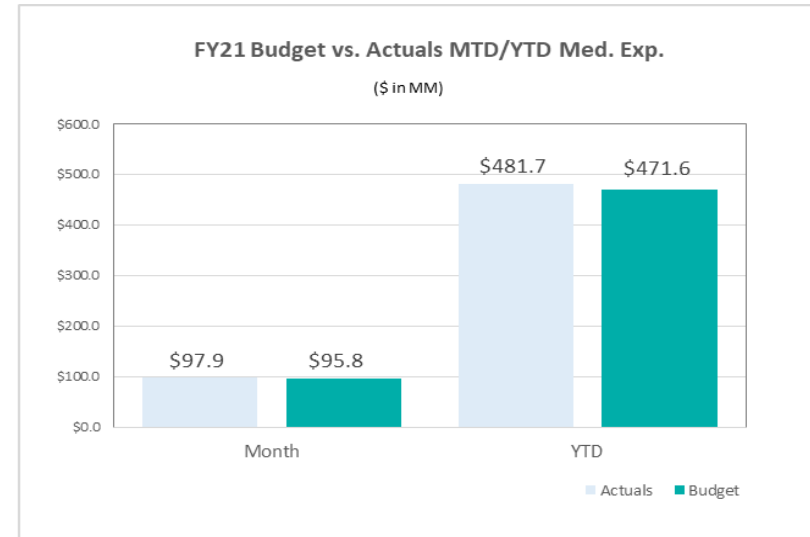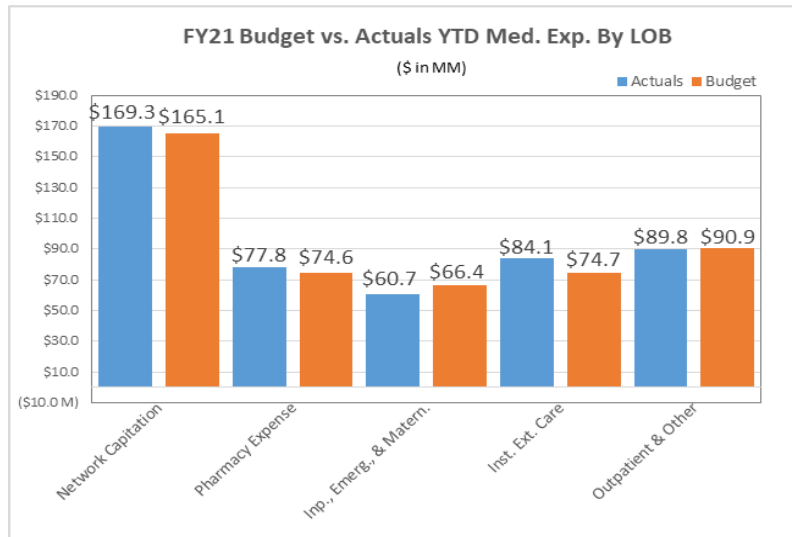
Administrative Expense

Current month admin expense of $5.7M is $161K or 2.9% unfavorable to budget of $5.5M. The current month variances were primarily due to the following:

- Personnel expenses were $234K or 7.0% unfavorable to budget due to lower headcount than expected offset with lower utilization of PTO and increased CalPERS Retirement expense versus budget.

- Non-Personnel expenses were $73K or 3.4% favorable to budget due to timing of budget spending in printing & advertising, software license & support, and savings on training / conference related expenses.

FY19 vs. FY20 YTD Admin. Exp. ($ in MM) — FY20, FY21: Personnel FY20 $14.9, FY21 $17.5; Non-Personnel FY20 $9.3, FY21 $10.0

FY20 Budget vs. Actuals MTD/YTD Admin. Exp. ($ in MM) — Actuals, Budget: Month Personnel Actuals $3.6, Budget $3.4; Month Non-Personnel Actuals $2.1, Budget $2.2; YTD Personnel Actuals $17.5, Budget $17.0; YTD Non-Personnel Actuals $10.0, Budget $10.8
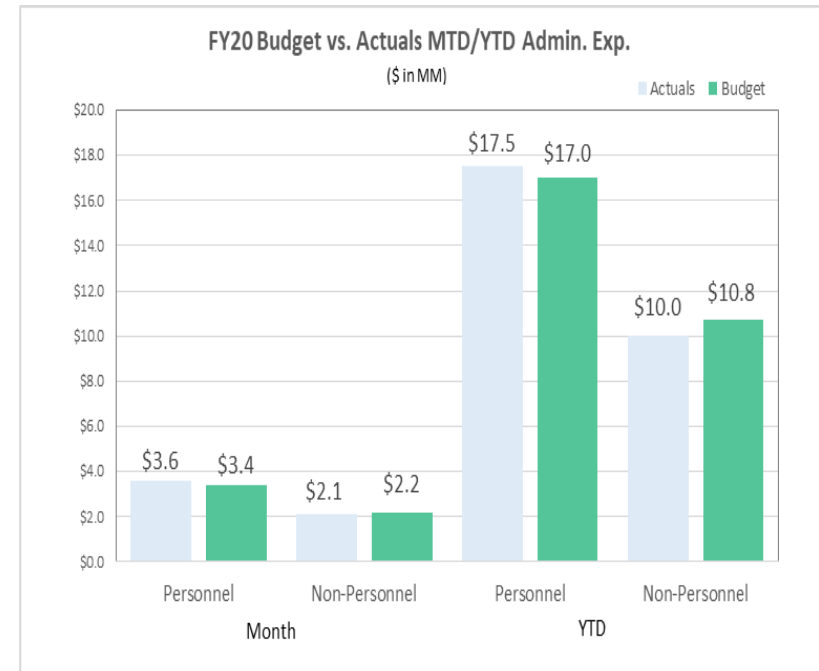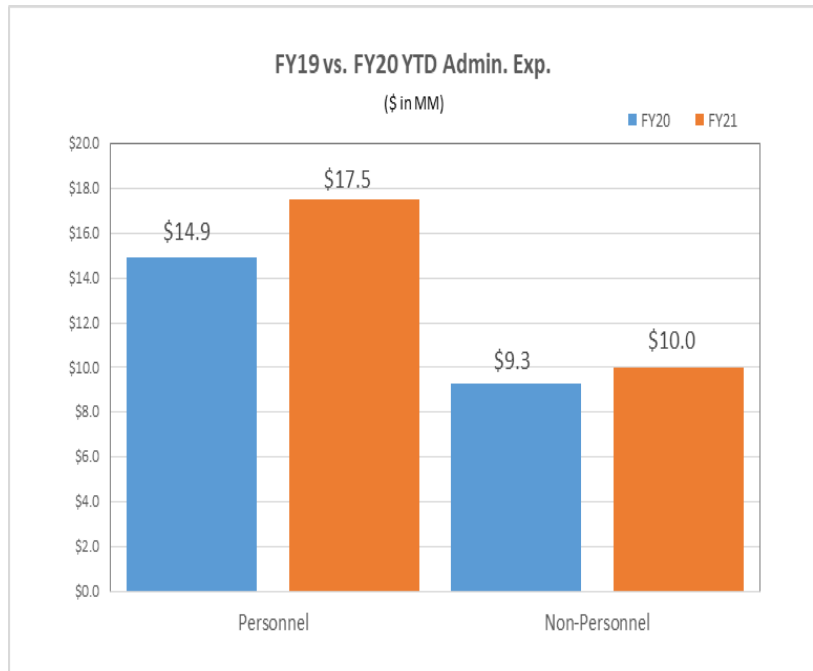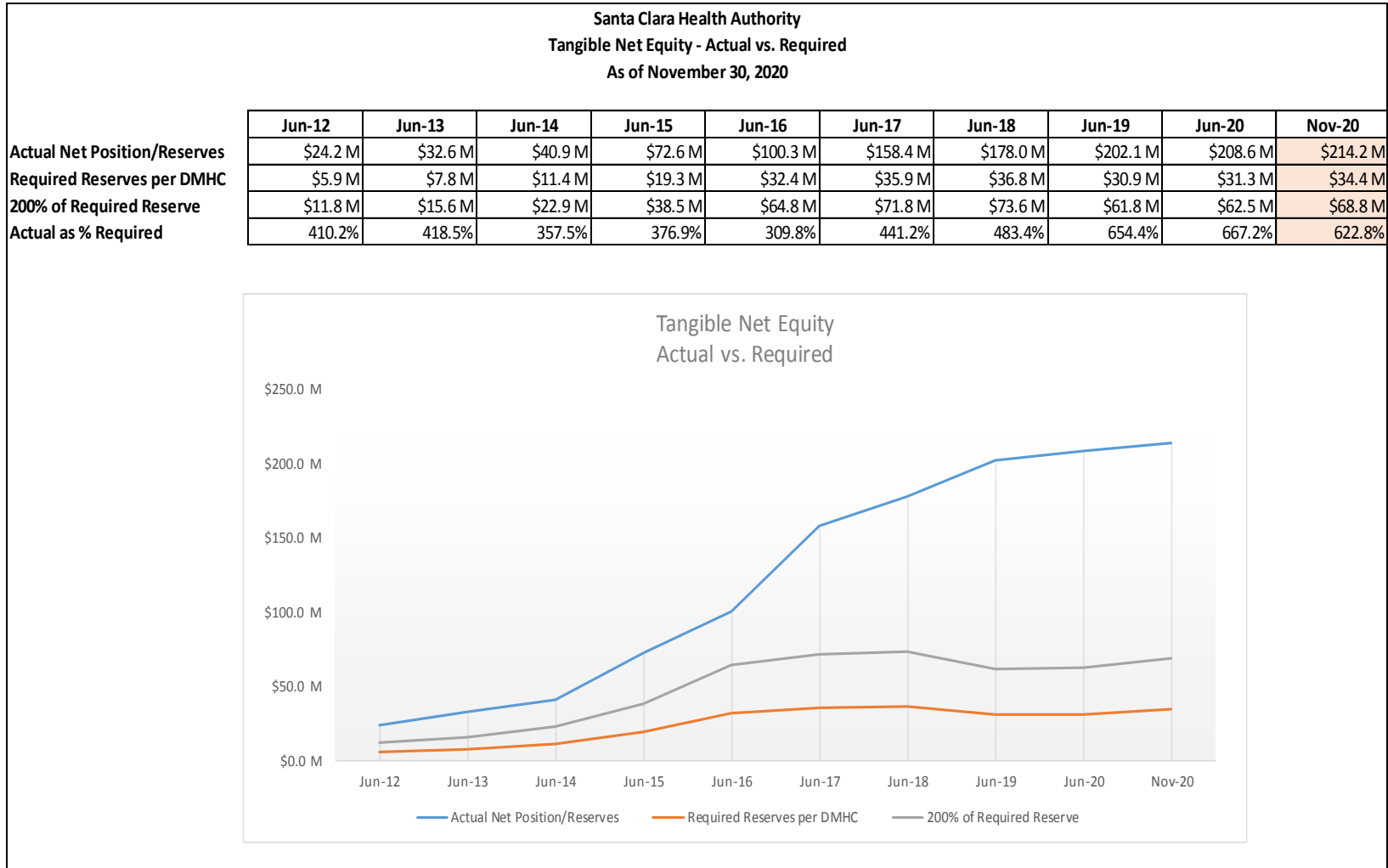
Balance Sheet

- Current assets totaled $856.4M compared to current liabilities of $675.7M, yielding a current ratio (Current Assets/Current Liabilities) of 1.27:1 vs. the DMHC minimum requirement of 1.0:1.

- Cash balance decreased by $6.0M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.

- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$156,463,444	1.29%	$100,000	$500,000
Wells Fargo Investments	$140,493,643	0.15%	$20,319	$171,240
	$296,957,087		$120,319	$671,240
Cash & Equivalents				
Bank of the West Money Market	$145,590	0.13%	$365	$8,483
Wells Fargo Bank Accounts	$30,565,726	0.01%	$317	$3,334
	$30,711,316		$682	$11,817
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$107
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$327,974,253**		**$121,107**	**$683,165**

- County of Santa Clara Comingled Pool funds have longer-term investments currently with a higher yield than WFB investments.

- Overall cash and investment yield is lower than budget (0.68% actual vs. 1.4% budgeted).

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Tangible Net Equity

- TNE was $214.2M - representing approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of November 30, 2020

	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Nov-20
Actual Net Position/Reserves	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$214.2 M
Required Reserves per DMHC	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$34.4 M
200% of Required Reserve	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$68.8 M
Actual as % Required	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	622.8%

Tangible Net Equity
Actual vs. Required

Reserves Analysis

SCFHP RESERVES ANALYSIS NOVEMBER 2020

Financial Reserve Target #1: Tangible Net Equity

	Approved	Expended	Balance
Unrestricted Net Assets			**$168,387,352 ***
Board Designated Funds (Note 1):			
Special Project Funding for CBOs	$4,000,000	$560,727	$3,439,274
Innovation & COVID-19 Fund	$16,000,000	$2,169,999	$13,830,001
Subtotal	$20,000,000	$2,730,726	$17,269,275
Net Book Value of Fixed Assets			$28,198,178
Restricted Under Knox-Keene Agreement			$305,350
Total Tangible Net Equity (TNE)			$214,160,155
Current Required TNE			$34,385,330
TNE %			622.8%
SCFHP Target TNE Range:			
350% of Required TNE (Low)			$120,348,654
500% of Required TNE (High)			$171,926,649
Total TNE Above/(Below) SCFHP Low Target			**$93,811,500**
Total TNE Above/(Below) High Target			**$42,233,506**

Financial Reserve Target #2: Liquidity

	Balance
Cash & Investments	$327,974,253
Less Pass-Through Liabilities:	
Hospital Directed Payments	(738,407)
MCO Tax Payable to State of CA	(18,230,783)
Whole Person Care / Prop 56	(45,872,521)
Other Pass-Through Liabilities (Note 2)	(47,016,394)
Total Pass-Through Liabilities	**(111,858,104)**
Net Cash Available to SCFHP	216,116,148
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(152,072,570)
60 Days of Total Operating Expense	(202,763,427)
Liquidity Above/(Below) SCFHP Low Target	64,043,578
Liquidity Above/(Below) High Target	$13,352,721

- **Unrestricted Net Assets represents less than two months of total expenses.**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of $2.2M. In December 2019, the Governing Board also approved additional $1.8M for Special Project fund ($4M total) and $16M for Innovation Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range, and DHCS overpayment payables.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

- Majority of the capital variances are Community Resource Center, hardware, software, and building improvements due to timing of certain projects.

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$2,320,690	$3,507,100
Hardware	$172,560	$1,282,500
Software	$31,703	$1,194,374
Building Improvements	$418,777	$866,500
Furniture & Equipment	$0	$28,000
TOTAL	**$2,943,730**	**$6,878,474**

Financial Statements

Income Statement

Santa Clara County Health Authority
INCOME STATEMENT
For Five Months Ending November 30, 2020

	Nov-2020 Actuals	% of Rev	Nov-2020 Budget	% of Rev	Current Month Variance $	%	YTD Nov-2020 Actuals	% of Rev	YTD Nov-2020 Budget	% of Rev	YTD Variance $	%
REVENUES												
MEDI-CAL	$ 87,410,202	84.1%	$ 84,765,471	83.9%	$ 2,644,731	3.1%	$ 428,616,468	83.2%	$ 419,915,435	84.0%	$ 8,701,033	2.1%
CMC MEDI-CAL	3,455,159	3.3%	2,980,720	3.0%	474,439	15.9%	18,643,335	3.6%	14,674,757	2.9%	3,968,578	27.0%
CMC MEDICARE	13,065,774	12.6%	13,235,739	13.1%	(169,964)	-1.3%	67,917,390	13.2%	65,161,000	13.0%	2,756,390	4.2%
TOTAL CMC	16,520,933	15.9%	16,216,459	16.1%	304,474	1.9%	86,560,725	16.8%	79,835,758	16.0%	6,724,968	8.4%
TOTAL REVENUE	$ 103,931,135	100.0%	$ 100,981,930	100.0%	$ 2,949,206	2.9%	$ 515,177,193	100.0%	$ 499,751,193	100.0%	$ 15,426,001	3.1%
MEDICAL EXPENSES												
MEDI-CAL	$ 81,322,086	78.2%	$ 80,463,721	79.7%	$ (858,365)	-1.1%	$ 405,391,589	78.7%	$ 395,854,932	79.2%	$ (9,536,657)	-2.4%
CMC MEDI-CAL	2,968,131	2.9%	3,052,780	3.0%	84,650	2.8%	14,791,271	2.9%	15,034,196	3.0%	242,925	1.6%
CMC MEDICARE	13,593,109	13.1%	12,332,289	12.2%	(1,260,820)	-10.2%	61,558,043	11.9%	60,695,126	12.1%	(862,917)	-1.4%
TOTAL CMC	16,561,239	15.9%	15,385,069	15.2%	(1,176,170)	-7.6%	76,349,314	14.8%	75,729,322	15.2%	(619,992)	-0.8%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
TOTAL MEDICAL EXPENSES	$ 97,883,326	94.2%	$ 95,848,790	94.9%	$ (2,034,536)	-2.1%	$ 481,748,207	93.5%	$ 471,584,254	94.4%	$ (10,163,952)	-2.2%
MEDICAL OPERATING MARGIN	$ 6,047,810	5.8%	$ 5,133,140	5.1%	$ 914,670	17.8%	$ 33,428,987	6.5%	$ 28,166,938	5.6%	$ 5,262,048	18.7%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,604,158	3.5%	$ 3,369,654	3.3%	$ (234,504)	-7.0%	$ 17,547,263	3.4%	$ 16,991,264	3.4%	$ (555,999)	-3.3%
RENTS AND UTILITIES	12,856	0.0%	43,275	0.0%	30,418	70.3%	156,281	0.0%	163,460	0.0%	7,179	4.4%
PRINTING AND ADVERTISING	28,718	0.0%	75,429	0.1%	46,712	61.9%	118,721	0.0%	360,371	0.1%	241,650	67.1%
INFORMATION SYSTEMS	255,555	0.2%	333,322	0.3%	77,767	23.3%	1,325,866	0.3%	1,670,611	0.3%	344,745	20.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,091,602	1.1%	951,155	0.9%	(140,446)	-14.8%	4,821,389	0.9%	4,834,317	1.0%	12,928	0.3%
DEPRECIATION/INSURANCE/EQUIPMENT	370,221	0.4%	361,549	0.4%	(8,673)	-2.4%	1,648,008	0.3%	1,727,689	0.3%	79,680	4.6%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	32,723	0.0%	59,074	0.1%	26,352	44.6%	312,114	0.1%	285,099	0.1%	(27,016)	-9.5%
MEETINGS/TRAVEL/DUES	65,698	0.1%	110,048	0.1%	44,350	40.3%	385,500	0.1%	556,817	0.1%	171,317	30.8%
OTHER	232,741	0.2%	229,417	0.2%	(3,324)	-1.4%	1,257,501	0.2%	1,151,685	0.2%	(105,816)	-9.2%
TOTAL ADMINISTRATIVE EXPENSES	$ 5,694,271	5.5%	$ 5,532,924	5.5%	$ (161,347)	-2.9%	$ 27,572,643	5.4%	$ 27,741,311	5.6%	$ 168,668	0.6%
OPERATING SURPLUS (LOSS)	$ 353,539	0.3%	$ (399,784)	-0.4%	$ 753,323	-188.4%	$ 5,856,344	1.1%	$ 425,627	0.1%	$ 5,430,716	1275.9%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	$ 84,067	0.1%	$ 60,000	0.1%	$ (24,067)	-40.1%	$ 420,336	0.1%	$ 300,000	0.1%	$ (120,336)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	284,152	0.3%	75,000	0.1%	(209,152)	-278.9%	1,420,760	0.3%	375,000	0.1%	(1,045,760)	-278.9%
NON-OPERATING EXPENSES	$ 368,219	0.4%	$ 135,000	0.1%	$ (233,219)	-172.8%	$ 1,841,096	0.4%	$ 675,000	0.1%	$ (1,166,096)	-172.8%
INTEREST & INVESTMENT INCOME	$ 121,001	0.1%	$ 350,000	0.3%	$ (228,999)	-65.4%	$ 683,058	0.1%	$ 1,750,000	0.4%	$ (1,066,942)	-61.0%
OTHER INCOME	28,134	0.0%	33,668	0.0%	(5,535)	-16.4%	821,063	0.2%	165,250	0.0%	655,812	396.9%
NON-OPERATING INCOME	$ 149,134	0.1%	$ 383,668	0.4%	$ (234,534)	-61.1%	$ 1,504,120	0.3%	$ 1,915,250	0.4%	$ (411,130)	-21.5%
NET NON-OPERATING ACTIVITIES	$ (219,085)	-0.2%	$ 248,668	0.2%	$ (467,754)	-188.1%	$ (336,976)	-0.1%	$ 1,240,250	0.2%	$ (1,577,226)	-127.2%
NET SURPLUS (LOSS)	$ 134,454	0.1%	$ (151,115)	-0.1%	$ 285,569	-189.0%	$ 5,519,368	1.1%	$ 1,665,877	0.3%	$ 3,853,490	231.3%

Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
As of November 30, 2020

	Nov-2020	Oct-2020	Sep-2020	Nov-2019
Assets				
Current Assets				
Cash and Investments	327,974,253	352,583,853	624,723,291	323,681,801
Receivables	519,117,475	523,710,482	520,171,179	545,738,541
Prepaid Expenses and Other Current Assets	9,277,640	9,350,628	10,630,246	11,776,164
Total Current Assets	**856,369,368**	**885,644,963**	**1,155,524,716**	**881,196,507**
Long Term Assets				
Property and Equipment	50,329,615	50,220,519	49,650,861	45,935,579
Accumulated Depreciation	(22,131,437)	(21,806,251)	(21,539,191)	(18,867,161)
Total Long Term Assets	28,198,178	28,414,268	28,111,670	27,068,418
Total Assets	**884,567,546**	**914,059,230**	**1,183,636,385**	**908,264,924**
Deferred Outflow of Resources	**8,402,260**	**8,402,260**	**8,402,260**	**9,237,609**
Total Assets & Deferred Outflows	**892,969,806**	**922,461,490**	**1,192,038,645**	**917,502,533**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,674,019	7,120,503	8,837,491	8,257,553
Deferred Rent	48,071	47,900	47,728	0
Employee Benefits	2,793,372	2,585,153	2,430,308	1,983,388
Retirement Obligation per GASB 75	2,534,233	2,450,166	2,366,099	4,242,184
Deferred Revenue - Medicare	0	20,476,272	0	10,204,914
Whole Person Care / Prop 56	45,872,521	42,736,765	39,655,575	27,601,237
Payable to Hospitals (SB90)	534,979	531,963	529,171	0
Payable to Hospitals (SB208)	203,428	206,574	274,742,278	0
Pass-Throughs Payable	26,787	26,787	26,877	6,533,345
Due to Santa Clara County Valley Health Plan and Kaiser	19,192,019	18,589,122	18,334,201	35,291,694
MCO Tax Payable - State Board of Equalization	18,230,783	36,461,565	51,653,884	51,762,850
Due to DHCS	46,989,606	47,266,463	49,264,236	31,562,982
Liability for In Home Support Services (IHSS)	419,268,582	419,268,582	419,268,582	416,092,527
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	103,064,639	99,575,513	100,043,325	106,775,698
Total Current Liabilities	**675,727,065**	**705,637,355**	**975,493,781**	**708,602,395**
Non-Current Liabilities				
Net Pension Liability GASB 68	1,420,760	1,136,607.68	852,456	358,966
Total Non-Current Liabilities	**1,420,760**	**1,136,607.68**	**852,456**	**358,966**
Total Liabilities	**677,147,825**	**706,773,962**	**976,346,237**	**708,961,361**
Deferred Inflow of Resources	**1,661,827**	**1,661,827**	**1,661,827**	**2,994,548**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,439,274	3,439,274	3,459,274	2,040,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,880,001	0
Invested in Capital Assets (NBV)	28,198,178	28,414,268	28,111,670	27,068,418
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	162,867,984	162,651,895	162,884,493	172,551,985
Current YTD Income (Loss)	5,519,368	5,384,914	5,389,795	3,580,872
Total Net Assets / Reserves	**214,160,155**	**214,025,701**	**214,030,582**	**205,546,625**
Total Liabilities, Deferred Inflows and Net Assets	**892,969,806**	**922,461,490**	**1,192,038,645**	**917,502,533**

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Cash Flow Statement

	Nov-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	90,016,503	767,226,888
Medical Expenses Paid	(93,791,303)	(481,541,774)
Adminstrative Expenses Paid	(20,874,839)	(290,230,721)
Net Cash from Operating Activities	**(24,649,638)**	**(4,545,608)**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(109,096)	(2,943,730)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	149,134	1,504,120
Net Increase/(Decrease) in Cash & Cash Equivalents	**(24,609,600)**	**(5,985,217)**
Cash & Investments (Beginning)	352,583,853	333,959,470
Cash & Investments (Ending)	**327,974,253**	**327,974,253**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	(14,680)	4,015,247
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	325,186	1,394,639
Changes in Operating Assets/Liabilities		
Premiums Receivable	4,593,006	291,889,241
Prepaids & Other Assets	72,988	586,059
Accounts Payable & Accrued Liabilities	(15,494,674)	(264,218,439)
State Payable	(18,507,639)	(39,839,546)
IGT, HQAF & Other Provider Payables	602,898	(15,753,056)
Net Pension Liability	284,152	1,420,760
Medical Cost Reserves & PDR	3,489,125	15,959,488
Total Adjustments	**(24,634,958)**	**(8,560,855)**
Net Cash from Operating Activities	**(24,649,638)**	**(4,545,608)**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

<div style="text-align:center">

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Five Months Ending November 30, 2020

</div>

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$428,616,468	$18,643,335	$67,917,390	$86,560,725	**$515,177,193**
MEDICAL EXPENSE	$405,391,589	$14,791,271	$61,558,043	$76,349,314	**$481,748,207**
(MLR)	94.6%	79.3%	90.6%	88.2%	93.5%
GROSS MARGIN	$23,224,879	$3,852,064	$6,359,347	$10,211,411	**$33,428,987**
ADMINISTRATIVE EXPENSE	$22,939,853	$997,804	$3,634,986	$4,632,790	**$27,572,643**
(% of Revenue Allocation)					
OPERATING INCOME/(LOSS)	$285,027	$2,854,260	$2,724,361	$5,578,621	**$5,856,344**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	($280,357)	($12,195)	($44,425)	($56,619)	**($336,976)**
(% of Revenue Allocation)					
NET INCOME/(LOSS)	$4,670	$2,842,065	$2,679,936	$5,522,001	**$5,519,368**
PMPM (ALLOCATED BASIS)					
REVENUE	$338.04	$396.90	$1,445.91	$1,842.82	**$391.79**
MEDICAL EXPENSES	$319.72	$314.90	$1,310.53	$1,625.42	**$366.37**
GROSS MARGIN	$18.32	$82.01	$135.39	$217.39	**$25.42**
ADMINISTRATIVE EXPENSES	$18.09	$21.24	$77.39	$98.63	**$20.97**
OPERATING INCOME/(LOSS)	$0.22	$60.77	$58.00	$118.76	**$4.45**
OTHER INCOME/(EXPENSE)	($0.22)	($0.26)	($0.95)	($1.21)	**($0.26)**
NET INCOME/(LOSS)	$0.00	$60.51	$57.05	$117.56	**$4.20**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,267,955	46,972	46,972	46,972	1,314,927
REVENUE BY LOB	83.2%	3.6%	13.2%	16.8%	100.0%

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER-2020

		2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	FYTD var	%
NON DUAL	Adult (over 19)	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	4,028	15.3%
	Child (under 19)	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	2,839	3.0%
	Aged - Medi-Cal Only	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	178	1.6%
	Disabled - Medi-Cal Only	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	(73)	(0.7%)
	Adult Expansion	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	8,697	11.7%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	373	379	373	367	380	398	405	402	406	407	409	389	393	(12)	(3.0%)
	Total Non-Duals	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**15,657**	**7.1%**
DUAL	Adult (21 Over)	341	330	328	320	311	320	321	327	320	337	354	353	353	32	10.0%
	SPD (21 Over)	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	480	2.0%
	Adult Expansion	177	139	130	136	134	190	241	261	289	358	410	498	537	296	122.8%
	Long Term Care	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	(66)	(5.3%)
	Total Duals	**25,324**	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**742**	**2.9%**
	Total Medi-Cal	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**16,399**	**6.7%**
	Healthy Kids	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**
CMC	CMC Non-Long Term Care	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	838	9.5%
	CMC - Long Term Care	222	224	225	213	214	212	212	215	211	216	210	209	207	(5)	(2.4%)
	Total CMC	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**833**	**9.3%**
	Total Enrollment	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**17,232**	**6.8%**

CY 2019 Medi-Cal HEDIS Network Comparison Rates - Update
January 2021

Aggregated Quality Factor Score (AQFS) Calculation

- Plans are assigned a score from 1-10 for each measure based on which percentile they fall into for each measure

- Total Points Earned is the sum of all points earned for all eligible measures

- Total Possible Points is the sum of all possible points for all eligible measures

- AQFS = Total Points Earned/Total Possible Points

Example:

Group Name	Measure A Points	Measure B Points	Measure C Points	Total Points Earned	Total Points Possible	AQFS
Group A	5	7	10	5 + 7 + 10 = 23	10 + 10 + 10 = 30	23/30 = 76.67%
Group B	3	10	4	3 + 10 + 4 = 17	10 + 10 + 10 = 30	17/30 = 56.67%

DHCS AQFS Calculation - Scoring

NCQA Percentile Performance	Assigned Score
Below 10%	1
10%<= and <17.5%	2
17.5% <=and <25%	3
25%<= and <37.5%	4
37.5%<= and <50%	5
50%<= and <62.5%	6
62.5%<= and <75%	7
75% <=and <82.5%	8
82.5%<= and <90%	9
90% and above	10

https://www.dhcs.ca.gov/services/Documents/MMCD/Jan09-2020-Glossary.pdf

Aggregated Quality Factor Score (AQFS) by Network CY 2019 (based on Admin Rates* only)

Santa Clara Family Health Plan™

AQFS Scores by Network (Based on Admin Rates Only)
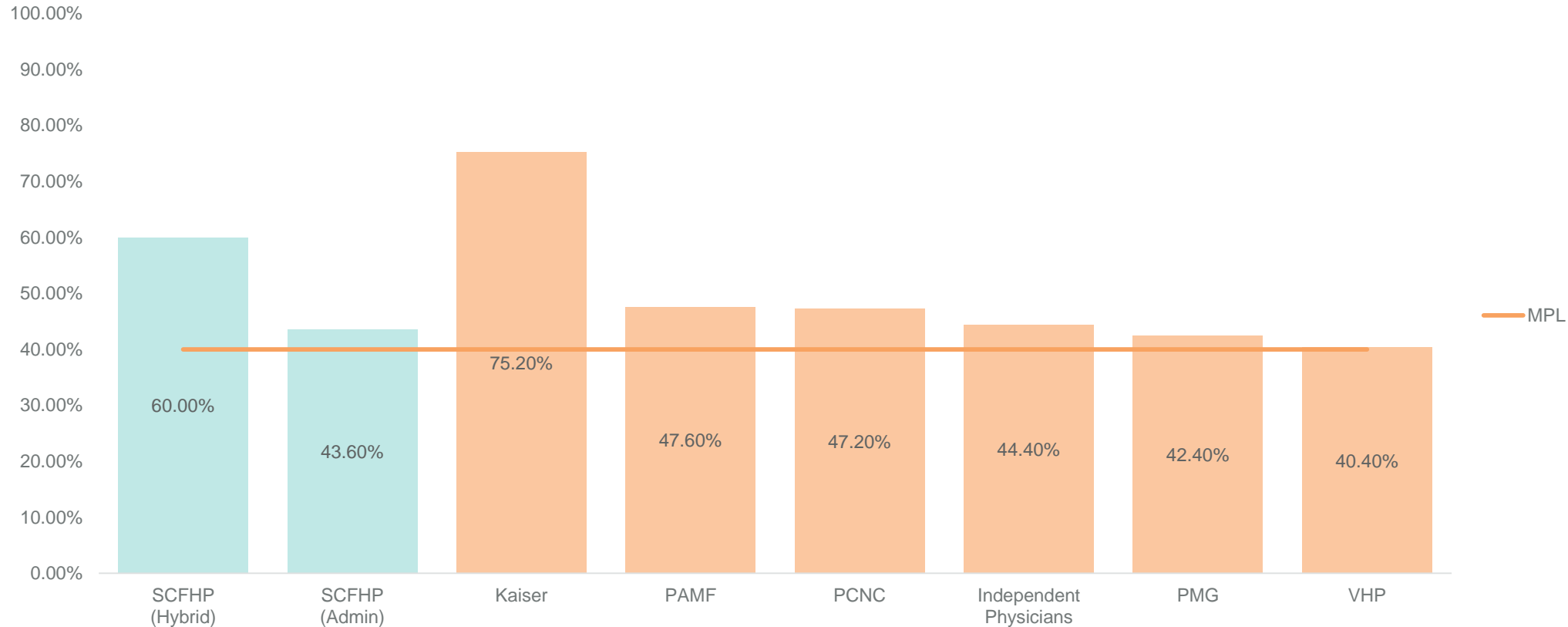
*Admin Rates include supplemental data received from delegates/providers. Hybrid data is not used due to unequal distribution between groups
^SCFHP rate is the estimated AQFS including hybrid rates

Measure Percentiles by Network (Admin rates only)

Santa Clara Family Health Plan

MCP Name	30 - Kaiser	40 - PAMF	60 - PCNC	10 - Independent Physicians	50 - PMG	20 - VHP
Adult BMI Assessment (ABA)[1]	94.82%	7.44%	46.72%	86.36%	32.69%	51.81%
Follow-Up Care for Children Prescribed ADHD Medication (ADD–Init)	50.91%*	28.57%*	25.00%*	47.83%*	27.69%*	35.86%*
Follow-Up Care for Children Prescribed ADHD Medication (ADD–C&M)	52.00%	0.00%*	0.00%*	71.43%*	0.00%	41.67%
Antidepressant Medication Management (AMM–Acute)	75.18%	66.07%	62.50%	63.44%	61.15%	58.86%
Antidepressant Medication Management (AMM–Cont)	57.91%	53.37%	53.13%	48.90%	46.50%	46.05%
Asthma Medication Ratio (AMR)	88.46%	52.70%	53.63%	59.35%	63.97%	56.82%
Adolescent Well Care (AWC)[2]	55.53%	49.55%	59.01%	46.12%	54.09%	47.96%
Breast Cancer Screening (BCS)	84.64%	70.63%	68.79%	54.06%	69.22%	64.05%
Children's Access to Primary Care (CAP–1224)	97.74%	98.36%	95.42%	90.63%	92.38%	95.16%
Children's Access to Primary Care (CAP–256)	91.35%	94.29%	92.87%	89.05%	89.98%	89.09%
Children's Access to Primary Care (CAP–711)	90.09%	91.10%	92.34%	88.41%	90.34%	89.34%
Children's Access to Primary Care (CAP–1219)	91.11%	90.82%	89.21%	90.32%	89.31%	88.94%
Controlling Blood Pressure (CBP)	82.48%	0.00%	1.99%	0.00%	15.71%	1.03%
Cervical Cancer Screening (CCS)	71.51%	60.06%	68.15%	59.77%	62.54%	49.68%
Comprehensive Diabetes Care (CDC–H9)[3]	99.72%	97.55%	41.59%	66.50%	36.59%	33.92%
Comprehensive Diabetes Care (CDC–HT)	95.37%	90.80%	87.90%	87.82%	86.92%	86.68%
Chlamydia Screening in Women (CHL)	72.84%	42.50%	60.55%	53.68%	55.75%	59.28%
Childhood Immunization Status (CIS–10)	51.61%	30.68%	13.24%	28.46%	30.46%	17.77%
Immunizations for Adolescents (IMA–2)	64.25%	43.90%	41.39%	44.22%	42.55%	43.85%
Plan All-Cause Readmissions (PCR–OR)	10.00%	7.32%	4.02%	5.13%	7.58%	8.77%
Postpartum Care (PPC–Post)	78.46%	81.25%	84.21%	69.77%	66.93%	74.84%
Prenatal Care (PPC–Pre)	89.23%	100.00%	89.47%	93.57%	91.80%	90.09%
Well Visits in the First 15 Months (W15–6+ Visits)[3]	9.38%	50.94%	48.82%	47.52%	49.57%	37.65%
Well Visits Years 3-6 (W34)[2]	81.89%	71.51%	83.40%	71.48%	78.56%	76.17%
Weight Assessment and Counseling (WCC–BMI)	91.86%	7.58%	38.58%	58.05%	21.64%	43.25%

Legend:
- >= 95th percentile
- 90th percentile
- 75th percentile
- 50th percentile
- 25th percentile
- 10th percentile
- < 10th percentile
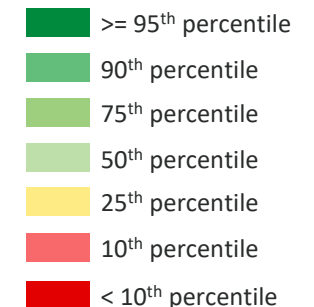
Held to MPL

1. Measure has been retired
2. AWC and W34 will be combined into a new measure, WCV
3. No supplemental data provided by Kaiser
* Small denominator (N < 30)

5

Questions?

CMC 2019 Population Health Management (PHM) Impact Analysis

January 28, 2021

CMC 2019 PHM Impact Analysis

What activities were done for CMC complex & moderate case management members from 2017 to 2019?

Review:

- CMC Complex & Moderate Case Management Tiers

- Regulatory Case Management activities for CMC

  o Health Risk Assessment

  o Individual Care Plans

  o Interdisciplinary Care Team

- Population Health Management CMC 2019 Impact Analysis review

- Case Management strategy 2020-2021

CMC Complex & Moderate Case Management Tiers

Tier 1 Criteria for Complex Cases	Tier 2 Criteria for Moderate Cases

• 3 or more hospitalization in past year and one other below criteria:
 	
 Or
 	
 • 3 or more below criteria:
 	
   - Age greater than 75 with 3 Activities of Daily Living (ADLs) limitations
   - Greater than 3 ED visits in past year
   - Hospitalized in past 180 days
   - 3 or more Chronic Conditions with one condition being uncontrolled*
	• Newly enrolled members with no claims or utilization history
	
	 Or
	
	 • Members with at least one criteria below and one uncontrolled chronic condition:
	   - Age greater than 75 with 3 ADLs limitations
	   - Greater than 3 ED visits in the past year
	   - Hospitalized in past 180 days
	   - 3 or more hospitalizations in past year
	   - 1 or more Social Determinants of Health (i.e. homelessness)
	
	 Or
	
	 • Member is enrolled in either:
	   - Multipurpose Senior Services Program
	   - Serious Mental Illness (uncontrolled symptoms)

Uncontrolled is defined as 1 ED Visit or Inpatient stay within the past year, with a primary diagnosis of the member's chronic condition

CMC Case Management Required Activities

Activities	
Health Risk Assessment (HRA)	• Outreach is done for all CMC members for HRAs • HRAs completion are completed by mail, phone or face-to-face • Members can opt out of completing the HRA
Individualized Care Plan (ICP)	• ICPs are completed by phone or face-to-face • ICPs are also completed for members who were unable to be reached (based on claims diagnosis, medications and past medical history) • ICPs are sent to the members and providers for completed & the unable to reach
Interdisciplinary Care Team (ICT)	• Outreach is done for all CMC members to coordinate an interdisciplinary care team meeting with the member, provider(s) and other care team members

	2017	2018	2019	2020 (YTD)^
Initial HRA Completion	552	1,218	1,147	1,405
Initial ICP Completion	N/A*	613	591	949

*Data not available. ^YTD as of 11/25/20 CY

CMC Complex & Moderate Case Management Members with 3 or more ED visit

Emergency Department Visits

- 2017: Total ED Visits 1762, Total Population 153
- 2018: Total ED Visits 672, Total Population 33
- 2019: Total ED Visits 253, Total Population 18

Total ED Visits ■ Total Population
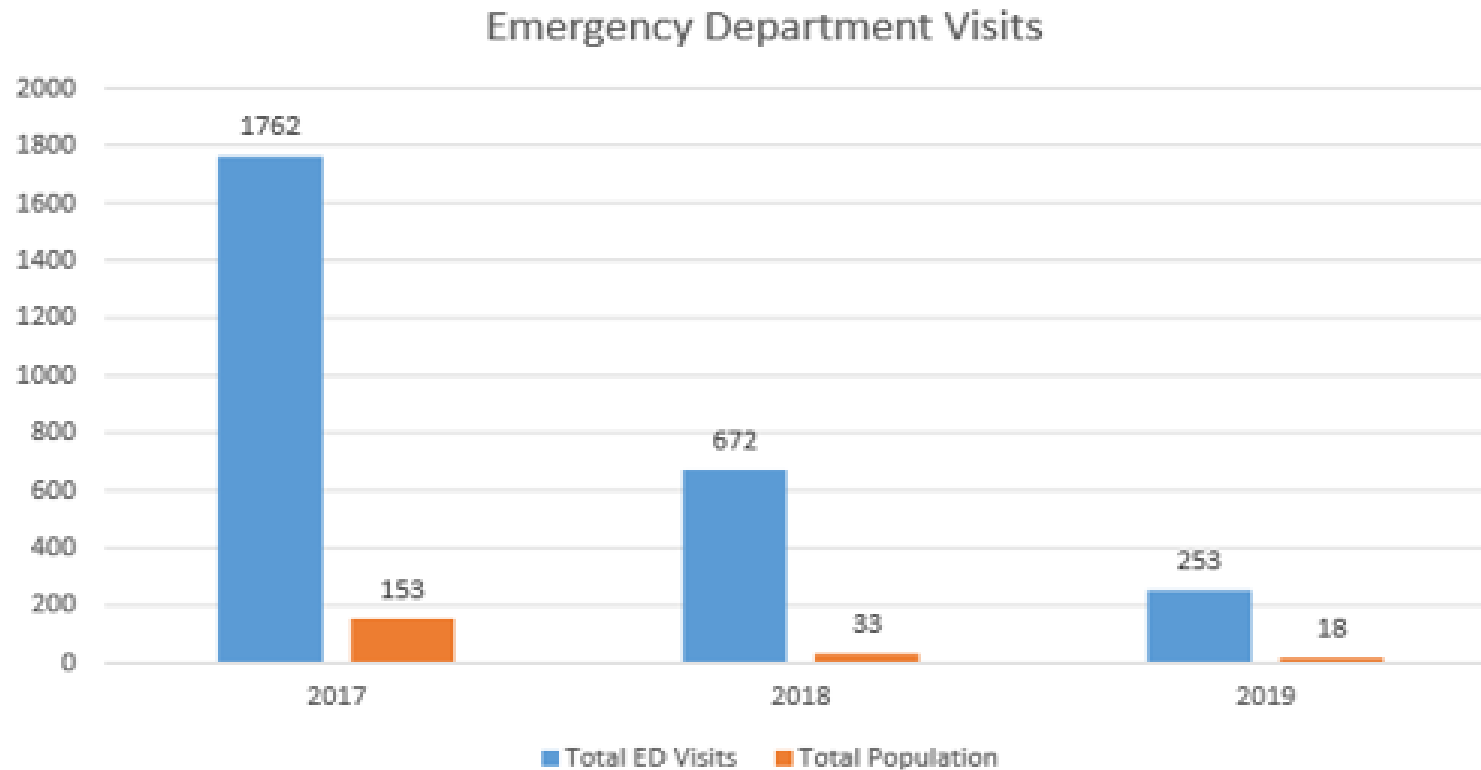
CMC Complex & Moderate Case Management

Members (cohort) enrolled with 3 or more ED visits in 2017 with utilization through 2019

Year Enrolled	Members Enrolled	ED Visits Per Member Month
2017	153	0.41
2018	133	0.33
2019	93	0.36
2019*	91	0.23

*Excluded 2 members with high ED visits (outliers) in 2019 with ED visits greater than 50 each
No outliers for 2017 and 2018

Case Management Activities

2018-2019

- Interdisciplinary approach
  - Individualized Care Plan (ICP) sent to members/providers
  - Telephonic outreach to all CMC members
  - Interdisciplinary Care Team meeting

- Specialty CM for Serious Mental Illness (SMI) & Long-Term Care (LTC) members

- Partnership with internal stakeholders:
  - UM – Transition of Care (TOC)
  - Quality – Reduce HEDIS gaps in care
  - Health Education
  - Information Technology (IT) – Reporting
  - Provider Network Operations (PNO)
  - Customer Service – Developed CM phone queue
  - Marketing/Communication – Scripts, letters, and educational materials created

- Partnership with external stakeholders:
  - Community Based Organizations (CBOs)

Case Management Strategy

2020-2021

- Comprehensive Transitions of Care (TOC) approach with an evidence-based model
  - UM/CM collaboration to target high risk members to reduce readmissions

- Piloting an interdisciplinary, pod structure that allows a team to be accountable for a population
  - Manage cost and utilization
  - Improve quality and outcomes
  - Pod will have a SW, RN, and 3 Personal Care Coordinators (PCCs) who will work collaboratively
    - Focus on quality – close HEDIS gaps in care

- Bringing in-house case management functions such as Annual HRA Reassessments for our CMC and MC Seniors and Persons with Disabilities (SPD) populations
  - Create efficiencies in process and enhance member engagement

- PHM strategy development in early 2021
  - Implement health equity and health disparities initiatives, social determinants of health and targeted interventions for certain subgroup populations (i.e. CHF, Diabetes, Asthma, COPD, and CAD, depending on member need).

- Developing executive & case manager specific dashboards showing outcome the value add of the CM program for our members and the organization

- Community Resource Center to provide greater access to the members for case management & health education

CREATIVITY & INNOVATION

Regular Meeting of the
Santa Clara County Health Authority
Executive/Finance Committee

Thursday, February 25, 2021, 11:30 PM – 1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes-Draft

Members Present
Dolores Alvarado, Chair
Bob Brownstein
Dave Cameron
Liz Kniss
Sue Murphy

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Chelsea Byom, Director, Marketing & Communications
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process
    Improvement
Khanh Pham, Director of Finance Reporting &
    Budgeting
Rita Zambrano, Executive Assistant
Nancy Aguirre, Administrative Assistant
Amy O'Brien, Administrative Assistant

Others Present
Bobbie Wunsch, Pacific Health Consulting Group

1. **Roll Call**

   Dolores Alvarado, Chair, called the meeting to order at 11:32 am. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Approve Consent Calendar and Changes to the Agenda**

   Ms. Alvarado presented the Consent Calendar and indicated each item would be approved separately.

a. Approve **minutes**

It was moved, seconded, and the January 28, 2021 Executive/Finance Committee minutes were **unanimously approved.**

Motion: Ms. Murphy
Second: Ms. Kniss
Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

b. Approve **Claims Policies**

It was moved, seconded, and Claims Policies: CL.01 Interest on the Late Payment of Claims, CL.02 Misdirected Claims, CL.03 Notice of Denial of Payment, CL.09 Claims Timeframes Turn-Around-Time, and CL.21 Claims Processing & Adjudication were **unanimously approved.**

Motion: Ms. Murphy
Second: Ms. Kniss
Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

c. Accept **Network Detection and Prevention Update**

It was moved, seconded, and unanimously approved to accept the Network Detection and Prevention Update.

Motion: Ms. Murphy
Second: Ms. Kniss
Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

4. Strategic Planning Update

Bobbie Wunsch, Pacific Health Consulting Group, introduced the strategic planning topics for discussion, and noted Committee input would be incorporated in the documents presented at the upcoming Board Strategic Planning Session on March 11, 2021.

Ms. Tomcala provided descriptions of the various strategic planning elements, and reviewed options for the new Vision, a draft Mission statement, and proposed Values. She noted the aim was to be succinct and meaningful. Ms. Tomcala confirmed that input from a staff survey was reflected in the proposed draft, as well as prior feedback from this Committee.

Discussion ensued regarding the Committee's perspectives and suggested edits to the Vision, Mission, and Values statements.

Ms. Wunsch presented the 2021-2023 Strategic Plan, noting three goals—Community Health Leadership, Quality, Access & Equity, and Organizational Excellence—and related strategies and success measures. The Committee provided suggested changes to the Strategic Plan.

Ms. Wunsch also shared a draft agenda for the March 11, 2021 Strategic Planning Session. She indicated further edits reflecting suggestions received at that Special Governing Board meeting would be incorporated in the planning documents, and updated drafts would be offered for consideration and approval at the March 25, 2021 Governing Board meeting.

4. CEO Update

Ms. Tomcala presented the updated SCFHP COVID-19 Summary, noting 4,945 members have tested positive, 1,736 have been hospitalized, and 181 are deceased (94 SNF and 87 non-SNF), representing 10% of County-reported deaths, while total membership equals approximately 12% of the County population.

Ms. Tomcala reported that 23,752 members have received a first vaccination dose, and 4,158 have received the second dose. Ms. Tomcala stated the Plan is collaborating with the Santa Clara County Public Health Department (SCCPHD) on a co-branded flier about how to get a vaccine and access transportation. SCFHP also is conducting outreach calls to 6,300 high-risk members 65+ to assist with appointment scheduling and

transportation. We are working with the public health department, utilizing a reserved block of appointments to help our most vulnerable members receive the vaccine. There was an expressed concern and discussion regarding the potentional disruption of these efforts given that the State is contracting with a TPA to coordinate vaccine distribution and scheduling going forward.

A breakdown of vaccine uptake by age groups (65+) and ethnicity was provided. Overall, 47.5% of members 75+ have received at least one COVAX dose, compared to 50% countywide.

Ms. Tomcala also shared that Mike Gonzalez, Manager, Community Resource Center, is co-chairing the Health Care Access and Community Clinic Workgroup with Dolores Alvarado. This is one of the subgroups of the County's Vaccine Community Stakeholders Working Group, which several staff attend.

6. **Quality Update**

Johanna Liu, Director, Quality & Process Improvement, reported on the CMC Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS), a required member satisfaction survey by the Centers for Medicare and Medicaid Services (CMS). The results impact NCQA accreditation and health plan ratings. Dr. Liu shared the annual 2020 results, which reflect member satisfaction with the health plan and their providers.

Dr. Liu indicated CMS will not be recognizing the 2020 survey submission because of the potential impact of COVID-19, but SCFHP is using the results as part of the continuous quality improvement process. She highlighted the top three performing measures, which include Rating of Drug Plan, Rating of Health Plan, and Rating of Specialist. The lowest three performing measures include Customer Service, Getting Needed Care, and How Well Doctors Communicate. She indicated these are general categories, and some of the questions within those categories are not necessarily intuitive to the category name.

Dr. Liu presented the five overall ratings for the past three years, noting an increase in all of the categories, with four of them showing statistically significant improvement over that time.

Dr. Liu discussed the future impact on Medicare star ratings, and provided a breakdown of scores by demographic segments. She further highlighted focus areas for improvement and general interventions.

7. **Government Relations Update**

Tyler Haskell, Director of Government Relations, provided an update on the COVID-19 relief legislation under consideration in Congress, as well as an outlook on other legislation later this year. Mr. Haskell also provided updates on the State Budget, CalAIM, and the delayed carve-out of the pharmacy benefit to Fee-For-Service Medi-Cal.

8. **COVID Vaccine Transportation Assistance**

The COVID Vaccine Transportation Assistance discussion was removed from the agenda.

9. **December 2020 Financial Statements**

Neal Jarecki, Chief Financial Officer, presented the December 2020 financial statements, which reflected a current month net loss of $750 thousand ($25 thousand favorable to budget) and a fiscal year to date net surplus of $4.8 million ($3.9 million favorable to budget). Enrollment increased by 2,226 members from the prior month to 271,107 members (1,539 members below budget). Year-to-date membership growth due to COVID-19 has not been as initially-pronounced as budgeted, but will be be sustained for a longer period of time due to the continued public health emergency. Revenue reflected a favorable current month variance of $2.6 million (2.5%) largely due to (1) higher CY20 full-dual Medi-Cal CMC & MLTSS capitation rates versus budget and (2) higher Medi-Cal Non-Dual rates versus budget. Medical Expense reflected an unfavorable current month variance of $2.4 million largely due to (1) Medi-Cal capitation expenses in excess of budget, related to the retroactive capitation rate updates from DHCS, and (2) certain fee-for-service expenses in excess of budget, some of which are related to COVID. Administrative Expense reflected a favorable current month variance of $264 thousand (4.5%) due higher personnel expenses offset by the timing of certain non-

personnel expenses. The balance sheet reflected a Current Ratio of 1.25:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of $213.4 million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of $168 million. Year-to-date capital investments of $3.2 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

It was moved, seconded, and the December 2020 Financial Statements were **unanimously approved.**

Motion: Ms. Kniss
Second: Mr. Cameron
Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

10. Adjournment

The meeting was adjourned at 1:28 pm.

_____
Susan G. Murphy, Secretary

Santa Clara Family Health Plan™

POLICY

Policy Title:	Interest on the Late Payment of Claims	Policy No.:	CL.01 v4
Replaces Policy Title (if applicable):	Interest on the Late Payment of Claims	Replaces Policy No. (if applicable):	CL.01 v3
Issuing Department:	Claims Department	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To accurately calculate and apply interest and applicable penalties on late paid claims in accordance with State and Federal regulations.

II. Policy

Interest Payment Requirements

To pay interest and applicable penalties on late paid claims in accordance with the applicable laws and regulations for the State of California and Centers for Medicare and Medicaid Services, (CMS).

Medi-Cal (Contracted & Non-Contracted Providers)

All claims shall be paid within forty-five (45) working days (sixty-two (62) calendar days); otherwise, interest shall begin accruing on the first day following the forty-fifth (45th) working day (sixty-second (62nd) calendar days). The payment of interest applies to both contracted and non-contracted providers for the Medi-Cal line of business. Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Cal Medi-Connect (Non-Contracted Providers)

For Cal Medi-Connect (CMC) primary claims, interest on late payment applies only to non-contracted providers clean claims. All claims from non-contracted providers shall be paid within thirty (30) calendar days; otherwise, interest shall begin accruing on the thirty-first (31st) calendar day after the date of receipt (first date stamp).

Interest is applied to the non-contracted CMC secondary claim if not paid within forty-five (45) working days (sixty two (62) calendar days). Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Cal Medi-Connect (Contracted Providers)

POLICY

Interest does not apply to Cal Medi-Connect (CMC) primary claims, however interest is applied to the CMC secondary claim if not paid within forty-five (45) working days (sixty two (62) calendar days). Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Interest Rate
Interest, and any applicable fees, shall be paid in accordance with the detailed calculations within CL01.01 Interest on Late Payment of Claims Procedure.

III.   Responsibilities

The Claims Department is responsible for ensuring applicable interest payments are calculated accurately, applied correctly, and processed timely.
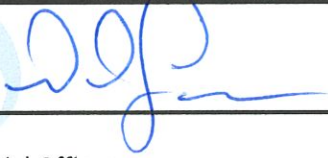
In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV.   References

Title 22, California Code of Regulations, Section 53622
Title 28, California Code of Regulations, Section 1300.71
California Health and Safety Code Section 1371
California Evidence Code section 641
U.S. Treasury Department - Interest rate on semi-annual basis
Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Section 80.2.2
42 C.F.R. § 422.500; § 422.520(a) (1)
Medicare Managed Care Manual Chapter 11 – Medicare Advantage Application, Providers and Contract Requirements, Section 100.2.
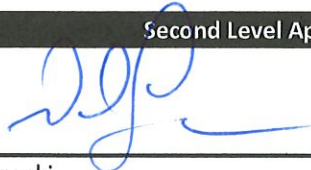
V.   Approval/Revision History

First Level Approval	Second Level Approval
A B	
Arlene Bell Director, Claims 2.8.21	Neal Jarecki Chief Financial Officer 2.8.21
Date	Date

Version	Change (Original/	Reviewing Committee	Committee Action/Date	Board Action/Date

POLICY

Number	Reviewed/ Revised)	(if applicable)	(Recommend or Approve)	(Approve or Ratify)
1	Original – 08/26/16	N/A	N/A	N/A
2	Revised – 12/20/18	N/A	N/A	N/A
3	Revised – 09/05/19	N/A	N/A	N/A
4	Revised	Executive/Finance	Recommended 02/25/21	N/A

POLICY

Santa Clara Family Health Plan™

Policy Title:	Misdirected Claims	Policy No.:	CL.02 v3
Replaces Policy Title (if applicable):	Misdirected Claims	Replaces Policy No. (if applicable):	CL.02 v2
Issuing Department:	Claims	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

To ensure that at least ninety-five percent (95%) of Misdirected Claims received by Santa Clara Family Health Plan (SCFHP) are sent to the payor who bears the financial responsibility for the claim within ten (10) working days of receipt.

II. Policy

Ninety-five percent (95%) of Misdirected Claims are to be forwarded to the payor who has the financial responsibility for the claim within ten (10) working days of the date of receipt. The Misdirected Claims Policy does not apply to:

- Cal Medi-Connect (CMC) line of business as SCFHP has full financial responsibility for all CMC claims.
- Split risk claims (combination of payable and denial claim lines items).

III. Responsibilities

The Information Technology Department is responsible to:
- Post the outbound misdirected claims file 5010 "837i / 837p to a secure FTP site for pick-up.
- Validates and confirms that all outbound misdirected claims files are successfully transmitted.

The Claims Department is responsible for overseeing the misdirected claims process. As part of its oversight role, the Claims Department:
- May provide feedback to other departments and/or divisions within SCFHP to ensure that the misdirected claims process is operating effectively and efficiently.
- Monitors that SCFHP is compliant at all times with the ten (10) working day turn-around time requirement.
- Reviews and audits outbound misdirected claims files to ensure correct payer disbursement.

POLICY

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV.   References

Title 28, California Code of Regulations, Section 1300.71(b) (2)
Claims Processing Time Limits and Measurements - Assembly Bill -AB1455

V.   Approval/Revision History

First Level Approval	Second Level Approval
A-B	
Arlene Bell Director, Claims 2.8.21	Neal Jarecki Chief Financial Officer 2.8.21
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original - 08/26/2016	N/A	N/A	N/A
2	Revised - 02/24/2020	N/A	N/A	N/A
3	Revised	Executive/Finance	Recommended 02/25/2021	N/A

POLICY

Policy Title:	Notice of Denial of Payment	Policy No.:	CL.03 v4
Replaces Policy Title (if applicable):	Notice of Denial of Payment	Replaces Policy No. (if applicable):	CL.03 v3
Issuing Department:	Claims	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☒ CMC	

I. Purpose

To ensure that when a claim is denied involving a Santa Clara Family Health Plan (SCFHP) Cal Medi-Connect (CMC) member and results in a member liability, that a Notice of Denial of Payment, which includes the CMC member's right to request an appeal of the denial, is provided to the provider of the services, the SCFHP CMC member, and/or the member's representative.

II. Policy

SCFHP shall issue a Notice of Denial of Payment to the provider of the service, the SCFHP CMC member, and/or the member's representative when SCFHP denies, in whole or in part, a request for a medical service/item, or a request for payment of a medical service/item the member has already received and the member may be responsible for payment.

SCFHP shall determine whether to reimburse or deny a CMC claim within the following timeframes:
- Non-Contracted Providers - within 30 calendar days for clean claims
- Contracted Providers/Non-Contracted Provider, unclean claims - within 60 calendar days

CMS-Integrated Denial Notice (IDN)), or an MA health plan Regional Office-approved modification of the IDN, must be sent to the member. The written denial must clearly state the service denied and the denial reason. Denial letters for Part C organization determinations must include adequate rationales and contain correct/complete information specific to denials, or must be written in a manner easily understandable by members.

If SCFHP denies a request from a non-contracted provider, SCFHP will notify the non-contract provider of the specific reason for the denial and will provide a description of the appeals process.

POLICY

Upon determination that a CMC claim is to be denied, The Notice of Denial of Payment shall be sent to the provider of the service, the SCFHP CMC member, and/or the member's representative within five (5) working days.[1]

III. Responsibilities

The Claims Department is responsible for sending a Notice of Denial of Payment of medical coverage to the CMC member and/or the members' representative, and the provider of the service.

The Medical Services Department is responsible for send a Notice of Denial of Coverage letter for of medical coverage to the CMC member and/or the members' representative, and the provider of the service.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV. References

42 C.F.R. §§ 422.568(d), 423.568(g)
42 C.F.R. §§ 423.572(c)(2) and 423.590(g)
42 C.F.R. § 422.520 Prompt payment by MA organization

Parts C&D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance (February 2019), Section 40.2.2
Medicare Managed Care Manual Chapter 3, Payments to Medicare Advantage Organizations
Notice of Denial of Medical Coverage Form CMS-10003-NDMC (http://www.cms.hhs.gov/bni/07_MADenail Notices.asp)
IOM Pub. 100-16
http://www.cms.gov/Medicare/Appeals-andGrievances/MMCAG/Downloads/Appendix-7-Waiver-of-Liability-Notice.pdf
CMC Medicare Enrollment & Appeal Group Memo – See Attachment
Time Limits and Measurements – Assembly Bill 1455
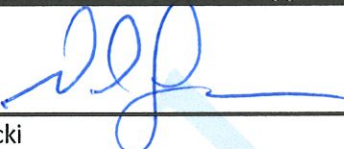
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[1] This timeline is not a requirement. Denied CMC claims will follow this timeline for the issuance of the Notice of Denial of Payment and the notices are processed in line with the checks for approved claims.

V. Approval/Revision History

First Level Approval		Second Level Approval	
AB		*(signature)*	
Arlene Bell Director, Claims 2.8.21		Neal Jarecki Chief Financial Officer 2-8-21	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original – 08/26/2016	N/A	N/A	N/A
V2	Revised – 03/22/2018	N/A	N/A	N/A
V3	Revised – 02/28/2020	N/A	N/A	N/A
V4	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Santa Clara Family Health Plan™

POLICY

Policy Title:	Claims Timeframes Turn-Around-Time	Policy No.:	CL.09 v3
Replaces Policy Title (if applicable):	Claims Timeframes Turn-Around-Time	Replaces Policy No. (if applicable):	CL.09 v2
Issuing Department:	Claims	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure that Santa Clara Family Health Plan (SCFHP) processes all claims in accordance with State and Federal regulatory timeframe requirements, as well as in line with its contractual obligations.

II. Policy

A. This policy regarding timely processing of claims is to document SCFHP processes to ensure all claims received are processed timely and according to the appropriate State and Federal turnaround time requirements.

B. The receipt date serves as record of a valid submission. It is used to determine if the claim was filed timely and is the receipt date for the purposes of determining claims processing timeliness.

C. All claims shall be processed on a first-in-first-out basis to maximize the timely and accurate completion of claims, in accordance with statutory, regulatory, and contractual standards.

D. SCFHP shall accept provider claims in both paper and electronic format and shall process claims received within Federal and State timeframe requirements. These requirements are specifically noted, by type of claim, within Procedure CL.09.01.

E. For the Medi-Cal line of business, capitated subcontractors that are delegated for claims payment are required to adhere to the same statutory, regulatory, and contractual timeframe requirements as the Plan. SCFHP's monitoring and annual audit of its capitated subcontractors will ensure that these requirements are being followed.

III. Responsibilities

The Claims Department is responsible to ensure that the inventory of claims is managed with an ongoing emphasis on compliance with timelines for payment of all type of claims in accordance with Federal and State requirements, as well as contractual obligations. The Claims Management is responsible for overseeing

the overall process and evaluating the claims on hand on a daily basis.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV.   References

Claims Processing Time Limits and Measurements - Assembly Bill -AB1455
California Health and Safety Code Section 1371
Title 28, California Code of Regulations, Section 1300.71
Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Section 80.2.2
CFR 422. 422.100 - General requirements
Social Security Act, Section 1816 – Clean claims
42 C.F.R. § 422.500
§ 422.520(a)(1) & (3) Prompt payment by MA organization

V.   Approval/Revision/History

First Level Approval		Second Level Approval	
Arlene Bell Director, Claims 2.8.21		Neal Jarecki Chief Financial Officer 2.8.21	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 08/26/2016	N/A	N/A	N/A
2	Revised – 02/27/2020	N/A	N/A	N/A
3	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Santa Clara Family Health Plan™

POLICY

Policy Title:	Claims Processing & Adjudication	Policy No.:	CL.21 v4
Replaces Policy Title (if applicable):	Claims Processing & Adjudication	Replaces Policy No. (if applicable):	CL.21 v3
Issuing Department:	Claims	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure accurate and timely processing of claims according to benefit structure, provider contract, and State and Federal regulations.

II. Policy

All claims shall be processed so that timeliness and accuracy is maximized and regulatory and contractual standards are met.

III. Responsibilities

The Claims Department is responsible for ensuring applicable rates and interest payments are calculated accurately, applied correctly, and processed timely.

The Claims Management team is responsible for running daily claims pend reports to monitor and track timely processing compliance for all claims.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all claims in accordance with SCFHP's Records Retention Policy.

IV. References

Title 22, California Code of Regulations, Section 51301

Title 22, California Code of Regulations, Section 53622

Title 28, California Code of Regulations, Section 1300.71(d) (1)

Medicare Claims Processing Manual Chapter 1 – General Billing Requirements

V. Approval/Revision History

First Level Approval		Second Level Approval	
AB		*(signature)*	
Arlene Bell Director, Claims 2.8.21		Neal Jarecki Chief Financial Officer 2.8.21	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 08/26/2016	N/A	N/A	N/A
2	Revised – 12/21/2018	N/A	N/A	N/A
3	Revised – 09/06/2019	N/A	N/A	N/A
4	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Network Detection and Prevention Report

February 2021

Executive/Finance Committee Meeting

Firewall Background

The following network intrusion reports show the malicious activities that were prevented from accessing SCFHP's network. It is important to note that these attempts are not specifically targeted at SCFHP, but rather are common attempts against entire areas of the Internet. The results are typical of many organizations.

None of the intrusion attempts on the SCFHP network were successful.

The attempts have been categorized in three severity levels:

Critical/High

These attacks are the most dangerous. They can take down our entire network or disable servers. Can take the form of various Backdoor, DDoS (Distributed Denial of Service), and DOS (Denial of Service) attacks.

Medium

These attacks can cause disruption to the network, such as increased network traffic that slows performance. For example, various DNS (Domain Naming Service), FTP (File Transfer Protocol), and Telnet attacks.

Low/Informational

These attacks are characterized more as informational events, such as various scans (port and IP internet protocol address), RPC (Remote Procedure Call), and SMTP (Simple Mail Transfer Protocol) attacks. The new informational category is from the recently implemented Palo Alto Firewall. These events are of low to no threat and are more of an FYI for reporting.

2/22/2021

Attack Statistics Combined
Oct/Nov/Dec/Jan

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
Critical	30	23	24	21	3,193	428	545	328	0.27	0.07	0.04	0.01
High	28	21	28	24	7,252	1,598	7,369	912,695	0.59	0.04	0.13	22.89
Medium	69	27	26	28	165,989	173770	158,950	181,951	13.55	1.95	15.35	4.56
Low	14	8	9	10	1,770	689	116,811	270,256	0.14	0.04	0.19	6.78
Informational	29	28	30	33	1,046,648	2,107,295	2,298,665	2,622,462	85.45	97.90	84.29	65.76

Summary – Compare Jan 2021 to previous month of Dec 2020
- <u>Critical Severity Level</u> – number of threat attempts is **39.87%** higher
- <u>High Severity Level</u> - number of threat attempts is **12286**% higher
- <u>Medium Severity Level</u> - number of threat attempts **14.47%** higher
- <u>Low Severity Level</u> - number of threat attempts is **131.36%** higher

➤ Due to new firewalls being placed at DR and CRC site, there is increase in the number of Informational threat category.
➤ The increase in number of High threat category happened on single day due to blocking the port and taking firewall offline for SD WAN and ISP swap.

2/22/2021

Top 5 Events for November - January

Critical Events – total 1301 events

Top 5 Critical vulnerability events
- 199 events for "phpunit Remote Code Execution Vulnerability" (**Code-Execution**)
- 194 events for "ThinkPHP Remote Code Execution Vulnerability" (**Code-Execution**)
- 132 events for "vBulletin Remote Code Execution Vulnerability" **(Code-Execution)**
- 111 events for "Mirai and Reaper Exploitation Traffic" (**Code-Execution**)
- 90 events for "Zeroshell Remote Command Execution Vulnerability" (**Code-Execution**)

High Events – total 921,661 events

Top 5 High vulnerability events
- 912,081 events for "HTTP Unauthorized Brute Force Attack" (**Brute Force**)
- 4312 events for "SIP INVITE Method Request Flood Attempt" (**Brute Force**)
- 1714 events for "SIP Bye Message Brute Force Attack" (**Brute Force**)
- 1584 events for "ThinkPHP Remote Command Execution Vulnerability" (**Code-Execution**)
- 379 events for "Microsoft Windows SMB Remote Code Execution Vulnerability" (**Code-Execution**)

Medium Events – total 514,671 events

Top 5 Medium vulnerability events
- 422,331 events for "SCAN: Host Sweep" (**Info-Leak**)
- 80,699 events for "SIPVicious Scanner Detection" (**Info-Leak**)
- 5424 events for "RPC Portmapper DUMP Request Detected" (**Info-Leak**)
- 1777 events for "Metasploit VxWorks WDB Agent Scanner Detection" (**Info-Leak**)
- 1603 events for "PHP DIESCAN Information Disclosure Vulnerability" (**Info-Leak**)

Definitions:

Code-Execution – Attempt to install or run an application.
Brute Force – Vulnerability attempt to obtain user credentials.
Info-Leak – attempt to obtain user or sensitive information.
Botnet – used to perform distributed denial-of-service attack (DDoS attack), steal data and send spam.

2/22/2021

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	45.2%	100.0k
Stopped as Invalid Recipients	0.0%	7
Spam Detected	6.8%	15.1k
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.1%	134
Stopped by Content Filter	0.1%	329
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**52.1%**	**115.5k**
Marketing Messages	10.0%	22.3k
Social Networking Messages	0.2%	439
Bulk Messages	6.1%	13.5k
Total Graymails:	**16.3%**	**36.2k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	31.5%	69.8k
Total Attempted Messages:		**221.5k**

January

Pie chart: 52.1% Spam, 16.3% Graymail, 31.5% Clean mail
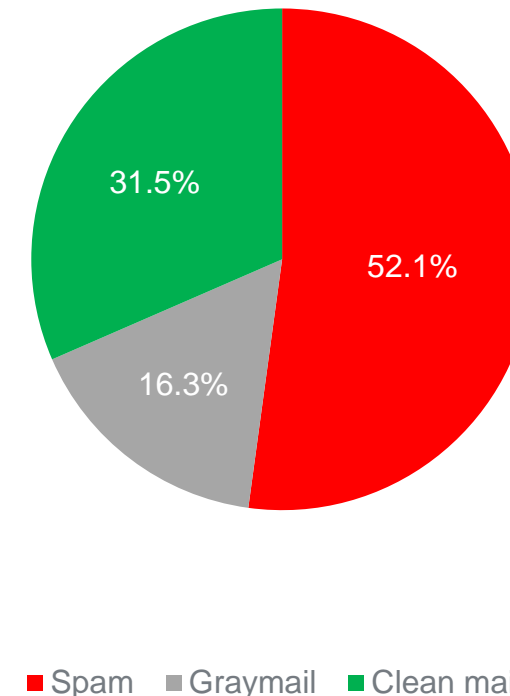
During the month.
- 52.1% of threat messages had been blocked.
- 16.3% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 31.5% were clean messages that delivered.

2/22/2021

CMC Consumer Assessment of Healthcare Providers and Systems (CAHPS): 2020 Results & 2021 Strategy

February 2021

CMC CAHPS 2020

Overview

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a required member satisfaction survey by the Centers for Medicare and Medicaid Services (CMS)

- Administered annually to Cal MediConnect (CMC) members

- Results impact NCQA accreditation and health plan ratings

- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2020

2020 CAHPS Timeline

SCFHP Postcard #1

JANUARY 31, 2020

SCFHP Postcard #2

FEBRUARY 28, 2020

Pre-Notification Letter Mailed

MARCH 5, 2020

First Survey Mailed

MARCH 11, 2020

CMS Eliminated 2020 Survey Submission

MARCH 30, 2020

Recommended to cease telephone outreach due to Covid-19

Second Survey Mailed

APRIL 11, 2020

Last Day to Accept Completed Surveys

JUNE 14, 2020

SPH CAHPS Report Available

AUGUST 26, 2020

Santa Clara Family
Health Plan

3

CMC CAHPS 2020

SCFHP's Overall Performance

Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA		GAP	2020 SPH Avg. SCALED MEAN SCORE	GAP	SPH BoB PERCENTILE RANKING
		2019	2020							
Rating of Drug Plan	439	85.7	89.5	3.8	86.1	▲	3.4	87.0	2.5	81st
Rating of Health Plan	438	84.6	88.1	3.5	87.3		0.8	88.0	0.1	54th
Rating of Specialist	244	85.3	89.8	4.5	90.0		-0.2	90.3	-0.5	44th

Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA		GAP	2020 SPH Avg. SCALED MEAN SCORE		GAP	SPH BoB PERCENTILE RANKING
		2019	2020								
Customer Service	435	82.3	85.2	2.9	90.3	▼	-5.1	91.3	▼	-6.1	<5th
Getting Needed Care	452	72.0	72.7	0.7	83.7	▼	-11.0	83.6	▼	-10.9	<5th
How Well Doctors Communicate	352	85.6	87.0	1.4	91.7	▼	-4.7	92.3	▼	-5.3	<5th

SPH BoB includes all MA contracts that conducted surveys with SPH analytics (412 contracts, 176,020 respondents)

4
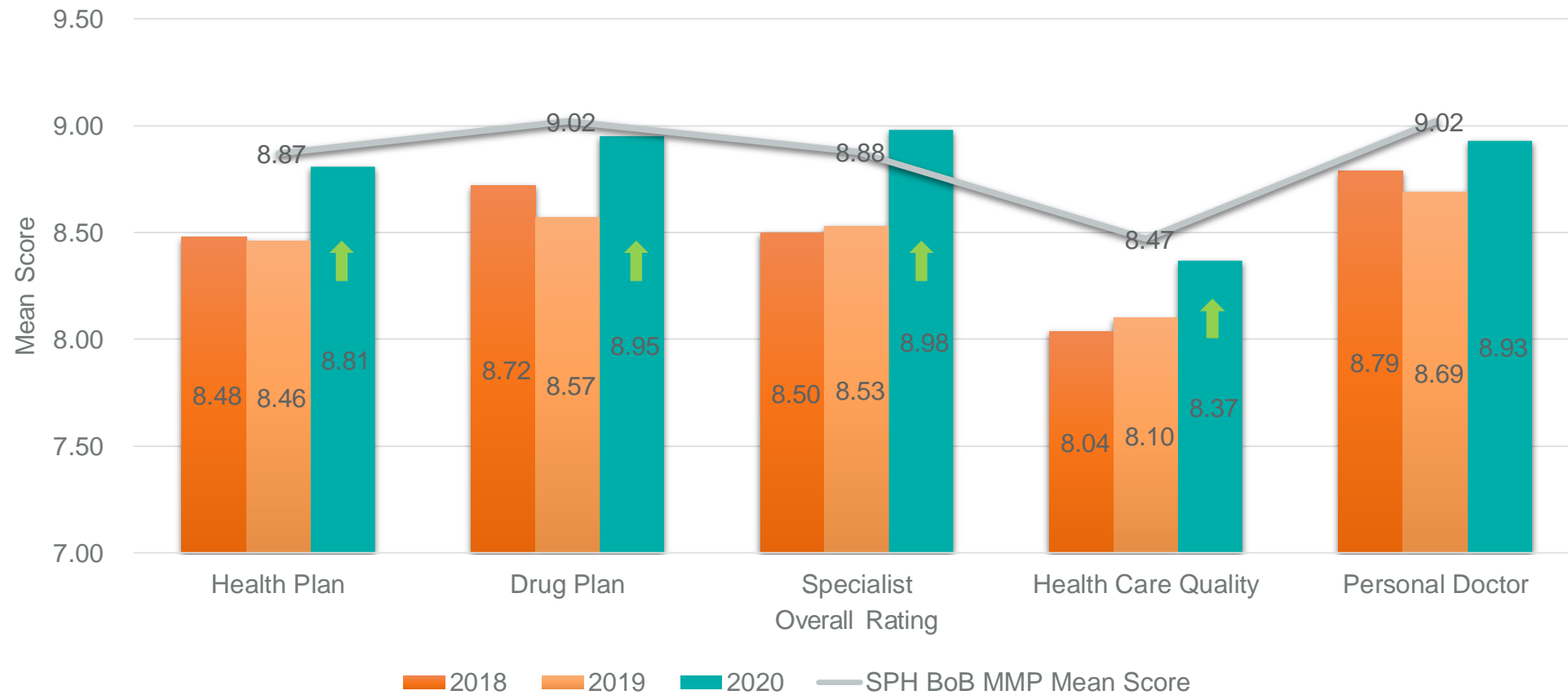
CMC CAHPS 2020

Estimated 2021 CMS Medicare Star Ratings

MEASURE NAME	ESTIMATED CASE-MIX ADJUSTED SCORE*	ESTIMATED 2021 FINAL STAR RATING
C26 Rating of Health Plan	88	★★★★
C25 Rating of Health Care Quality	87	★★★★
C22 Getting Needed Care	79	★
C23 Getting Appointments and Care Quickly	74	★★
C24 Customer Service	88	★★
C27 Care Coordination	84	★★
D07 Rating of Drug Plan	88	★★★★
D08 Getting Needed Prescription Drugs	90	★★★★
C03 Annual Flu Vaccine^	83	★★★★★

*Scaled Mean Score   ^Annual Flu Vaccine is not case-mix adjusted

In response to the **COVID-19** pandemic, CMS is not using MA & PDP CAHPS results in the 2021 Star Ratings. These estimates are for informational purposes only.

Overlap with low performing measures from NCQA health plan ratings

CMC CAHPS 2020

Demographic Segments

Scaled Means Scores		White (H)	Race Black/African-American (I)	Other (J)	Ethnicity Hispanic/Latino (K)
Total respondents		129	16^	257	112
DOMAIN: MEMBER EXPERIENCE WITH HEALTH PLAN					
Q38. Rating of Health Plan		88.6	86.0	87.0	90.2
Q9. Rating of Health Care Quality		84.1	84.7	82.7	87.6
Getting Needed Care		78.6 J	76.7	68.1	80.1
Q10. Getting care, tests or treatment necessary		80.3 J	86.7	70.8	80.8
Q29. Ease of getting appointment with a specialist		76.9	66.7	65.5	79.4
Getting Appointments and Care Quickly		74.8 J	73.1	62.0	75.7
Q4. Obtaining needed care right away		82.2	88.9	67.7	87.3
Q6. Obtaining care when needed, not when needed right away		82.9 J	66.7	64.0	83.1
Q8. Saw person came to see within 15 minutes of appointment time		59.3	63.6	54.4	56.8
Customer Service		88.0	87.8	82.9	87.1
Q34. Getting information/help from customer service		80.8	77.8	73.3	79.4
Q35. Treated with courtesy and respect by customer service staff		92.4	94.4	88.7	92.5
Q37. Health plan forms easy to fill out		90.9	91.1	86.9	89.4
Care Coordination		85.7	68.7	78.1	84.4
Q20. Personal doctor's office followed up to give you test results		77.0	71.4	71.7	74.5
Q21. Got test results as soon as you needed		81.0	76.2	73.0	76.5
Combined Item – Test Results		79.0	73.8	72.3	75.5
Q18. Doctor had medical records or other information about your care		92.8	85.7	87.0	91.1
Q23. Doctor talked about prescription medicines		85.4	61.1	76.1	85.5
Q26. Got help managing care		88.0	50.0	81.3	86.4
Q32. Doctor informed and up-to-date about specialty care		84.1	66.7	74.7	84.0

Note: The Care Coordination composite is the average of the Combined Item and the remaining shaded measures. The Combined Item is the average of Q20 and Q21. See the Technical Notes for more information.

Results in SPH reporting are unofficial and do not represent official results provided by CMS. 2020 MA & PDP CAHPS Survey - 53

Demographic Details:

- **White** survey respondents rate statistically significantly higher satisfaction in key measures than survey respondents in the **Other** race category (95% **Asian**)

7

CMC CAHPS 2021 Strategy

Focus Areas

- **Opportunities to improve (lowest scores + highest impact on Medicare Stars & NCQA):**
  1. Getting Needed Care & Care Quickly
  2. Care Coordination
  3. Customer Service

- **Other considerations:**
  - Member experience disparities between White and Asian health plan members

CMC CAHPS 2021 Strategy

General Interventions

- Kick-off an internal Member Experience (ME) workgroup:
  - Continuously monitor and analyze ME data to understand the impact
  - Identify barriers to member satisfaction
  - Establish measurable goals
  - Develop work plan to meet goals
- Budget and conduct an off-cycle member experience survey in CY2021
- Explore Multicultural Health Care (MHC) Distinction from NCQA

CMC CAHPS 2021 Strategy

1

Getting Appointments & Care Quickly

- Communicate best practices on wait times and urgent/routine care access standards to providers

    - Refer to practice transformation consultants to support adoption of best practices

2

Service Recovery

- Pilot calls to members targeting those with balance billing grievances

3

Customer Service

- Address member dissatisfaction with complex health care forms

    - Simplify AOR/ARF* forms

- Implement Service Excellence training for SCFHP employees

* AOR/ARF = authorization of representative form

Questions?

Agenda

Table of Contents	Page

Financial Highlights

	MTD		YTD	
Revenue	$104 M		$619 M	
Medical Expense (MLR)	$99 M	95.2%	$581 M	93.8%
Administrative Expense (% Rev)	$5.6 M	5.4%	$33.2 M	5.4%
Other Income/(Expense)	($121K)		($458K)	
Net Surplus (Net Loss)	**($750K)**		**$4.8 M**	
Cash and Investments			$335 M	
Receivables			$562 M	
Total Current Assets			$908 M	
Current Liabilities			$727 M	
Current Ratio			1.25	
Tangible Net Equity			$213 M	
% of DMHC Requirement			**620.7%**	

Financial Highlights

Net Surplus (Net Loss)	▸ Month: Loss of $750K is $24.7K or 3.2% favorable to budget of $774.9K loss. ▸ YTD: Surplus of $4.8M is $3.9M or 435.3% favorable to budget of $891.0K.
Enrollment	▸ Month: Membership was 271,107 (1,539 or 0.6% lower than budget of 272,646). ▸ YTD: Member Months YTD was 1,586,034 (26,479 or 1.6% lower than budget of 1,612,513).
Revenue	▸ Month: $104.0M ($2.6M or 2.5% favorable to budget of $101.4M). ▸ YTD: $619.2M ($18.0M or 3.0% favorable to budget of $601.2M).
Medical Expenses	▸ Month: $99.0M ($2.4M or 2.5% unfavorable to budget of $96.6M). ▸ YTD: $580.8M ($12.6M or 2.2% unfavorable to budget of $568.1M).
Administrative Expenses	▸ Month: $5.6M ($264K or 4.5% favorable to budget of $5.9M). ▸ YTD: $33.2M ($433K or 1.3% favorable to budget of $33.6M).
Tangible Net Equity	▸ TNE was $213.4M (represents approximately two months of total expenses).
Capital Expenditures	▸ YTD Capital Investments of $3.2M vs. $6.9M annual budget, primarily Community Resource Center.

Detail Analyses

Enrollment

- Total enrollment of 271,107 members is 1,539 or 0.6% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 17,232 members or 6.8%.

- Medi-Cal enrollment has been increasing since January 2020, largely COVID enrollment (beginning in March 2020 annual eligibility redeterminations were suspended).

- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 7.1%, Medi-Cal Dual enrollment has increased 2.9%, and CMC enrollment has grown 9.3% also due largely to the suspension of disenrollments.

	For the Month December 2020				For Six Months Ending December 31, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY20 vs. FY21
Medi-Cal	261,287	263,332	(2,045)	(0.8%)	1,529,242	1,557,739	(28,497)	(1.8%)	2,840,218	(46.2%)
Cal Medi-Connect	9,820	9,314	506	5.4%	56,792	54,774	2,018	3.7%	101,391	(44.0%)
Total	271,107	272,646	(1,539)	(0.6%)	1,586,034	1,612,513	(26,479)	(1.6%)	2,941,609	(46.1%)

Santa Clara Family Health Plan Enrollment By Network
December 2020

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	32,940	13%	9,820	100%	42,760	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	131,124	50%	-	0%	131,124	48%
Palo Alto Medical Foundation	7,010	3%	-	0%	7,010	3%
Physicians Medical Group	44,861	17%	-	0%	44,861	17%
Premier Care	15,646	6%	-	0%	15,646	6%
Kaiser	29,706	11%	-	0%	29,706	11%
Total	261,287	100%	9,820	100%	271,107	100%
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	6.7%		9.3%		6.8%	

[1] SCVHHS = Santa Clara Valley Health & Hospital System
[2] FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER-2020

|		2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	FYTD var	%
NON DUAL	Adult (over 19)	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	4,028	15.3%
	Child (under 19)	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	2,839	3.0%
	Aged - Medi-Cal Only	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	178	1.6%
	Disabled - Medi-Cal Only	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	-73	(0.7%)
	Adult Expansion	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	8,697	11.7%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	373	379	373	367	380	398	405	402	406	407	409	389	393	-12	(3.0%)
	Total Non-Duals	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**15,657**	**7.1%**
DUAL	Adult (21 Over)	341	330	328	320	311	320	321	327	320	337	354	353	353	32	10.0%
	SPD (21 Over)	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	480	2.0%
	Adult Expansion	177	139	130	136	134	190	241	261	289	358	410	498	537	296	122.8%
	BCCTP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	-66	(5.3%)
	Total Duals	**25,324**	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**742**	**2.9%**
	Total Medi-Cal	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**16,399**	**6.7%**
	Healthy Kids	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**
CMC	CMC Non-Long Term Care	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	838	9.5%
	CMC - Long Term Care	222	224	225	213	214	212	212	215	211	216	210	209	207	-5	(2.4%)
	Total CMC	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**833**	**9.3%**
	Total Enrollment	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**17,232**	**6.8%**

Enrollment Trend
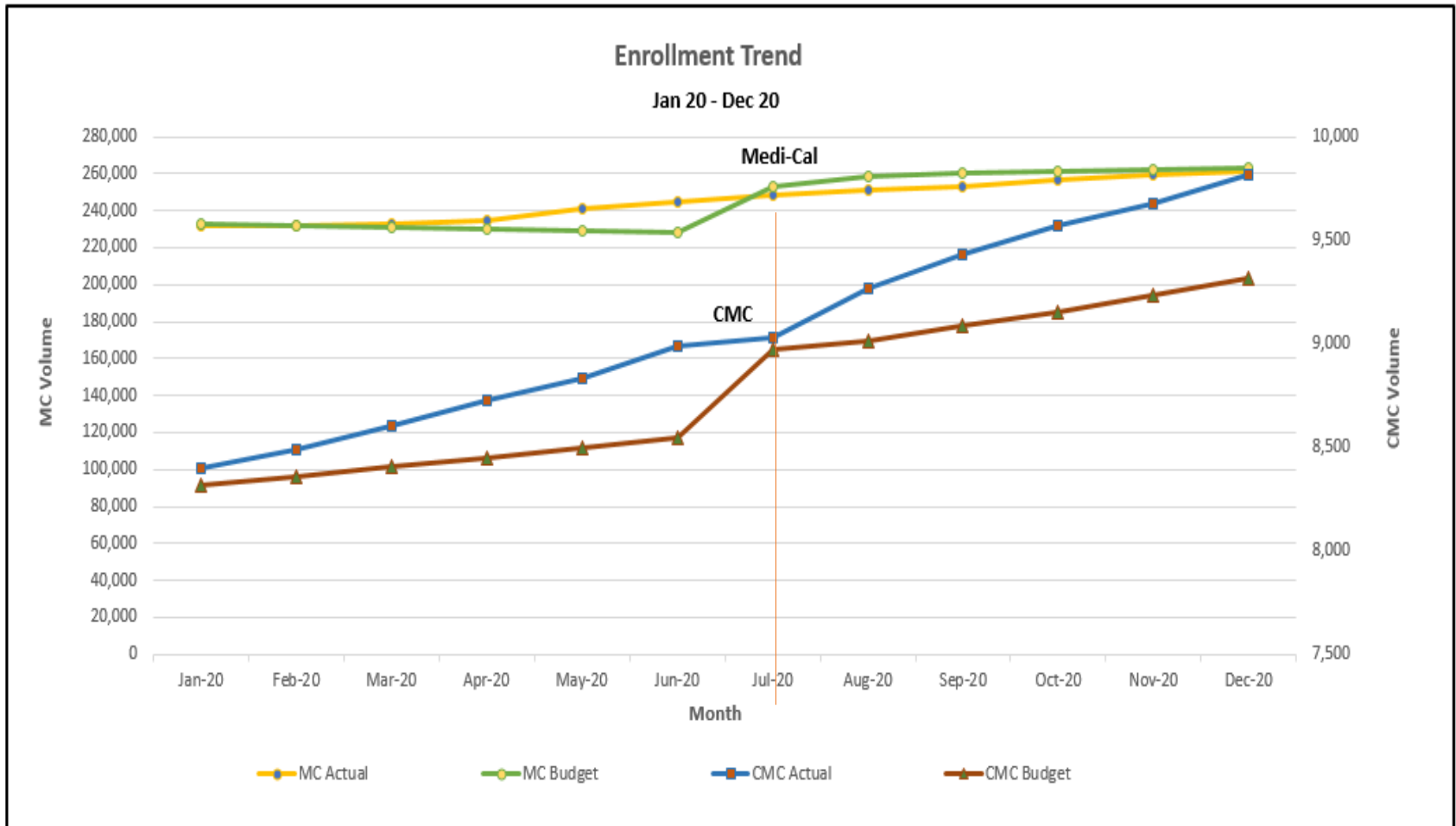
- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.

- Actual enrollment, represented by the gold & blue lines, has grown steadily.

8

Revenue

Current month revenue of $104.0M is $2.6M or 2.5% favorable to budget of $101.4M. The current month variance was primarily due to the following:
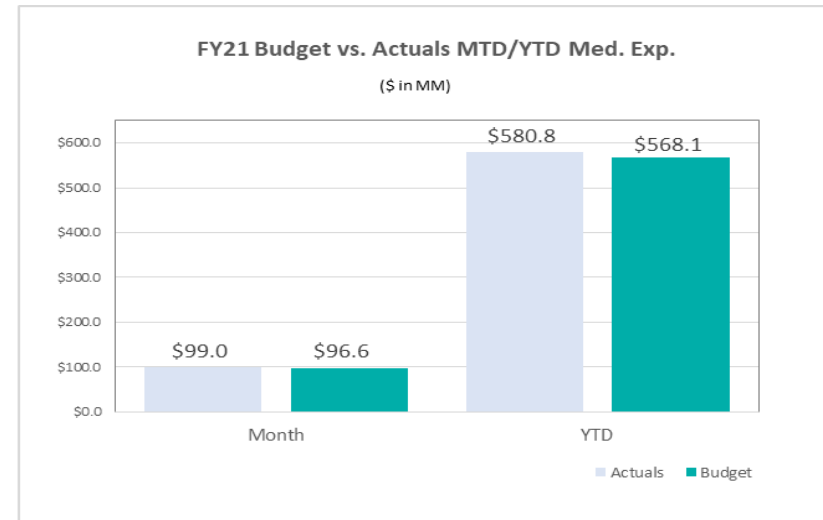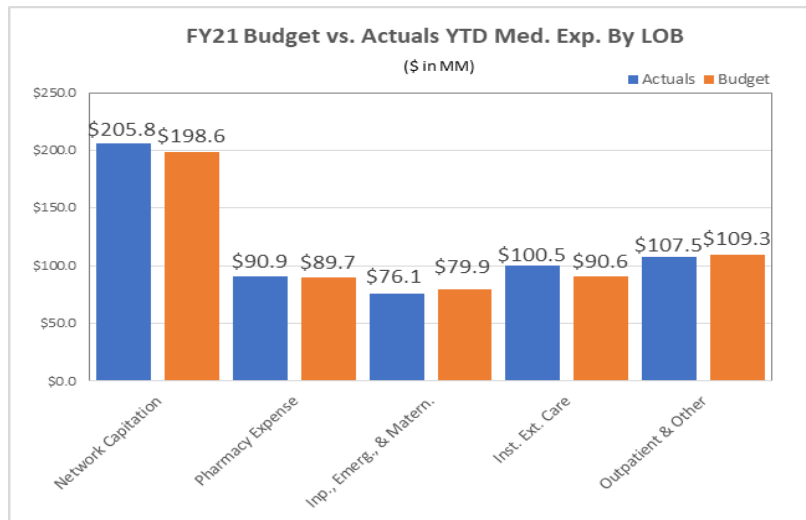
- CMC revenue is $1.4M favorable to budget due to a higher CY20 CMC Medi-Cal rate and favorable enrollment versus budget.

- Medi-Cal Dual revenue is $780K favorable to budget due to a higher CY20 Medi-Cal MLTSS rate and higher enrollment than budgeted.

- MC Non-Dual revenue is $733K favorable to budget due to higher SPD and Adult rates than expected and favorable Adult and Optional Expansion enrollment.

- Supplemental Kick revenue is $329K unfavorable to budget due to lower utilization of BHT and Hep-C and lower maternity deliveries.
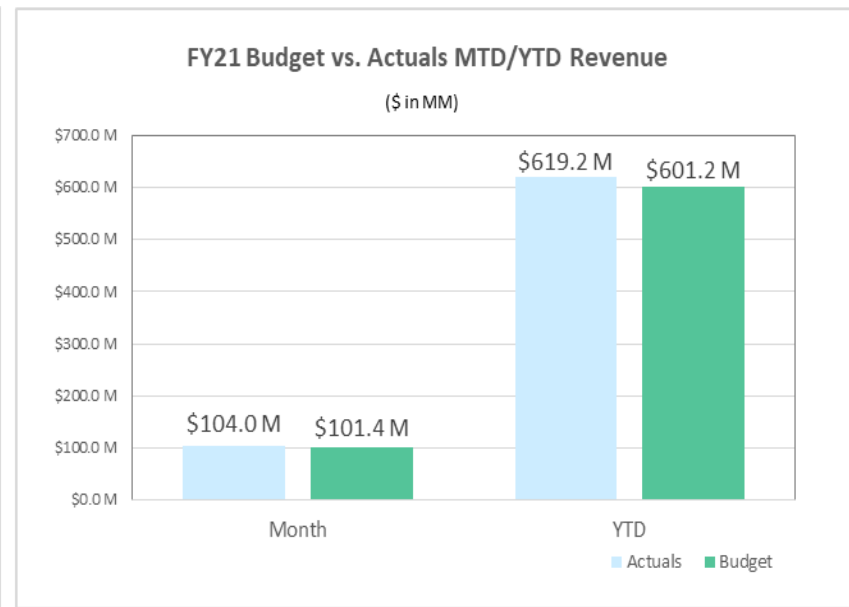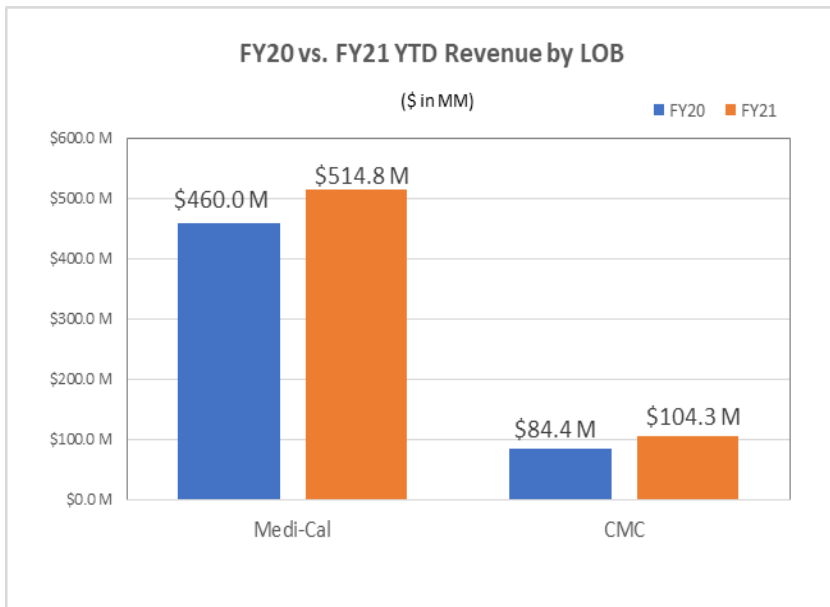
Medical Expense

Current month medical expense of $99.0M is $2.4M or 2.5% unfavorable to budget of $96.6M. The current month variance was due largely to:

- Capitation expense is an $3.0M or 8.8% unfavorable variance due to retro capitation rates paid from Jul 20 – Dec 20 (partly offsetting favorable revenue variance).

- Fee-For-Service expense reflects a $1.5M unfavorable variance due to increase utilization in Inpatient Hospital services and a mandated LTC COID rate increase.

- Supplemental Kick payments are $154K favorable to budget due to a decrease in BHT & Hep-C utilizations and lower maternity deliveries (offsetting unfavorable revenue variance).

- Pharmacy expense is $2.0M or 13.4% favorable to budget due to the timing of rebates received versus estimated. Excluding rebates, pharmacy expenses were $397K unfavorable to budget due to increase in CMC prescriptions and higher average cost.

FY21 Budget vs. Actuals YTD Med. Exp. By LOB ($ in MM)

FY21 Budget vs. Actuals MTD/YTD Med. Exp. ($ in MM)

Administrative Expense

Current month admin expense of $5.6M is $264K or 4.5% favorable to budget of $5.9M. The current month variances were primarily due to the following:

- Personnel expenses were $103K or 2.8% unfavorable to budget due to increased PTO CalPERS retirement expense versus budget, partially offset by lower headcount.

- Non-Personnel expenses were $367K or 16.4% favorable to budget due to timing of budgeted spending in printing & advertising, software licenses & maintenance, and professional services.

FY19 vs. FY20 YTD Admin. Exp. ($ in MM)

FY20 Budget vs. Actuals MTD/YTD Admin. Exp. ($ in MM)
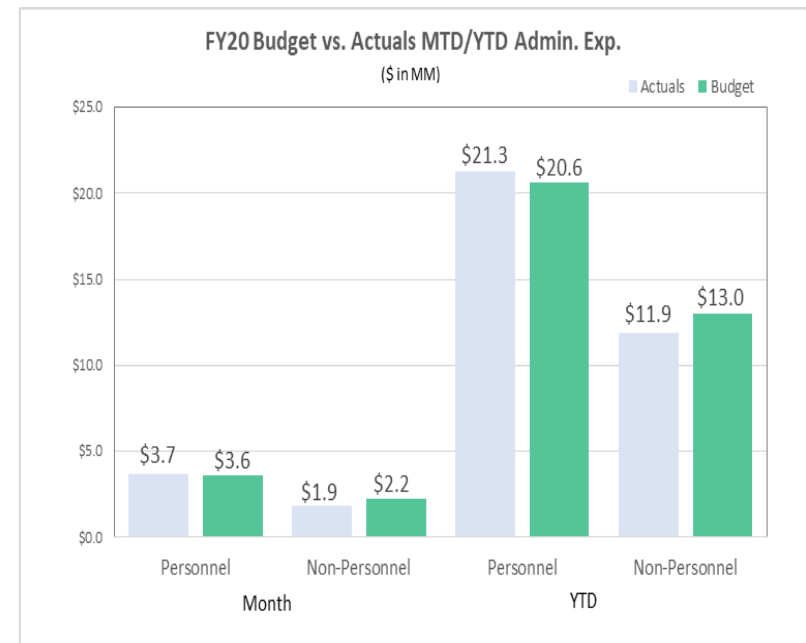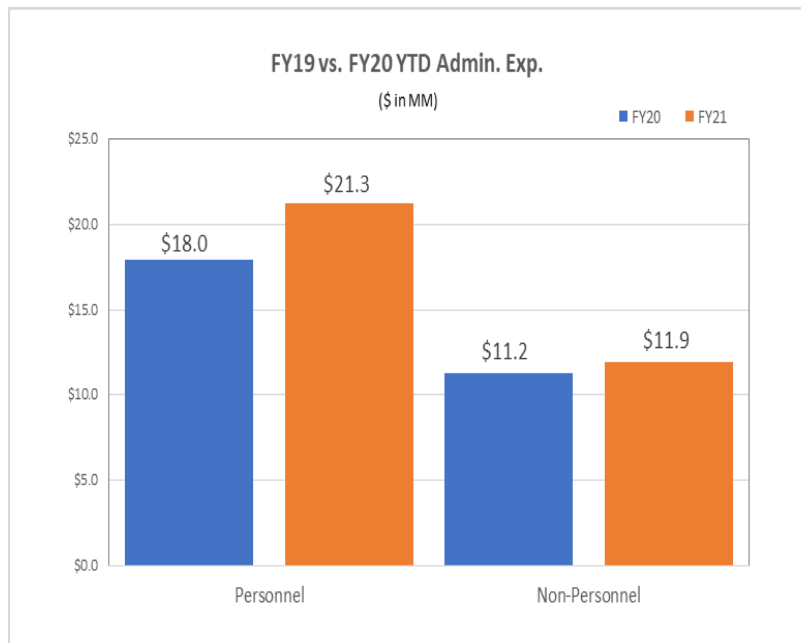
Balance Sheet

- Current assets totaled $907.6M compared to current liabilities of $727.4M, yielding a current ratio (Current Assets/Current Liabilities) of 1.25:1 vs. the DMHC minimum requirement of 1.0:1.

- On a YTD basis, the overall cash balance increased by $1.5M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.

- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$156,597,196	1.29%	$204,904	$704,904
Wells Fargo Investments	$149,782,161	0.15%	$9,167	$180,407
	$306,379,356		$214,071	$885,312
Cash & Equivalents				
Bank of the West Money Market	$463,780	0.13%	$716	$9,200
Wells Fargo Bank Accounts	$28,331,793	0.01%	$477	$3,812
	$28,795,573		$1,194	$13,011
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$107
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$335,480,779**		**$215,372**	**$898,429**

- County of Santa Clara Comingled Pool funds have longer-term investments currently with a higher yield than WFB investments.

- Overall cash and investment yield is lower than budget (0.67% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $213.4M - representing approximately two months of the Plan's total expenses.

	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Dec-20
Actual Net Position/Reserves	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$213.4 M
Required Reserves per DMHC	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$34.4 M
200% of Required Reserve	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$68.8 M
Actual as % Required	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	620.7%

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of December 31, 2020

Tangible Net Equity
Actual vs. Required

Reserves Analysis

SCFHP RESERVES ANALYSIS DECEMBER 2020

Financial Reserve Target #1: Tangible Net Equity

	Approved	Expended	Balance
Unrestricted Net Assets			**$167,689,693** *
Board Designated Funds (Note 1):			
Special Project Funding for CBOs	$4,000,000	$580,727	$3,419,274
Innovation & COVID-19 Fund	$16,000,000	$2,169,999	$13,830,001
Subtotal	$20,000,000	$2,750,726	$17,249,275
Net Book Value of Fixed Assets			$28,165,634
Restricted Under Knox-Keene Agreement			$305,350
Total Tangible Net Equity (TNE)			$213,409,952
Current Required TNE			$34,384,840
TNE %			620.7%
SCFHP Target TNE Range:			
350% of Required TNE (Low)			$120,346,940
500% of Required TNE (High)			$171,924,200
Total TNE Above/(Below) SCFHP Low Target			**$93,063,012**
Total TNE Above/(Below) High Target			**$41,485,751**

Financial Reserve Target #2: Liquidity

	Balance
Cash & Investments	$335,480,779
Less Pass-Through Liabilities:	
Hospital Directed Payments	(38,532,355)
MCO Tax Payable to State of CA	(27,346,174)
Whole Person Care / Prop 56	(44,179,230)
Other Pass-Through Liabilities (Note 2)	(45,623,659)
Total Pass-Through Liabilities	**(155,681,418)**
Net Cash Available to SCFHP	179,799,361
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(153,641,582)
60 Days of Total Operating Expense	(204,855,442)
Liquidity Above/(Below) SCFHP Low Target	26,157,780
Liquidity Above/(Below) High Target	-$25,056,081

- **Unrestricted Net Assets represents less than two months of total expenses.**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of $2.2M. In December 2019, the Governing Board also approved additional $1.8M for Special Project fund ($4M total) and $16M for Innovation Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

- Majority of the capital variances are Community Resource Center, hardware, software, and building improvements due to timing of certain projects.

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$2,469,131	$3,507,100
Hardware	$215,246	$1,282,500
Software	$131,703	$1,194,374
Building Improvements	$425,237	$866,500
Furniture & Equipment	$0	$28,000
TOTAL	**$3,241,317**	**$6,878,474**

Financial Statements

Income Statement

Santa Clara County Health Authority
INCOME STATEMENT
For Six Months Ending December 31, 2020

	Dec-2020 Actuals	% of Rev	Dec-2020 Budget	% of Rev	Current Month Variance $	%	YTD Dec-2020 Actuals	% of Rev	YTD Dec-2020 Budget	% of Rev	YTD Variance $	%
REVENUES												
MEDI-CAL	$ 86,230,521	82.9%	$ 85,047,032	83.9%	$ 1,183,489	1.4%	$ 514,846,990	83.2%	$ 504,962,467	84.0%	$ 9,884,523	2.0%
CMC MEDI-CAL	4,390,185	4.2%	3,006,748	3.0%	1,383,437	46.0%	23,033,521	3.7%	17,681,506	2.9%	5,352,015	30.3%
CMC MEDICARE	13,356,830	12.8%	13,350,408	13.2%	6,422	0.0%	81,274,219	13.1%	78,511,408	13.1%	2,762,811	3.5%
TOTAL CMC	17,747,015	17.1%	16,357,157	16.1%	1,389,858	8.5%	104,307,740	16.8%	96,192,914	16.0%	8,114,826	8.4%
TOTAL REVENUE	$ 103,977,536	100.0%	$ 101,404,189	100.0%	$ 2,573,348	2.5%	$ 619,154,730	100.0%	$ 601,155,381	100.0%	$ 17,999,349	3.0%
MEDICAL EXPENSES												
MEDI-CAL	$ 83,673,851	80.5%	$ 81,039,692	79.9%	$ (2,634,159)	-3.3%	$ 489,065,440	79.0%	$ 476,894,624	79.3%	$ (12,170,816)	-2.6%
CMC MEDI-CAL	2,774,091	2.7%	3,078,907	3.0%	304,815	9.9%	17,565,363	2.8%	18,113,102	3.0%	547,740	3.0%
CMC MEDICARE	12,558,350	12.1%	12,444,724	12.3%	(113,626)	-0.9%	74,116,393	12.0%	73,139,850	12.2%	(976,543)	-1.3%
TOTAL CMC	15,332,441	14.7%	15,523,630	15.3%	191,189	1.2%	91,681,755	14.8%	91,252,952	15.2%	(428,803)	-0.5%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
TOTAL MEDICAL EXPENSES	$ 99,006,292	95.2%	$ 96,563,322	95.2%	$ (2,442,970)	-2.5%	$ 580,754,499	93.8%	$ 568,147,576	94.5%	$ (12,606,922)	-2.2%
MEDICAL OPERATING MARGIN	$ 4,971,244	4.8%	$ 4,840,867	4.8%	$ 130,378	2.7%	$ 38,400,231	6.2%	$ 33,007,805	5.5%	$ 5,392,426	16.3%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,728,087	3.6%	$ 3,625,147	3.6%	$ (102,940)	-2.8%	$ 21,275,350	3.4%	$ 20,616,410	3.4%	$ (658,940)	-3.2%
RENTS AND UTILITIES	84,384	0.1%	43,275	0.0%	(41,110)	-95.0%	240,665	0.0%	206,735	0.0%	(33,930)	-16.4%
PRINTING AND ADVERTISING	0	0.0%	75,429	0.1%	75,429	100.0%	118,721	0.0%	435,800	0.1%	317,079	72.8%
INFORMATION SYSTEMS	269,369	0.3%	343,322	0.3%	73,953	21.5%	1,595,235	0.3%	2,013,933	0.3%	418,698	20.8%
PROF FEES/CONSULTING/TEMP STAFFING	721,515	0.7%	986,155	1.0%	264,640	26.8%	5,542,904	0.9%	5,820,472	1.0%	277,568	4.8%
DEPRECIATION/INSURANCE/EQUIPMENT	392,112	0.4%	369,671	0.4%	(22,441)	-6.1%	2,040,120	0.3%	2,097,360	0.3%	57,239	2.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	76,478	0.1%	78,474	0.1%	1,996	2.5%	388,593	0.1%	363,573	0.1%	(25,020)	-6.9%
MEETINGS/TRAVEL/DUES	87,545	0.1%	112,258	0.1%	24,713	22.0%	473,045	0.1%	669,075	0.1%	196,030	29.3%
OTHER	240,475	0.2%	230,667	0.2%	(9,808)	-4.3%	1,497,976	0.2%	1,382,352	0.2%	(115,624)	-8.4%
TOTAL ADMINISTRATIVE EXPENSES	$ 5,599,966	5.4%	$ 5,864,399	5.8%	$ 264,433	4.5%	$ 33,172,609	5.4%	$ 33,605,711	5.6%	$ 433,101	1.3%
OPERATING SURPLUS (LOSS)	$ (628,722)	-0.6%	$ (1,023,532)	-1.0%	$ 394,811	-38.6%	$ 5,227,622	0.8%	$ (597,906)	-0.1%	$ 5,825,528	-974.3%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	$ 84,067	0.1%	$ 60,000	0.1%	$ (24,067)	-40.1%	$ 504,404	0.1%	$ 360,000	0.1%	$ (144,404)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	284,152	0.3%	75,000	0.1%	(209,152)	-278.9%	1,704,912	0.3%	450,000	0.1%	(1,254,912)	-278.9%
NON-OPERATING EXPENSES	$ 368,219	0.4%	$ 135,000	0.1%	$ (233,219)	-172.8%	$ 2,209,316	0.4%	$ 810,000	0.1%	$ (1,399,316)	-172.8%
INTEREST & INVESTMENT INCOME	$ 215,265	0.2%	$ 350,000	0.3%	$ (134,735)	-38.5%	$ 898,323	0.1%	$ 2,100,000	0.3%	$ (1,201,677)	-57.2%
OTHER INCOME	31,473	0.0%	33,668	0.0%	(2,195)	-6.5%	852,536	0.1%	198,919	0.0%	653,617	328.6%
NON-OPERATING INCOME	$ 246,738	0.2%	$ 383,668	0.4%	$ (136,930)	-35.7%	$ 1,750,858	0.3%	$ 2,298,919	0.4%	$ (548,060)	-23.8%
NET NON-OPERATING ACTIVITIES	$ (121,481)	-0.1%	$ 248,668	0.2%	$ (370,150)	-148.9%	$ (458,457)	-0.1%	$ 1,488,919	0.2%	$ (1,947,376)	-130.8%
NET SURPLUS (LOSS)	$ (750,203)	-0.7%	$ (774,864)	-0.8%	$ 24,661	3.2%	$ 4,769,165	0.8%	$ 891,013	0.1%	$ 3,878,152	435.3%

Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
As of December 31, 2020

	Dec-2020	Nov-2020	Oct-2020	Dec-2019
Assets				
Current Assets				
Cash and Investments	335,480,779	327,974,253	352,583,853	302,290,000
Receivables	561,944,558	519,117,475	523,710,482	564,782,828
Prepaid Expenses and Other Current Assets	10,139,670	9,277,640	9,350,628	9,966,417
Total Current Assets	**907,565,007**	**856,369,368**	**885,644,963**	**877,039,245**
Long Term Assets				
Property and Equipment	50,627,203	50,329,615	50,220,519	46,127,393
Accumulated Depreciation	(22,461,569)	(22,131,437)	(21,806,251)	(19,198,652)
Total Long Term Assets	28,165,634	28,198,178	28,414,268	26,928,742
Total Assets	**935,730,641**	**884,567,546**	**914,059,230**	**903,967,987**
Deferred Outflow of Resources	**8,402,260**	**8,402,260**	**8,402,260**	**9,237,609**
Total Assets & Deferred Outflows	**944,132,901**	**892,969,806**	**922,461,490**	**913,205,596**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,192,320	8,674,019	7,120,503	6,110,110
Deferred Rent	48,243	48,071	47,900	0
Employee Benefits	2,858,642	2,793,372	2,585,153	1,944,170
Retirement Obligation per GASB 75	2,618,301	2,534,233	2,450,166	3,049,114
Deferred Revenue - Medicare	0	0	20,476,272	0
Whole Person Care / Prop 56	44,179,230	45,872,521	42,736,765	28,925,879
Payable to Hospitals (SB90)	37,699,413	534,979	531,963	0
Payable to Hospitals (SB208)	832,942	203,428	206,574	0
Pass-Throughs Payable	26,787	26,787	26,787	2,755,503
Due to Santa Clara County Valley Health Plan and Kaiser	22,553,954	19,192,019	18,589,122	32,490,778
MCO Tax Payable - State Board of Equalization	27,346,174	18,230,783	36,461,565	62,115,420
Due to DHCS	45,596,872	46,989,606	47,266,463	42,054,661
Liability for In Home Support Services (IHSS)	419,268,582	419,268,582	419,268,582	416,092,527
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	107,840,726	103,064,639	99,575,513	102,726,060
Total Current Liabilities	**727,356,210**	**675,727,065**	**705,637,355**	**706,558,246**
Non-Current Liabilities				
Net Pension Liability GASB 68	1,704,912	1,420,759.68	1,136,608	429,957
Total Non-Current Liabilities	**1,704,912**	**1,420,759.68**	**1,136,608**	**429,957**
Total Liabilities	**729,061,122**	**677,147,825**	**706,773,962**	**706,988,203**
Deferred Inflow of Resources	**1,661,827**	**1,661,827**	**1,661,827**	**2,994,548**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,419,274	3,439,274	3,439,274	3,840,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,830,001	16,000,000
Invested in Capital Assets (NBV)	28,165,634	28,198,178	28,414,268	26,928,742
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	162,920,529	162,867,984	162,651,895	155,051,661
Current YTD Income (Loss)	4,769,165	5,519,368	5,384,914	1,097,091
Total Net Assets / Reserves	**213,409,952**	**214,160,155**	**214,025,701**	**203,222,844**
Total Liabilities, Deferred Inflows and Net Assets	**944,132,901**	**892,969,806**	**922,461,490**	**913,205,596**

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Cash Flow Statement

	Dec-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	68,873,110	836,099,998
Medical Expenses Paid	(90,868,270)	(572,410,044)
Adminstrative Expenses Paid	29,552,536	(260,678,185)
Net Cash from Operating Activities	**7,557,376**	**3,011,768**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(297,588)	(3,241,317)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	246,738	1,750,858
Net Increase/(Decrease) in Cash & Cash Equivalents	**7,506,526**	**1,521,309**
Cash & Investments (Beginning)	327,974,253	333,959,470
Cash & Investments (Ending)	335,480,779	335,480,779
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	(996,941)	3,018,306
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	330,132	1,724,771
Changes in Operating Assets/Liabilities		
Premiums Receivable	(42,827,083)	249,062,158
Prepaids & Other Assets	(862,030)	(275,971)
Accounts Payable & Accrued Liabilities	35,768,467	(228,449,972)
State Payable	7,722,656	(32,116,890)
IGT, HQAF & Other Provider Payables	3,361,935	(12,391,121)
Net Pension Liability	284,152	1,704,912
Medical Cost Reserves & PDR	4,776,087	20,735,575
Total Adjustments	**8,554,317**	**(6,538)**
Net Cash from Operating Activities	**7,557,376**	**3,011,768**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

		Santa Clara County Health Authority			
		Statement of Operations			
		By Line of Business (Including Allocated Expenses)			
		For Six Months Ending December 31, 2020			

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$514,846,990	$23,033,521	$81,274,219	$104,307,740	**$619,154,730**
MEDICAL EXPENSE	$489,065,440	$17,565,363	$74,116,393	$91,681,755	**$580,754,499**
(MLR)	95.0%	76.3%	91.2%	87.9%	93.8%
GROSS MARGIN	$25,781,550	$5,468,158	$7,157,827	$12,625,985	**$38,400,231**
ADMINISTRATIVE EXPENSE	$27,584,087	$1,234,073	$4,354,449	$5,588,522	**$33,172,609**
(% of Revenue Allocation)					
OPERATING INCOME/(LOSS)	($1,802,537)	$4,234,085	$2,803,377	$7,037,463	**$5,227,622**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	($381,222)	($17,055)	($60,180)	($77,235)	**($458,457)**
(% of Revenue Allocation)					
NET INCOME/(LOSS)	($2,183,759)	$4,217,030	$2,743,197	$6,960,227	**$4,769,165**
PMPM (ALLOCATED BASIS)					
REVENUE	$336.67	$405.58	$1,431.09	$1,836.66	**$390.38**
MEDICAL EXPENSES	$319.81	$309.29	$1,305.05	$1,614.34	**$366.17**
GROSS MARGIN	$16.86	$96.28	$126.04	$222.32	**$24.21**
ADMINISTRATIVE EXPENSES	$18.04	$21.73	$76.67	$98.40	**$20.92**
OPERATING INCOME/(LOSS)	($1.18)	$74.55	$49.36	$123.92	**$3.30**
OTHER INCOME/(EXPENSE)	($0.25)	($0.30)	($1.06)	($1.36)	**($0.29)**
NET INCOME/(LOSS)	($1.43)	$74.25	$48.30	$122.56	**$3.01**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,529,242	56,792	56,792	56,792	1,586,034
REVENUE BY LOB	83.2%	3.7%	13.1%	16.8%	100.0%

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY-2021

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
NON DUAL	Adult (over 19)	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	4,451	16.9%
	Child (under 19)	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	2,999	3.1%
	Aged - Medi-Cal Only	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	256	2.3%
	Disabled - Medi-Cal Only	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	-45	(0.4%)
	Adult Expansion	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	9,924	13.3%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	10	-1	(9.1%)
	Long Term Care	379	373	367	380	398	405	402	406	407	409	389	393	388	-17	(4.2%)
	Total Non-Duals	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**237,137**	**17,567**	**8.0%**

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
DUAL	Adult (21 Over)	330	328	320	311	320	321	327	320	337	354	353	353	352	31	9.7%
	SPD (21 Over)	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	391	1.7%
	Adult Expansion	139	130	136	134	190	241	261	289	358	410	498	537	590	349	144.8%
	BCCTP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	-133	(10.7%)
	Total Duals	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**25,956**	**638**	**2.5%**

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
Total Medi-Cal	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**263,093**	**18,205**	**7.4%**

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
CMC	CMC Non-Long Term Care	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	839	9.6%
	CMC - Long Term Care	224	225	213	214	212	212	215	211	216	210	209	207	193	-19	(9.0%)
	Total CMC	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**9,807**	**820**	**9.1%**

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
Total Enrollment	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**272,900**	**19,025**	**7.5%**

Regular Meeting of the
Santa Clara County Health Authority
Compliance Committee

Thursday February 25, 2021, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Tyler Haskell, Interim Compliance Officer
Sue Murphy, Board Member
Christine M. Tomcala, Chief Executive Officer
Neal Jarecki, Executive Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong. VP Strategies and Analysis
Teresa Chapman, VP Human Resources
Laura Watkins, VP Marketing and Enrollment

Staff Present
Barbara Granieri, Controller
Daniel Quan, Medicare Compliance Manager
Anna Vuong, Compliance Manager
Sylvia Luong, Audit Program Manager
Mai-Phuong Nguyen, Oversight Manager
Sonia Lopez, Compliance Coordinator
Rita Zambrano, Executive Assistant

1. **Roll Call**

   Tyler Haskell. Interim Compliance Officer, called the meeting to order at 2:01 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the November 19, 2020 Regular Compliance Committee meeting were reviewed.

   It was moved, seconded, and the November 19, 2020 Regular Compliance Committee minutes were **unanimously approved.**

Motion:	Ms. Murphy
Second:	Ms. Tomcala
Ayes:	Mr. Haskell, Mr. Jarecki, Dr. Nakahira, Ms. Turner, Ms. Watkins, Ms. Bui-Tong, Ms. Chapman, Mr. Tamayo

4. **Compliance Staffing Update**

   Mr. Haskell provided an update on several staffing changes within the Compliance Department, noting three team members have left the organization, and Sonia Lopez has been hired as a Compliance Coordinator. Mr. Haskell also stated there are three open positions and the team was fairly close to making offers to fill all positions.

5. Regulatory Audit Report

Mr. Haskell presented regulatory audit updates for the Compliance Program Effectiveness (CPE), DHCS, DMHC, and Medicare Data Validation (MDV) audits. Anna Vuong, Medi-Cal Manager, provided updates on the upcoming state audits, stating that pre-audit documents have been provided to DMHC and DHCS which include policies and procedures, desktop procedures and member files. Mr. Haskell provided updates on outstanding DHCS corrective action plans (CAPs), stating that implementation steps for five out of six CAPs have been completed. Dr. Laurie Nakahira, Chief Medical Officer, provided an update on the CAP for initial health assessments (IHA), stating that three out of six planned implementation steps have been completed.

6. Oversight Activity Report

a. Mai-Phuong Nguyen, Oversight Manager, presented the Compliance Dashboard and noted that measures not met for two consecutive quarters will result in a corrective action plan.

    Ms. Nguyen indicated there was currently no data indicating completion of individual care plans for newly enrolled SPD (seniors and persons with disabilities) members. Sue Murphy, Board Member, asked when the data for this metric will be available. Ms. Nguyen responded that the data will be available April 1, 2021.

    Ms. Nguyen stated there are no issues with general compliance measures.

b. Daniel Quan, Medicare Compliance Manager, reported on delegation audits and noted the open audits included Kaiser, PCNC, PMG, and VHP. Mr. Quan stated that the MedImpact audit is closed and that no CAPs were issued. Mr. Quan also stated that the audit of Vision Service Plan (VSP) is also closed, with CAPs issued for staff and provider training as well as implementation of call center metrics and G&A data. Mr. Quan also reported on internal audits and stated that open audits included UM and Quality. Mr. Quan reported that the audit of Claims has been completed with one claim needing to be reprocessed and one data integrity issue. Mr. Quan reported that the audit of Pharmacy has also been completed, with observations to review and update policies and processes. Mr. Quan stated that the SCFHP Website audit has been completed and that an implementation of a prior authorization form into the web portal is currently in progress.

    Mr. Quan further presented an overview of the Compliance Program Effectiveness (CPE) audit results conducted by MCS. Mr. Quan reviewed the conditions for not listening to calls during the audit of customer service, as well as for incorrectly classifying an identified deficiency for employee screening as an observation. Ms. Tomcala clarified that listening to call recordings was not an audit requirement, but if calls are recorded, CMS would listen to them during an audit. Mr. Quan stated that other observations included employee training being conducted outside of five days of hire and lack of detail regarding audit results within Compliance Committee meeting minutes. Mr. Quan stated that Compliance will be connecting with internal departments to address the results of the CPE audit.

c. Mr. Quan presented the Risk Assessment and Audit Work Plan for 2021. Ms. Murphy asked if 2021 Q1 activities have started. Mr. Quan responded that they have not started and that Compliance will begin communications with internal departments to begin audit planning.

7. Fraud, Waste, and Abuse Report

Ms. Nguyen reported on Fraud, Waste, and Abuse (FWA), noting that since Jan 1, 2021, there have been a total of 12 suspected leads. Ms. Nguyen stated that the cases involved cost sharing, duplicate billing, drug diversions, and medically unnecessary cases.

Ms. Nguyen explained the FWA process of initial review and preliminary investigation, and stated that three cases were closed as non-FWA, three cases were sent to DHCS, one is undergoing ongoing monitoring, and three potential FWA cases are currently being investigated.

Ms. Nguyen also stated that the FWA team is currently working on two procedures, for the FWA program and FWA management, and hopes to have them done by the next FWA Workgroup meeting to be finalized and approved.

It was noted the Committee should expect to see a written FWA report at future meetings.

8. Adjournment

The meeting was adjourned at 2:57 pm. The next meeting will be on May 27, 2021.

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Susan G. Murphy, Secretary

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, February 9, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present	Specialty	Staff Present
Ria Paul, MD, Chair	Emergency Medicine	Chris Turner, Chief Operating Officer
Ali Alkoraishi, MD	Adult & Child Psychiatry	Laura Watkins, Vice President , Marketing and Enrollment
Jennifer Foreman, ND	Pediatrics	
Jimmy Lin, MD	Internist	Tyler Haskell, Interim Compliance Officer
Laurie Nakahira, D.O., Chief Medical Officer		Johanna Liu, PharmD, Director, Quality & Process Improvement
Christine Tomcala, Chief Executive Officer		Raman Singh, Director, Case Management
		Lucile Baxter, Manager, Quality & Health Education
Members Absent		Jayne Giangreco, Manager, Administrative Services
Jeffery Arnold, MD	Geriatric Medicine	
Nayyara Dawood, MD	Pediatrics	Charlene Luong, Manager, Grievance and Appeals
		Carmen Switzer, Manager, Provider Network Access
		Theresa Zhang, Manager, Communications
		Neha Patel, Quality Improvement, RN
		Lan Tran, Quality Improvement, RN
		Zara Hernandez, Health Educator
		Divya Shah, Health Educator
		Nancy Aguirre, Administrative Assistant

1. **Roll Call**

   Ria Paul, MD, Chair, called the meeting to order at 6:04 pm. Roll call was taken.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   Minutes of the December 9, 2020 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

   It was moved, seconded and the minutes of the October 21, 2020 meeting were **unanimously approved.**

   Motion: Dr. Lin
   Second: Dr. Nakahira

Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Paul, Ms. Tomcala, Dr. Arnold,
Absent: Dr. Arnold, Dr. Dawood, Dr. Foreman

4. **CEO Update**

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 271,000 members. Of which, approximately 10,000 are Cal MediConnect (CMC) members and 261,000 are Medi-Cal (MC) members. This reflects an 11.8% increase from last year. However, a lot of these members' aren't new members, but rather members whose redeterminations are on hold due to the public health emergency.

Ms. Tomcala noted SCFHP staff continue to primarily work remotely from home, as Santa Clara County is in the purple tier. Discussions regarding COVID-19 vaccine distributions are underway, and SCFHP is anxious to participate with the County as well as the State in terms of distribution plans to our members.

Ms. Tomcala briefly mentioned the MC RX transition delay. The transition has been extended to April 1, 2021. The Pharmacy Team will discuss this further in the meeting.

This concludes Ms. Tomcala's update. No questions were asked.

5. **Assessment of Network Adequacy MY2020**

Carmen Switzer, Manager, Provider Network Access, reviewed the Assessment of Network Adequacy MY2020. Ms. Switzer noted the report includes the assessments of member complaints and out of network (OON) requests, as well as the results from access studies previously presented to the QI committee.

Ms. Switzer reviewed the Member Behavioral Health Survey results and noted the majority of members reported positive or neutral experiences through their use of behavioral health care providers and services. Ms. Switzer reviewed results for Member Access Complaints and Appeals and noted no appeals were filed. The Plan identified the highest number of member compliances were regarding transportation.

Ms. Switzer reviewed the results for the Member OON Requests for both Non-Behavioral Health and Behavioral Health Providers. Barrier, opportunities, and methods of intervention were reviewed.

> **It was moved, seconded and** the Assessment of Network Adequacy MY2020 was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

6. **Review of Quality Improvement (QI) Program Description 2021**

Lucille Baxter, Quality and Health Education Manager, presented the QI Program Description 2021. The QI Program Description 2021 is the same as last year, with the exception of a few changes.

Quarterly review and updates to the Work Plan are now documented and available to regulatory agencies upon request. The description of the Chief Medical Officer's responsibilities were modified.

Additionally, two positions were created, Quality and Health Education Manager as well as the Clinical Quality and Safety Manager. The responsibilities of the Grievance & Appeals Clinical Specialist, RN, the Social Work Case Manager, and the Medical Management Personal Care Coordinator were all updated.

Included in the QIC section are the responsibilities of the Compliance Committee. A new section titled, 'XXI. Health Education' has been added to the QI Program Description 2021.

> **It was moved, seconded and** the QI Program Description 2021 was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Paul, Ms. Tomcala

7. Review of Health Education (HE) Program Description 2021, HE Work Plan 2021, and HE Evaluation 2020

Zara Hernandez, Health Educator, presented the HE Program Description 2021, HE Work Plan 2021, and the HE Evaluation 2020. No substantial changes were made to the HE Program Description 2021.

Ms. Hernandez reviewed the HE Work Plan 2021 and noted SCFHP is currently renewing some of the contracts with our health education vendors. SCFHP is looking to expand the Health Education program in order to continue to offer classes in a wide range of health and wellness topics.

Ms. Hernandez noted SCFHP is planning to implement two projects based on identified health disparities.

It was moved, seconded and the HE Program Description 2021, HE Work Plan 2021, and HE Evaluation 2020 were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

8. Review of Cultural and Linguistics (C&L) Program Description 2021, C&L Work Plan 2021, and C&L Evaluation 2020

Divya Shah, Health Educator, presented the C&L Program Description 2021, C&L Work Plan 2021, and C&L Evaluation 2020. There weren't any changes made to the C&L Program Description 2021.

Ms. Shah explained the C&L Dashboard, used to track language utilization for calls made by internal staff and providers, will shift focus to monitor the interpreter connection times more closely. SCFHP will continue to work internally to standardize this tracking process.

Ms. Shah noted SCFHP is currently working with a translation vendor to transition all translation requests to the portal. The portal will allow SCFHP to easily pull reports with all the details of the translations request.

Ms. Tomcala asked who would be making the translation requests. Ms. Shah clarified the requests would come from SCFHP internal staff, such as the Compliance, QI, and Grievance and Appeals departments.

Ms. Shah noted for the C&L Evaluation 2020, SCFHP submitted its first DHCS Population Needs Assessment and provided an action plan, due every year on June 30th.

It was moved, seconded, and the C&L Program Description 2021, C&L Work Plan 2021, and C&L Evaluation 2020 were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

9. Review of Population Health Assessment (PHA)

Johanna Liu, PharmD, Director, Quality and Process Improvement presented the PHA for 2021. The purpose of the PHA is to understand the needs and characteristics of our members and community. Data sources, both internal and external, are utilized to complete the PHA. Dr. Liu reviewed the CMC Population needs identified and noted this information will be used to inform the Population Health Management Strategy.

It was moved, seconded, and the PHA was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Foreman, Ms. Tomcala

10. Review of Clinical, Behavioral, and Medical Preventative Practice Guidelines

Dr. Liu presented the Clinical, Behavioral, and Medical Preventative Practice Guidelines. An annual update to these Guidelines are part of an NQCA requirement. The Health Education and the QI teams review these Practice Guidelines to ensure requirements are met.

Dr. Liu noted no major changes were made to the Clinical, Behavioral, and Medical Preventative Practice Guidelines. Smoking Cessation and Tobacco Use as well as the Top 10 Diagnosis were added to the Practice Guidelines. Updated links with refreshed material and Lead Screening were also included.

It was moved, seconded, and the Clinical, Behavioral, and Medical Preventative Practice Guidelines were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

11. Annual Review of QI Policies

a. **QI.05** – No changes made.

b. **QI.07** – No changes made.

c. **QI.10** – No changes made.

d. **QI.13** – Lines of Business are now MC and CMC. Minor grammatical changes on page 2. Date updated to 2021 for reference inspection.

e. **QI.29** – Previously under Utilization Management Committee review. Minor grammatical changes on page 2. Responsibility section updated to reflect accountability on the Case Management department. Updated reference for NQCA to 2021.

It was moved, seconded, and the QI Policies were **unanimously approved.**

Motion: Dr. Ali
Second: Dr. Nakahira
Ayes: Dr. Foreman, Dr. Lin, Dr. Nakahira, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

12. American with Disabilities Act (ADA) Work Plan 2021

Neha reviewed the ADA Work Plan 2021. The ADA Work Plan is comprised of different metrics, measuring the patient safety, access, health education, grievance monitoring, and delivery of preventative care. Ms. Patel noted the Physical Accessibility Review: Number of High Volume Specialists was postponed due to the COVID-19 pandemic.

13. Initial Health Assessment (IHA): Q1 and Q2 Reports

Ms. Patel reviewed the IHA: Q1 & Q2 Reports. The IHA is a MC requirement for all new members and is completed upon initial enclosure or within a week of selected/assigned PCP. Each quarter, SCFHP randomly selects 10 providers, and of those 10 providers, 5 members are selected for the review of IHA completion.

Ms. Patel reported all IHA element scores were above 50%, with the exception of the Staying Healthy Assessment (SHA) Questionnaire. Ms. Patel reviewed the IHA findings, barriers, and the planned actions to overcome barriers.

Dr. Paul asked if provider groups have enough incentives to work on the IHA, given the current state of emergency. Johanna Liu, PharmD, Director, Quality and Process Improvement, explained IHA continues to be part of our Provider Performance Program (PPP), so some provider groups are financially incentivized that way.

From a quality perspective, SCHP is still in collaboration with provider network groups to improve their scores.

14. Grievance and Appeals Report Q4 2020

Dr. Liu deferred the Q4 2020 Report to next QIC Meeting in April.

15. Quality Dashboard

Dr. Liu presented the Quality Dashboard for November 2020 – January 2021. Dr. Liu reported 93% of PQIs due from November 2020 – January 2021 closed on time within 60 days.

For Member Incentives: Wellness Rewards Mailing, Dr. Liu noted a total of 75,064 mailers and 35,048 gift cards were mailed since July 2020.

Ms. Tomcala asked for clarification regarding the Member Incentive Mailings and Gift Card Payouts for AMR and CDC. The data reflects a higher distribution of gift cards than mailed letters. Dr. Liu explained that for AMR, members qualify for a gift card every quarter and for CDC, the entire population is eligible for gift cards, and only certain members were targeted for mailings.

Dr. Liu reviewed the Outreach Call Campaign, Health Homes Program (HHP), and Facility Site Review (FSR). During the outreach calls aimed to close gaps in care, and prior to the COVID-19 vaccine release, SCFHP included a few COVID-19 talking points when checking-in with members.

16. Compliance Report

Tyler Haskell, interim Compliance Officer, presented the Compliance Report. SCFHP recently completed its annual Compliance Program (CPE) Audit. Mr. Haskell noted the annual Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit will take place in March, covering a review period of March 2020 through February 2021. Also in March, the Plan will undergo a follow-up audit of the 2019 Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit.

17. Pharmacy and Therapeutics (P&T) Committee

Dr. Lin reviewed the P&T Committee minutes for the September 17, 2020 meeting.

It was moved, seconded, and the minutes of the September 17, 2020 P&T meetings were **unanimously approved.**

Motion:	Dr. Alkoraishi
Second:	Dr. Lin
Ayes:	Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent:	Dr. Arnold, Dr. Dawood

18. Pharmacy and Therapeutics (P&T) Committee

Dr. Lin reviewed the draft P&T Committee minutes for the December 17, 2020 meeting.

It was moved, seconded, and the draft minutes of the December 17, 2020 P&T meetings were **unanimously approved.**

Motion:	Dr. Alkoraishi
Second:	Dr. Lin
Ayes:	Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent:	Dr. Arnold, Dr. Dawood

19. Utilization Management Committee (UMC)

Dr. Lin reviewed the UMC minutes for the October 14, 2020 meeting.

It was moved, seconded, and the minutes of the October 14, 2020 UMC meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Arnold, Dr. Dawood

20. Credentialing Committee Report

Dr. Nakahira reviewed the December 2, 2020 Credentialing Committee Report. Dr. Nakahira noted there were no terminations, suspensions, or resignations reported.

21. Adjournment

The next QIC meeting will be held on April 14, 2021. The meeting was adjourned at 7:36 pm.

_____   _____

Ria Paul, MD, Chair   Date

Assessment of Network Adequacy 2020
Cal Medi-Connect

Prepared by: Carmen Switzer, Provider Network Access Manager

For review and approval by the Quality Improvement Committee

February 9, 2021

Introduction

At least annually, SCFHP conducts a quantitative analysis against availability and accessibility standards and a qualitative analysis on performance.

Provider types included in this assessment are primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers.

An analysis on member complaints/appeals and member requests for out-of-network services is also conducted to identify and monitor access issues.

Opportunities to improve network adequacy are identified and prioritized based on the outcome of access assessments.

Availability Assessment (NET 1)

Maximum Driving Time & Distance (MTD)

Provider to Member Ratios (PMR)

Table I: Primary Care Providers   **Member Count = 7967**

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7525	442	94.4%	10 min and 5 miles	90%	Met

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 94.4%.

- The NET 1 report also showed that the Plan's PCP network met provider to member ratios at 1:42 – goal = 1:87.

Availability Assessment (NET 1)

Table II: Cardiology (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7866	101	98.7%	20 min and 10 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 98.7%.

- The NET 1 report also showed that the Plan's Cardiology network met provider to member ratios at 1:57 – goal = 1:300.

Availability Assessment (NET 1)

Table III: Gynecology (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7967	6	99.9%	30 min and 15 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 99.9%.

- The NET 1 report also showed that the Plan's Gynecology network met provider to member ratios at 1:55 – goal = 1:1200.

Availability Assessment (NET 1)

Table IV: Ophthalmology (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7907	160	99.2%	20 min and 10 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 99.2%.

- The NET 1 report also showed that the Plan's Ophthalmology network met provider to member ratios at 1:74 – goal = 1:300.

Availability Assessment (NET 1)

Table V: Hematology/Oncology (HIP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7585	382	95.2%	20 min and 10 miles	90%	Met

* HIP = High Impact Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 95.2%.

- The NET 1 report also showed that the Plan's Hematology/Oncology network met provider to member ratios at 1:76 – goal = 1:400.

Availability Assessment (NET 1)

Table VI: Psychiatry (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7964	13	99.9%	20 min and 10 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 99.9%.

- The NET 1 report also showed that the Plan's Psychiatry network met provider to member ratios at 1:53 – goal = 1:600.

Availability Assessment (NET 1)

Table VII: Marriage/Family Therapy (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7964	13	99.9%	20 min and 10 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 99.9%.

- The NET 1 report also showed that the Plan's Marriage/Family Therapy network met provider to member ratios at 1:53 – goal = 1:600.

Availability Assessment (NET 1)

Table VIII: Clinical Social Worker (HVP)

Provider Type	Members with Access	Members without Access	% with Access	Standard	Goal	Met/Not Met
All	7433	534	93.3%	20 min and 10 miles	90%	Met

* HVP = High Volume Provider

- As shown in the table, the NET 1 report (availability of network providers) showed that the standards for time and distance was met at 93.3%.

- The NET 1 report also showed that the Plan's Clinical Social Worker network met provider to member ratios at 1:137 – goal = 1:600.

Availability Assessment (NET 1)

Conclusion: MTD & PMR -

- The assessment showed that provider to member ratios were met at 100%.

- Year to year comparisons indicate that provider to member ratios remain steady.

- The assessment showed that maximum time and distance standards were met at 100%.

- Time and distance goals were exceeded at 93.3% (lowest) and 99.9% (highest).

Accessibility Assessment (NET 2)

Primary Care Provider – Appointment Availability

Table I: Standard - Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=636)	187	90%	No	65%	-3

Table II: Standard - Non-Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=636)	194	90%	Yes	92%	+7

- As reported in the NET 2 analysis, the PCP network did not meet the urgent care appointment standard (65%), 25 percentage points below goal, and the non-urgent care appointment standard was met at 92%, 2 percentage points above goal.

Accessibility Assessment (NET 2)

Specialist – Appointment Availability

Table III: Standard - Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Cardiology (N=109)	25	90%	No	67%	+9

Table IV: Standard - Non-Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Cardiology (N=109)	27	90%	No	88%	+16

- As reported in the NET 2 analysis, the Cardiology network did not meet the urgent care appointment standard (67%), 23 percentage points below goal, and the non-urgent care appointment was not met (88%), 2 percentage points below goal.

Accessibility Assessment (NET 2)

Table V: Standard - Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Gynecology (N=170)	25	90%	No	51%	+4

Table VI: Standard - Non-Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Gynecology (N=170)	33	90%	No	83%	+24

- As reported in the NET 2 analysis, the Gynecology network did not meet the urgent care appointment standard (51%), 39 percentage points below goal, and the non-urgent care appointment was not met (83%), 7 percentage points below goal.

Accessibility Assessment (NET 2)

Table VII: Standard - Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Ophthalmology (N=167)	23	90%	No	85%	+16

Table VIII: Standard - Non-Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Ophthalmology (N=167)	24	90%	No	80%	-1

- As reported in the NET 2 analysis, the Ophthalmology network did not meet the urgent care appointment standard (85%), 5 percentage points below goal, and the non-urgent care appointment was not met (80%), 10 percentage points below goal.

Accessibility Assessment (NET 2)

Table IX: Standard - Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Oncology (N=81)	15	90%	No	48%	+4

Table X: Standard - Non-Urgent Care

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Oncology (N=81)	16	90%	No	76%	-3

- As reported in the NET 2 analysis, the Oncology network did not meet the urgent care appointment standard (48%), 42 percentage points below goal, and the non-urgent care appointment was not met (76%), 14 percentage points below goal.

Accessibility Assessment (NET 2)

Behavioral Health – Appointment Availability

Table XI: Psychiatry (N=119) – Prescribers (HVP)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	17	90%	N	71%	+13
Urgent Care within 48-hours	10	90%	N	20%	-5
Non-Life Threatening Emergency within 6hrs	10	90%	N	0%	None
Follow-up Routine Care within 30-days	13	90%	N	70%	+12

- As reported in the NET 2 analysis, while the goal was not meet across all standards, as shown in the table accessibility improved in 2 areas. The only decrease in performance from 2019 was Urgent Care by 5 percentage points.

Accessibility Assessment (NET 2)

Table XII: Psychology (N=32) – Prescribers (HVP)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	2	90%	Y	100%	+67
Urgent Care within 48-hours	2	90%	Y	100%	+80
Non-Life Threatening Emergency within 6hrs	1	90%	N	0%	-25
Follow-up Routine Care within 30-days	1	90%	Y	100%	+33

- As reported in the NET 2 analysis, the goal was met across all metrics with the exception of non-life threatening emergency within 6hrs. Appointment access improved in 3 areas from 2019.

Accessibility Assessment (NET 2)

Table XIII: Non-Physician Mental Health (N=120) – Non-Prescribers (HVP)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	5	90%	Y	100%	+37
Urgent Care within 48-hours	5	90%	N	0%	-50
Non-Life Threatening Emergency within 6hrs	5	90%	N	0%	None
Follow-up Routine Care within 30-days	5	90%	Y	100%	+33

- As reported in the NET 2 analysis, the goal was met across 2 metrics (initial/routine & follow-up care) and not met across the other 2 metrics (urgent care and non-life threatening emergency within 6hrs). Appointment access increased from 2019 across 2 metrics - initial/routine and follow-up care.

Accessibility Assessment (NET 2)

Table XIII: Marriage/Family Therapy (N=34) – Non-Prescribers (HVP)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	3	90%	Y	100%	+25
Urgent Care within 48-hours	3	90%	N	0%	-63
Non-Life Threatening Emergency within 6hrs	3	90%	N	0%	None
Follow-up Routine Care within 30-days	3	90%	Y	100%	+33

- As reported in the NET 2 analysis, the goal was met across 2 standards (initial/routine & follow-up care) and not met across the other 2 standards (urgent care and non-life threatening emergency within 6hrs). Appointment access increased from 2019 across 2 standards - initial/routine and follow-up care.

Accessibility Assessment (NET 2)

Table XIII: Licensed Clinical Social Worker (N=28) – Non-Prescribers (HVP)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	2	90%	Y	100%	None
Urgent Care within 48-hours	2	90%	N	0%	-75
Non-Life Threatening Emergency within 6hrs	2	90%	N	0%	None
Follow-up Routine Care within 30-days	2	90%	Y	100%	None

- As reported in the NET 2 analysis, the goal was met across 2 metrics (initial/routine & follow-up care) and not met across the other 2 metrics (urgent care and non-life threatening emergency within 6hrs). Appointment access decreased from 2019 across 1 metric – urgent care.

Accessibility Assessment (NET 1)

Conclusions – Appointment Access:

- The assessment showed that over a 3-year period specific provider types remain steady below goal on urgent appointment access.

- While appointment access surveys may show appointment access issues with specific provider types, other access assessments (listed below) were conducted and no trending against specific provider types were identified:

  - ➤ Review of letter of agreements
  - ➤ Member complaints/appeals
  - ➤ Percentage of providers open for new referrals
  - ➤ Member out of network requests

- It is important to note that the Provider Appointment Availability survey does not take into account other access opportunities such as other providers within a group and/or urgent care facilities that are available to see a patient within access standards.

Accessibility Assessment (NET 2)

After-Hours

Table I: PCP Network

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2020	Met
Access	640	601	141	29	91%	Y
Timeliness				57	42%	N

*Access = 911 messaging
*Timeliness = 30min call back messaging

Aggregate <u>access</u> results:

- 2020: 91%
  --VHP omitted: 95% (+4)

- 2019: 80%

Aggregate <u>timeliness</u> results:

2020: 42%
--VHP omitted: 47% (+5)

2019: 40%

Aggregate results for PCP's rate of compliance increased by 11 percentage points on access and 2 percentage points on timeliness. Given that VHP was not included in the survey in 2019, for year to year comparisons, noted are results with VHP omitted. There are a total of 29 phone numbers that were non-complaint with after-hours messaging on access and 57 phone numbers on timeliness.

Accessibility Assessment (NET 2)

Table I: BH Network

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2020	Met
Access	158	143	52	15	89%	Y
Timeliness				17	36%	N

*Access = 911 messaging
*Timeliness = 30min call back messaging

Aggregate <u>access</u> results:

- 2020: 89%

  --VHP omitted: 86% (-3)

- 2019: 78%

Aggregate <u>timeliness</u> results:

- 2020: 36%

  --VHP omitted: 42% (+6)

- 2019: 33%

Aggregate results for Behavioral Health Provider's rate of compliance increased by 11 percentage points on access and 3 percentage points on timeliness. Given that VHP was not included in the survey in 2019, for year to year comparisons, noted are results with VHP omitted. There are a total of 15 phone numbers that were non-complaint with after-hours messaging on access and 17 phone numbers on timeliness.

Accessibility Assessment (NET 2)

Conclusions – After Hours:

- Provider networks have made progress in meeting after-hours access and timeliness in the past 2-years. *The provider (including BH) network met and exceeded the "access" standard for the first time in 2020.*

- While survey results indicate that the provider network may be unaware of the "timeliness" standard (call back within 30min), this standard is difficult to assess. For example, provider's are marked as non-complaint if the after-hours message does not state that a call back will occur within 30-minutes, and while the after-hours message machines may not state the provider will call back within this timeframe, the majority of network providers are likely meeting this standard.

Member Experience

Overview

Santa Clara Family Health Plan (SCFHP) uses feedback from members and employs the following mechanisms to assess and improve the member experience -

- Track and trend member compliant and appeal activity to identify barriers to care and identify potential interventions.

- Behavioral health member satisfaction survey.

Member Behavioral Health Survey

Table I: Survey Sample Size

Category	Count
# to Survey	385
# of Respondents	104
% Completed	27%

Table II: Behavioral Health Survey Results – "Access"

Measures	# Responded	# Always/Usually	Rate of Compliance	Goal	Goal Met	PY Change
How often did you get an appointment as soon as you wanted? (Q7)	104	80	77%	90%	No	-9
How often did you see someone as soon as you wanted when you needed help right away? (Q8)	102	84	85%	90%	No	+12

- Overall, the majority of members reported positive or neutral experiences through their use of behavioral health care providers and services, and showed more positive responses than in 2019.

Member Complaints and Appeals

Standards and Thresholds:

SCFHP's goals are to:

Maintain a rate of complaints/appeals per 1000 members as shown below:

- Non-Behavioral Health – 5.0
- Behavioral Health – 5.0

- If complaints and/or appeals exceed the established thresholds, a root cause analysis will be conducted to identify the root cause and develop initiatives to address underlying issues.

Member Access Complaints Category

Table I: Non-Behavioral Providers

Access Compliant/Grievance	Q1	Q2	Q3	Q4		Total
# Complaints	10	11	17	28		66
Per 1,000 members	1.24	1.37	2.11	3.48		8.198

- Access complaints were below the threshold in all quarters (Q1-Q4) in 2019.

- Access complaints were above the threshold by 3.198 combined in 2019.

Table 2: Behavioral Providers

Access Compliant/Grievance	Q1	Q2	Q3	Q4		Total
# Complaints	0	0	0	0		0
Per 1,000 members	0	0	0	0		0

- No members complaints were filed.

Member Access Appeals Category

Table I: Non-Behavioral Providers

Member Count = 8051
January – December 2019

Access Appeals	Q1	Q2	Q3	Q4		Total
# Appeals	0	0	0	0		0
Per 1,000 members	NA	NA	NA	NA		NA

- No member appeals were filed.

Table 2: Behavioral Providers

Access Appeals	Q1	Q2	Q3	Q4		Total
# Appeals	0	0	0	0		0
Per 1,000 members	NA	NA	NA	NA		NA

- No member appeals were filed.

Member Complaints and Appeals

Conclusions:

- The Plan identified that the highest number of member complaints were regarding transportation (NMT).

- The Customer Service and Provider Network Operations departments agreed to work with network transportation vendors to establish interventions to ensure a decrease in member complaints.

Member Out of Network Requests

The Plan compiles data on member requests for out-of-network services and data on actual out-of-network utilization to identify and monitor issues with access to non-behavioral and behavioral health providers.

Standards and Thresholds:

Maintain a rate of out-of-network requests per 1000 members as shown below:

- Non-Behavioral Health – 5.0
- Behavioral Health – 2.0

Member OON Requests

Table I: Non-Behavioral Providers

Member Count = 8051
January – December 2019

Out-of-Network	Q1	Q2	Q3	Q4	Total
# Requests	22	25	23	30	100
Rates	2.732	3.105	2.856	3.726	12.420

	Q1	Q2	Q3	Q4	Total
# Approved	9	11	7	10	37
# Denied	13	14	16	20	63

- Quarterly results were under the 5.0 threshold and annual result were over the threshold by 7.420.

- Denials: Not medically necessary, not a covered benefit and/or available in-network.

A review of OON approved requests (n=37) were noted as follows:

- Continuity of Care - 68%

- Other – 32%
    - ➢ DME
    - ➢ ASC
    - ➢ Pharmacy

Member OON Requests

Table I: Behavioral Health Providers

Member Count = 8051
January – December 2019

Out-of-Network	Q1	Q2	Q3	Q4	Total
# Requests	0	2	0	1	3
Rates	NA	0.248	NA	0.124	0.372

	Q1	Q2	Q3	Q4	Total
# Approved	NA	2	NA	1	3
# Denied	NA	NA	NA	NA	NA

- Quarterly results were under the 2.0 threshold and annual result was under the threshold by 1.628.

A review of OON approved requests (n=3) were noted as follows:

- Continuity of Care - 100%

Conclusions – NET 1 - 3

NET 1:

- Overall, SCFHP is able to demonstrate that member cultural and linguistic needs are met.

- Provider to member ratios and maximum time and distance standards were met at 100%.

NET 2:

- Timely access appointment surveys showed some improvement in access across most provider types.

  Potential focus area(s):

  ➢ BH appointment access –

    1. Urgent Care

    2. Non-life threatening appointment within 6hrs.

  ➢ SPC appointment access

    1. Gynecology – Urgent Care

    2. Oncology – Urgent Care

Conclusion – NET 1 - 3

- After-hours survey – PCP and BH providers exceeded goal on "access" (911 messaging) and fell short of goal on "timeliness".

  Potential focus area(s):

  ➢ Messaging on timeliness (call back within 30min or less)

- Member experience survey (CAHPS) showed marked improvements in several areas, specifically the rating of the Plan, which increased by 6 percentage points in 2020.

  Potential focus area(s):

  ➢ Getting seen within 15min of appointment

- Provider experience survey indicated a reasonable overall satisfaction rating in 2020.

  Potential focus area(s):

  ➢ BH Providers – Overall satisfaction rating with SCFHP is 50%

  ➢ Timely appointment access to non-urgent behavioral health care.

Conclusion – NET 1 - 3

NET 3:

Member complaints on transportations was identified as a potential issue. No member appeals were filed.

Member out-of-network requests appeared to be within normal limits and no trending was identified.

Focus area:

➢ Transportation complaints

*Transportation issues are currently being addressed by customer service and provider relations.

OPPORTUNITIES:

Barrier	Opportunity	Intervention	Selected for 2020-2021	Date Initiated
Timely appointment access	• Notify providers of non-compliance.	• Submit a CAP to non-compliant providers and require them to submit an action plan within 30-days.	Yes	Completed
		• Resurvey non-complaint providers within 60-days from the date on CAP letter.	Yes	Completed
		• Require provider's that show continued non-compliance to complete access training and submit in attestation.	Yes	In process
After-hours timeliness (call back within 30min)	• Notify providers of non-compliance.	• Submit a CAP to non-compliant providers and require them to submit an action plan within 30-days. • CAP to include non-compliant phone numbers.	Yes	Completed
In-office wait times exceed 15 minutes	• Educate providers on in-office wait times	• SCFHP's access matrix to be faxed to entire provider network.	Yes	March 2021

Santa Clara Family Health Plan

Quality Improvement Program 2021

Quality Improvement Committee Approval on: mm/dd/yy

2021 QI Program Description

Table of Contents

I.   Introduction

The Santa Clara County Health Authority, operating as Santa Clara Family Health Plan (SCFHP), is licensed under the Knox Keene Act of 1975 and the regulations adopted hereunder as administered by the State of California's Department of Managed Health Care (DMHC). SCFHP is a public agency contracted with the Department of Health Care Services (DHCS) to serve the Medi-Cal enrollees in Santa Clara County. Since 2015, SCFHP has held a three-way contract with DHCS and the Centers for Medicare and Medicaid Services to offer a Cal MediConnect Plan (Medicare-Medicaid Plan).

- SCFHP serves 263,093 Medi-Cal enrollees in Santa Clara County as of January 2021.
- 9807 members are enrolled in SCFHP's Cal MediConnect (CMC) plan as of January 2021.

SCFHP is dedicated to improving the health and well-being of the residents of Santa Clara County and monitors, evaluates, and takes effective action to address any needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. SCFHP is accountable for the quality of all covered services.

II.   Mission Statement

The mission of SCFHP is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase good health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

One of SCFHP's core values is our belief that as a local, public, not-for-profit health plan, we have a unique responsibility to continually improve the health status of the community by incorporating a comprehensive approach to health care and wellness. SCFHP maintains a comprehensive Quality Improvement (QI) Program that systematically monitors and continually drives improvements to the quality of care to our members, provides for culturally and linguistically appropriate services, identifies over- and under- utilization and substandard care, monitors member satisfaction and member safety and takes corrective actions and interventions when necessary.

III.   Authority and Accountability

The Santa Clara County Health Authority is an independent public agency that governs SCFHP. Appointed by the County Board of Supervisors, the 13-member Governing Board seeks to improve access to quality health care, maintain and preserve a health care safety net for Santa Clara County, and ensure the fiscal integrity of SCFHP. With the health care industry rapidly evolving, SCFHP benefits greatly from the innovative ideas and perspectives of this diverse group of people with backgrounds in business, finance, managed care, hospital administration, information technology, medicine, health care policy, and law.

SCFHP's Governing Board assumes ultimate responsibility for the QI Program and has established the Quality Improvement Committee (QIC) to oversee this function as a Board committee. This supports the Board playing a central role in monitoring the quality of health care services provided to members and striving for quality improvement in health care delivery. The Board authorizes and designates the Chief Executive Officer (CEO) as the individual responsible for the implementation of the QI Program

Description. The CEO has delegated oversight of the day-to-day operations of the QI Program to the Chief Medical Officer (CMO).

IV.   Purpose

SCFHP is committed to the provision of a well-designed and well-implemented QI Program. The Plan's culture, systems and processes are structured to improve the health of all enrolled members. The QI Program utilizes a systematic approach to quality using reliable and valid methods for monitoring, analysis, evaluation and improvement of the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

The QI Program incorporates continuous QI methodology that focuses on the specific needs of multiple customers (members, health care providers, and community agencies):

A. It is organized to identify and analyze significant opportunities for improvement in care and service.
B. It fosters the development of improvement strategies, along with systematic tracking, to determine whether these strategies result in progress towards established benchmarks or goals.
C. It is focused on QI activities carried out on an ongoing basis to promote efforts which support improving patient experience of care, improving health of populations and reducing per capita cost of health care.

SCFHP recognizes its legal and ethical obligation to provide members with a level of care that meets recognized professional standards and is delivered in the safest, most appropriate settings. To that end, the Plan provides for the delivery of quality care with the primary goal of improving the health status of Plan members. Where the member's condition is not amenable to improvement, the Plan implements measures to possibly prevent any further decline in condition or deterioration of health status or provide for comfort measures as appropriate and requested by the member. The QI Program includes identification of members at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the interventions. Whenever possible, the Plan's QI Program supports processes and activities designed to achieve demonstrable and sustainable improvement in the health status of its members.

In order to fulfill its responsibility to members, the community and other key stakeholders, regulatory agencies and accreditation organizations, the Plan's Governing Board has adopted the following QI Program Description. The program description is reviewed and approved at least annually by the QIC and Governing Board.

V.   Goals

The goal of Quality Improvement is to deliver care that enables members to stay healthy, get better, manage chronic illnesses and/or disabilities, and maintain/improve their quality of life. Quality care refers to:

A.   Quality of physical health care, including primary and specialty care.
B.   Quality of behavioral health services focused on recovery, resiliency and rehabilitation.
C.   Quality of long-term services and supports (LTSS).
D.   Adequate access and availability to primary, behavioral health services, specialty health care, and LTSS providers and services.
E.   Continuity and coordination of care across all care and settings, and for transitions in care.
F.   Member experience and access to high quality, coordinated and culturally competent clinical care and services, inclusive of LTSS, across the care continuum.

Additional goals and objectives are to monitor, evaluate and improve quality of care, including:

A.   The quality of clinical care and services provided by the health care delivery system in all settings, especially as it pertains to the unique needs of the population.
B.   The important clinical and service issues facing the Medi-Cal and CMC populations relevant to demographics, risk, and disease profiles for both acute and chronic illnesses, and preventive care.
C.   The continuity and coordination of care between specialists and primary care practitioners, and between medical and behavioral health practitioners.
D.   The accessibility and availability of appropriate clinical care and of a network of providers with experience in providing care to the diverse population enrolled in Medi-Cal.
E.   The monitoring and evaluation of practice patterns across all network providers to identify trends impacting the delivery of quality care and services.
F.   Member and provider satisfaction, including the timely resolution of grievances.
G.   Risk prevention and risk management processes.
H.   Compliance with regulatory agencies and accreditation standards.
I.   The effectiveness and efficiency of internal operations for both Medi-Cal and CMC lines of business.
J.   The effectiveness and efficiency of operations associated with functions delegated to the contracted medical groups.
K.   The effectiveness of aligning ongoing quality initiatives and performance measurements with the organization's strategic direction in support of SCFHP's mission, vision, and values.
L.   Compliance with Clinical Practice Guidelines and evidence-based medicine.
M.   The appropriate, effective and efficient utilization of resources in support of SCFHP's strategic quality and business goals.
N.   The provision of a consistent level of high quality care and service for members throughout the contracted network, including the tracking of utilization patterns of practitioners, contracted hospitals, contracted services, ancillary services, and specialty providers.

O. The provision of quality monitoring and oversight of contracted facilities, per DHCS requirements, to continuously assess that the care and service provided satisfactorily meet quality goals for patient safety and coordination of care.

VI. Objectives

The objectives of the QI Program Description include:

A. Keeping members healthy
B. Managing members with emerging risk
C. Ensuring patient safety or outcomes across settings
D. Overseeing programs dedicated to helping members manage multiple chronic conditions through case management and the coordination of services and supports
E. Leading the processes that support continuous quality improvement, including measurement, trending, analysis, intervention, and re-measurement.
F. Supporting practitioners with participation in quality improvement initiatives of SCFHP and its governing regulatory agencies.
G. Establishing clinical and service indicators that reflect demographic and epidemiological characteristics of the membership, including benchmarks and performance goals for continuous and/or periodic monitoring and evaluation
H. Measuring the compliance of contracted practitioners' medical records against SCFHP's medical record standards at least once every three years; taking steps to improve performance and re-measure to determine organization-wide and practitioner specific performance.
I. Developing studies or quality activities for member populations using demographic data to identify barriers to improving performance, validate a problem, and/or measure conformance to standards.
J. Overseeing delegated activities by:
    a. Establishing performance standards
    b. Monitoring performance through regular reporting
    c. Evaluating performance annually
K. Evaluating under and over-utilization, continuity, and coordination of care through a variety of methods and frequencies based upon member need. These methods include, but are not limited to, an annual evaluation of:
    a. Medical record review
    b. Rates of referral to specialists
    c. Hospital discharge summaries in office charts
    d. Communication between referring and referred-to physicians
    e. Member complaints
    f. Non-utilizing members, including identification and follow-up
    g. Practice pattern profiles of physicians
    h. Performance measurement of adherence to practice guidelines

L. Coordinating QI activities with other activities, including, but not limited to, the identification and reporting of risk situations, adverse occurrences from UM activities, and potential quality of care concerns through grievances.

M. Evaluating the QI Program Description and Work Plan at least annually and modifying as necessary. The Work Plan is updated quarterly. The evaluation includes:
    a. A description of completed and ongoing QI activities that address the quality and safety of clinical care and the quality of services
    b. Trending of measures to assess performance in quality and safety of clinical care and the quality of service indicator data

N. Analyzing the results of QI initiatives, including barrier analysis that evaluates the effectiveness of QI interventions for the previous year (demonstrated improvements in the quality and safety of clinical care and in the quality of services)

O. Developing recommendations to inform the QI Work Plan for the upcoming year to include a schedule of activities for the year, measurable objectives, plan for monitoring previously identified issues, explanation of barriers to completion of unmet goals, and assessments of the completed year's goals

P. Implementing and maintaining health promotion activities and population health management programs linked to QI actions to improve health outcomes. These activities include, at a minimum, identification of and outreach to of high-risk and/or chronically ill members, education of practitioners, and outreach and education programs for members

Q. Maintaining accreditation through the National Committee for Quality Assurance (NCQA) or other national accrediting body as appropriate

VII. Scope

The QI Program provides for the review and evaluation of all aspects of health care, encompassing both clinical care and service provided to members.

All departments participate and collaborate in the quality improvement process. The CMO and the Director of Quality and Process Improvement oversee the integration of quality improvement processes across the organization. The measurement of clinical and service outcomes and of member satisfaction are used to monitor the effectiveness of the process.

A. The scope of quality review is reflective of the health care delivery systems, including quality of clinical care and quality of service.

B. Activities reflect the member population in terms of age groups, cultural and linguistic needs, disease categories and special risk status.

C. The scope of the QI Program includes the monitoring and evaluation and driving improvements for key areas, including but not limited to the following:
    a. Healthcare Effectiveness Data and Information Set (HEDIS)
        i.   Access to Preventive Care
        ii. Maintenance of Chronic Care Conditions
    b. Behavioral health services
    c. Continuity and coordination of care

d. Emergency services
e. Grievances
f. Inpatient services
g. Member experience and satisfaction
h. Minor consent/sensitive services
i. Perinatal care
j. Potential quality of care issues
k. Preventive services for children and adults
l. Primary care
m. Provider satisfaction
n. Quality of care reviews
o. Specialty care

D. Refer to the Utilization Management Program, Population Health Management Strategy and the Case Management Program for QI activities related to the following:
a. UM metrics
b. Prior authorization
c. Concurrent review
d. Retrospective review
e. Referral process
f. Medical necessity appeals
g. Case management
h. Complex case management
i. Population health management (PHM)
j. California Children's Services (CCS)

VIII. QI Work Plan

The QI Program guides the development and implementation of an annual QI Work Plan that includes:

A. Safety of clinical care
B. QI Program scope
C. Yearly planned activities and objectives that address quality and safety of clinical care, quality of service and members' experience
D. Time frame for each activity's completion
E. Staff responsible for each activity
F. Monitoring of previously identified issues
G. Annual evaluation of the QI Program
H. Priorities for QI activities based on the specific needs of the organization for key areas or issues identified as opportunities for improvement
I. Priorities for QI activities based on the specific needs of SCFHP's populations, and on areas identified as key opportunities for improvement
J. Ongoing review and evaluation of the quality of individual patient care to aid in the development of QI initiatives based on trends identified (PQI)

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K. Comprehensive annual evaluation and planning process that includes review and revision of the QI Program and applicable policies and procedures

Quarterly review and updates to the Work Plan are documented. It is available to regulatory agencies by request.

There is a separate Utilization Management (UM) Work Plan that supports the UM Program Description and the monitoring and evaluation activities conducted for UM related functions.

IX. QI Methodology

SCFHP applies the principles of Continuous Quality Improvement (CQI) to all aspects of the service delivery system through ongoing analysis, evaluation and systematic enhancements based on:

A. Quantitative and qualitative data collection and data-driven decision-making.
B. Up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field.
C. Feedback provided by members and providers in the design, planning, and implementation of its CQI activities.
D. Rapid Cycle Quality Improvement, when appropriate, as determined by DHCS.
E. Issues identified by SCFHP, DHCS and/or CMS.
F. QI requirements of this contract as applied to the delivery of primary and specialty health care services, behavioral health services and LTSS.

QI Project Selections and Focus Areas

Performance and outcome improvement projects are selected from the following areas:

A. Areas for improvement identified through continuous delegated and internal monitoring activities, including, but not limited to, (a) potential quality concern review processes, (b) provider and facility reviews, (c) preventive care audits, (d) access to care studies, (e) satisfaction surveys, (f) HEDIS results, and (g) other subcommittee unfavorable outcomes.
B. Measures required by DHCS for Medi-Cal members such as Performance Improvement Projects (PIPs) and Quality Improvement Projects (QIPs).
C. Measures required by the California DMHC, such as access and availability.
D. Measures required by Centers for Medicare and Medicaid Services (CMS) such as Quality Improvement Activities (QIAs), Performance Improvement Projects (PIPs), or Chronic Care Improvement Projects (CCIPs).

The QI Project methodology described in items A-E below is used to continuously review, evaluate, and improve the following aspects of clinical care: preventive services, perinatal care, primary care, behavioral health, LTSS, specialty care, emergency services, inpatient services, and ancillary care services.

A. Access to and availability of services, including appointment availability, as described in policy and procedure.

B. Case Management.
C. Coordination and continuity of care for Seniors and Persons with Disabilities.
D. Provision of complex care management services.
E. Access to and provision of preventive services.

Improvements in work processes, quality of care, and service are derived from all levels of the organization.

A. Staff and physicians provide vital information necessary to support continuous improvement in work processes
B. Individuals and department stakeholders initiate improvement projects within their area of authority, which support the strategic goals of the organization.
C. Specific performance improvement projects may be initiated by the state or federal government.
D. Other prioritization criteria include the expected impact on performance, (if the performance gap or potential of risk for non-performance is so great as to make it a priority), and items deemed to be high risk, high volume, or problem-prone processes.
E. Project coordination occurs through the various leadership structures: Governing Board, Management, QI and UM Committees, etc., based upon the scope of work and impact of the effort.
F. These improvement efforts are often cross functional, and require dedicated resources to assist in data collection, analysis, and implementation. Improvement activity outcomes are shared through communication that occurs within the previously identified groups.

QI Project Quality Indicators

Each QI Project has at least one (and frequently more) quality indicator. While at least one quality indicator must be identified at the start of a project, more may be identified after analysis of baseline measurement or re-measurement. Quality indicators measure changes in health status, functional status, member satisfaction, and provider/staff, Health maintenance organization (HMO), Primary health care (PHC), Service-related group, Participating medical group (PMG), or system performance. Quality indicators are clearly defined and objectively measurable. Standard indicators from HEDIS measures are acceptable.

QI Project Measurement Methodology

Methods for identification of target populations are clearly defined. Data sources may include encounter data, authorization/claims data, or pharmacy data. To prevent exclusion of specific member populations, centralized data from the health plan's internal data warehouse is used.

For studies/measures that require data from sources other than administrative data (e.g., medical records), sample sizes are a minimum of 411 (with 3 to 15% over sampling), so as to allow performance of statistically significant tests on any changes. Exceptions are studies for which the target population total is less than 411, and for certain HEDIS studies whose sample size is reduced from 411 based on SFCHPs'

previous year's score. Measures that rely exclusively on administrative data utilize the entire target population as a denominator.

SCFHP uses a variety of QI methodologies depending on the type of opportunity for improvement identified. The Plan/Do/Study/Act model is the overall framework for continuous process improvement. This includes:

Plan   1) Identify opportunities for improvement

2) Define baseline

3) Describe root cause(s)

4) Develop an action plan

Do   1) Communicate change/plan

2) Implement change plan

Study 1) Review and evaluate result of change

2) Communicate progress

Act   1) Reflect and act on learning

2) Standardize process and celebrate success
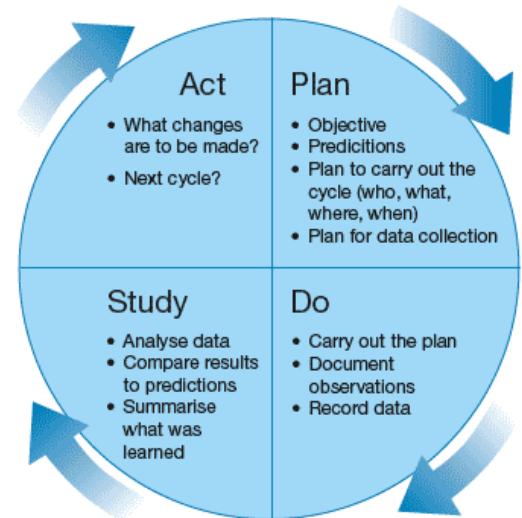
X.   QI Quality Issue Identification

SCFHP utilizes a full range of methods and tools, including Adverse Event monitoring. An Adverse event is defined as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Adverse events can include:

A. Potential Quality Issues (PQI)
B. Unexpected death during hospitalization
C. Complications of care (outcomes), inpatient and outpatient
D. Reportable events for long-term care (LTC) facilities, including but not limited to falls, suspected abuse and/or neglect, medication errors, pressure sores, urinary tract infections, dehydration, pneumonia, and/or preventable hospital admissions from the LTC facilities
E. Reportable events for community-based adult services (CBAS) centers, including but not limited to falls, injuries, medication errors, wandering incidents, emergency room transfers, deaths that occur in the CBAS center, and unusual occurrences reportable pursuant to adult day health care licensing requirements.

Sentinel event monitoring includes patient safety monitoring across the entire continuum of SCFHP's contracted providers, delegated entities, and health care delivery organizations. The presence of a sentinel event is an indication of possible quality issues, and the monitoring of such events increases the likelihood of early detection of developing quality issues so that they can be addressed as early as possible. Sentinel event monitoring serves as an independent source of information on possible quality problems, supplementing the existing Patient Safety Program's consumer-complaint-oriented system.

All substantiated medically related cases are reviewed by the Peer Review Committee to determine the appropriate course of action and/or evaluate the actions recommended by a delegate. Board certified peer-matched specialists are available to review complex cases as needed. Results of peer review are used at the reappointment cycle, or upon need, to review the results of peer review and determine the competency of the provider. This is accomplished through routine reporting of peer review activity to delegates for incorporation in their re-credentialing process.

Data sources available for identification, monitoring and evaluating of opportunities for improvement and effectiveness of interventions include, but are not limited to:

A. Claims information/activity
B. Encounter data
C. Utilization data
D. Case management data, such as notes, care plans, tasks and assessments
E. Pharmacy data
F. Population needs assessments
G. Results of risk stratification
H. HEDIS performance
I. Member and provider satisfaction surveys
J. Quality Improvement Projects (QIPs)
K. Performance Improvement Projects (PIPs)
L. Chronic Care Improvement Projects (CCIPs)
M. Health Risk Assessment data
N. Consumer Assessment of Healthcare Providers & Systems (CAHPS)
O. Health Outcomes Survey (HOS)
P. Regulatory reporting

Protocol for Using Quality Monitor Screens

Case Management and Utilization Management staff apply the quality monitor screens to each case reviewed during pre- certification and concurrent review. Contracted LTC facilities and CBAS centers must report all identified reportable events to the Director of Long Term Services and Supports. All potential quality issues are routed to the Quality Department. When it is decided that medical records are required, the Quality staff contacts the appropriate inpatient facility and ambulatory care site to obtain copies of the medical record. It may be necessary for a Quality staff member to visit the facility/site to review the record.

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When a case is identified as having potential quality of care issues, the Quality Improvement Clinical Review staff abstracts the records and prepares the documents for review by the CMO or Medical Director.

The CMO or Medical Director reviews the case, assigns a priority level, initiates corrective action, and/or recommends corrective action as appropriate. For cases of neglect or abuse, follow-up or corrective actions may include referrals to Child or Adult Protective Services.

XI.   QI Program Activities

The QIC and related committee and work groups select the activities that are designed to improve performance on targeted high volume and/or high-risk aspects of clinical care and member service.

Prioritization

Certain aspects of clinical care and service data may identify opportunities to maximize the use of quality improvement resources. Priority is given to the following:

    A.   The annual analysis of member demographic and epidemiological data
    B.   Those aspects of care which occur most frequently or affect large numbers of members
    C.   Those diagnoses in which members are at risk for serious consequences or deprivation of substantial benefit if care does not meet community standards or is not medically indicated
    D.   Those processes involved in the delivery of care or service that, through process improvement interventions, could achieve a higher level of performance

Use of Committee Findings

To the degree possible, quality improvement systems are structured to recognize care for favorable outcomes as well as correcting instances of deficient practice. The vast majority of practicing physicians provide care resulting in favorable outcomes. The QI Program takes direct action to identify, recognize, and replicate/encourage methodologies that result in favorable outcomes. Information about such results is communicated to the Governing Board and providers on a regular basis. Written communication to primary practitioners is the responsibility of the Committee chairperson. Submission of written corrective action plans, as necessary, is required for the Committee's approval. Significant findings of quality improvement activities are incorporated into practitioner educational programs, the re-credentialing process, and the re-contracting process. All quality improvement activities are documented and the result of actions taken are recorded to demonstrate the program's overall impact on improving health care and the delivery system.

Clinical Practice Guidelines

SCFHP utilizes evidence-based practice guidelines to establish requirements and measure performance on a minimum of three practice guidelines (including chronic condition and behavioral health) annually to strive to reduce variability in clinical processes. Practice guidelines are developed with representation from the network practitioners. The guidelines are implemented after input from participating practitioners who are members of the Quality Improvement, Utilization Management and/or Pharmacy

and Therapeutics Committees. Guidelines are reviewed and revised, as applicable, at least every two years.

<u>Preventive Health/HEDIS Measures</u>

The Quality Improvement Committee determines aspects of care to be evaluated based on member population and regulatory requirements. At a minimum, HEDIS performance indicators are monitored annually based on product type, i.e. Medi-Cal or CMC. Initiatives are put in place to encourage member compliance with preventive care, such as for Pap smear education and compliance.

<u>Continuity and Coordination of Care</u>

The continuity and coordination of care that members receive is monitored across practice and provider sites. Survey data regarding members' experience with continuity and coordination of care at their provider office is collected and analyzed annually. This information is disseminated to and evaluated by internal and external stakeholders. As meaningful clinical issues relevant to the membership are identified, they are addressed in the quality improvement work plan. The following areas are reviewed for potential clinical continuity and coordination of care concerns.

A. Primary care services
B. Behavioral health care services
C. Inpatient hospitalization services
D. Home health services
E. Skilled nursing facility services

The continuity and coordination of care received by members includes medical care in combination with behavioral health care. SCFHP collaborates with behavioral health practitioners to promote the following activities:

A. Information Exchange between medical practitioners and behavioral health practitioners; must be member-approved and be conducted in an effective, timely, and confidential manner.
B. Referral for Behavioral Health Disorders – Primary care practitioners are encouraged to make timely referral for treatment of behavioral health disorders commonly seen in their practices, i.e., depression.
C. Evaluation of Psychopharmacological Medication – Drug use evaluations are conducted to increase appropriate use, or decrease inappropriate use, and to reduce the incidence of adverse drug reactions.
D. Data Collection and Analysis to identify opportunities for improvement and collaboration with behavioral health practitioners.
E. Corrective Action – Collaborative interventions are implemented when opportunities for improvement are identified.

XII. QI Organizational Structure

Quality Improvement Department [Appendix 1]

The QI Department supports the organization's mission and strategic goals by implementing processes to monitor, evaluate and take action to improve the quality of care and services that our members receive. The QI Department is responsible for:

A. Monitoring, evaluating and acting on clinical outcomes for members.
B. Conducting reviews and investigations for potential or actual Quality of Care matters.
C. Conducting reviews and investigations for clinical grievances, including Potential Quality Issues (PQIs).
D. Designing, managing and improving work processes to:
    a. Drive improvement of quality of care received
    b. Minimize rework and costs
    c. Optimize the time involved in delivering patient care and service
    d. Empower staff to be more effective
    e. Coordinate and communicate organizational information, both division and department-specific, and system-wide
E. Supporting the maintenance of quality standards across the continuum of care and all lines of business.
F. Leading cross-functional Process Improvement projects to improve efficiency across the organization
G. Maintaining company-wide practices that support accreditation by the National Commission Quality Assurance (NCQA).
H. Collaborating with multiple departments, but not limited to: Case Management, Utilization Management, Pharmacy, Grievances & Appeals, Customer Service to coordinate QI activities for all line of business (CMC & MC).

Chief Medical Officer

The CMO has an active and unrestricted medical license in the state of California. The CMO is responsible to report to the Governing Board at least quarterly on the Quality Improvement program, including reports, outcomes, opportunities for improvement, corrective actions, participating in and advising the QI Committee or a subcommittee that reports to QI Committeeand communicating feedback from the Board to the committees as applicable. The CMO is responsible for day to day oversight and management of quality improvement, health care services and peer review activities. The CMO is also responsible for communicating information and updates regarding the QI Program to SCFHP leadership and staff via Staff meetings, executive team meetings, and other internal meetings.

Medical Director

The Medical Director(s) has an active unrestricted medical license in accordance with California state laws and regulations. The Medical Director(s) oversees and is responsible for the proper provision of benefits and services to members, the quality improvement program, the utilization management program, and

the grievance system. The Medical Director(s) is key in the review of potential quality of care cases or potential quality issues.

The Medical Director(s) is required to conduct medical necessity denial decisions, supervise all medical necessity decisions made by clinical staff and resolve grievances related to medical quality of care. A Medical Director is the only Plan personnel authorized to deny care based on medical necessity. The Plan pharmacist(s) may make a denial based on medical necessity regarding pharmaceuticals.

The Medical Director(s) is also the designee physican participating in or advising the QI Committee or a subcommittee that reports to the QI Committee when Chief Medical Officer (CMO) is not available.

Director of Quality and Process Improvement

The Director of Quality and Process Improvement is a qualified person with experience in data analysis, barrier analysis, and project management as it relates to improving the clinical quality of care and quality of service provided to Plan members. The Director of Quality and Process Improvement reports to the Chief Medical Officer and is responsible for directing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system, including, but not limited to, internal processes and procedures, provider network(s), service quality and clinical quality. The Director of Quality assists the Plan's executive staff, in overseeing the activities of the Plan operations to meet the Plan's goal of providing health care services that improve the health status and health outcomes of its members. Additionally, the Director of Quality and Process Improvement coordinates the Plan's QIC proceedings in conjunction with the CMO; reports to the Board relevant QI activities and outcomes, supports organization initiatives through participation on committees and projects as requested; reviews statistical analysis of clinical, service and utilization data and recommends performance improvement initiatives while incorporating best practices as applicable.

Quality and Health Education Manager

The Quality and Health Education Manager provides leadership, and coordination to the HEDIS and Health Education Team and is a person with experience in data analysis, barrier analysis, and project management as it relates to improving the quality of service provided to Plan members. The Quality and Health Education Manager reports to the Director of Quality and Process Improvement and is responsible for managing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system relating to quality improvement, including, Health Education (HE), Cultural & Linguistic (C&L) programs and Healthcare Effectiveness Data and Information Set (HEDIS) reporting. The Quality and Health Education Manager assists the Director of Quality and Process Improvement in overseeing the day to day operations of Plan operations to meet the Plan's goal of providing health care services that improve the health status and health outcomes of its members.

Clinical Quality and Safety Manager

The Clinical Quality and Safety Manager provides leadership, and coordination to the QI clinical Team and is a person with experience in clinical as it relates to improving the clinical quality of care provided to Plan members. This includes oversight of the Potential Quality of Care Issue (PQI) investigation process, Facility Site Review (FSR), Initial Health Assessment (IHA) audits and HEDIS Medical Record Review (MRR) process.

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The Clinical Quality and Safety Manager reports to the Director of Quality and Process Improvement and works cross-functionally to support all projects to improve clinical quality of care and quality of service at the plan and is responsible for leading and managing the staff who perform those activities.

Process Improvement Manager

The Process Improvement Manager provides leadership, coordination and management to the Process Improvement Team as it relates to improving internal processes impacting the quality of care and quality of service provided to Plan Members. The Process Improvement Manager reports to the Director of Quality and Process Improvement and is responsible for managing the Process Improvement team in reviewing the Plan's internal health care delivery systems, managing activities of the Plan's CAHPS and Health Outcomes Survey (HOS) surveys, Health Homes Program and overseeing NCQA accreditation activities.

QI Nurse, RN

The QI Nurse reports to the Clinical Quality & Safety Manager and oversees investigations of member grievances related to PQI, supports HEDIS medical record reviews, and investigates and prepares cases for PQIs for Medical Director or CMO review. The QI Nurse also assists with ongoing QI studies and reviews which include but are not limited to Performance Improvement Projects (PIPs) and Chronic Condition Improvement Projects (CCIPs), and supports the Health Education Program team with a clinical perspective. The QI Nurse can also be a Master Trainer who oversees and coordinates facility site reviews, physical site reviews, and medical record reviews, monitors compliance with Initial Health Assessments (IHAs), and assists with other QI activities at the direction of the Clincal Quality and Safety Manager.

Grievance & Appeals Clinical Specialist, RN

The Grievance & Appeals Clinical Specialist reports to Clinical Quality & Safety Manager and acts as a clinical resource to provide clinical review of all appeals and grievances in accordance wth applicable regulatory and professional standards using clinical experience and skills to assess, plan, implement, coordinate and evaluate to ensure appropriate clinical decision making. The Specialist is responsible for the clinical screening for quality of care and assisting the research and review PQI.

HEDIS Project Manager

The HEDIS Project Manager provides coordination and project management of HEDIS and HEDIS- related quality improvement projects. This position is responsible for developing and maintaining processes that enhance the operationalization of HEDIS processes, management of software applications, and supporting reporting requirements to DHCS, CMS, NCQA, and achieving SCFHP goals of improved quality of care and service at the direction of the Quality and Health Education Manager.

Process Improvement Project Manager

The Process Improvement (PI) Project Manager provides coordination and project management of Plan process improvement projects, PIPs, CCIPs, NCQA, CAHPS and HOS Surveys. The PI Project Manager is responsible for working collaboratively and cross-functionally with internal and external stakeholders, including staff, consultants, auditors and surveyors to create efficiencies and quality improvements, as

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well as applying six sigma principals to processes at SCFHP. Additionally, this position is responsible for developing and maintaining processes that enhance the operationalization of Quality Improvement processes and support reporting requirements to DHCS, CMS and achievement of SCFHP goals of improved quality of care and service.

Health Homes Program Manager

The Health Homes Program Manager provides coordination and program management of the Health Homes Program (HHP). This position is responsible for developing and maintaining processes related to the operationalization of Health Homes processes, supporting reporting requirements to DHCS, and contracting with Community-Based Care Management Entities (CB-CMEs) to achieve a collaborative and effective program for Plan members. This position implements the quality monitoring of the program and oversees contracted partner activities to ensure the quality of care and quality of service to HHP enrollees. The Health Homes Program Manager represents SCFHP, promotes the HHP in the community and conducts program training and education with local providers, associations and community-based organizations.

QI Analyst

The QI Analyst has experience in ongoing measurement, data optimization, reporting and analysis in a health care setting. The QI Analyst is responsible for reviewing and performing quality assurance validation of data inputs, root case analysis, documentation of test cases, processes improvements and audit data accuracy and reporting. The QI Analyst works under the direction of the Director of Quality and Process Improvement and Quality and Health Edcuation Manager and works in collaboration with other departments.

Health Educator

The Health Educator is a Certified Health Education Specialist (CHES) responsible for coordinating, planning, organizing, implementing, monitoring and evaluating health education programs and cultural and linguistic services. The Health Educator is responsible for compliance with state and federal regulatory requirements concerning health education and cultural and linguistic services. The Health Educator works under the direction of the Quality and Health Education Manager and works in cooperation with other departments.

Quality Improvement Coordinator

The QI Coordinator has experience in a health care setting, data analysis and/or project coordination. The QI Coordinator reports to the Quality and Health Education Manager or Clinical Quality and Safety Manager and their scope of work includes medical record audits, data collection for quality improvement studies and activities, data analysis, implementation of improvement activities, and complaint response with follow up review of risk management and sentinel/adverse event issues. A QI Coordinator may specialize in one area of the quality process or may be cross trained across several areas. The QI Coordinator collaborates with other departments as needed to implement corrective actions or

improvement initiatives as identified through the Plan's quality improvement activities and quality of care reviews.

Social Work Case Manager

The Social Work Case Manager facilitates communication and coordination among interdisciplinary care team (ICP), to ensure member identified goals and needed services are provided to promote quality cost-effective outcomes. Through the development and implementation of member individualized care plans, the case manager provides medical and psychosocial case management support to help coorindate resources, services and needs but not limited to: physical, psychological, environment, safety, developmental, cultural and linguistic. The Case Manger reports to Clincal Quality and Safety Manager.

Medical Management Personal Care Coordinator

The Medical Management Personal Care Coordinator works with Case Manager to assist memebrs navigating the healthcare delivery system and home and community-based service and coordinates internal and external resources The Care Coorindator also outreaches members to facilitate timely completion of Health Risk Assessments (HRA's). The Care Coorinator reports to Clincal Quality and Safety Manager.

XIII.   Committee Structure Overview

Oversight of the Quality Improvement Program is provided through a committee structure, which allows for the flow of information to and from the Governing Board.
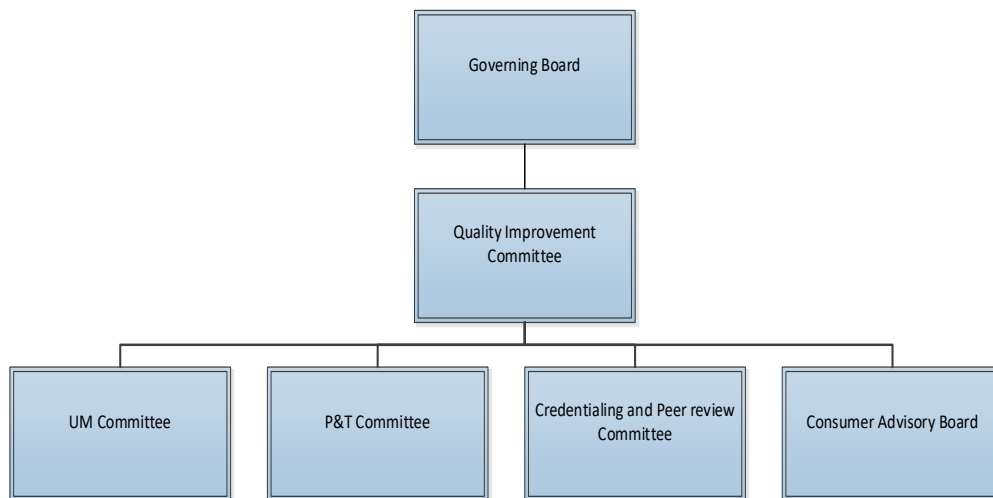
Each committee is driven by a Committee Charter which outlines the following;

A. Goals
B. Objectives
C. Voting members

D. Plan support staff
E. Quorum
F. Meeting frequency
G. Meeting terms

XIV. Committee Structure

<u>Governing Board</u>

The Governing Board is responsible to review, act upon and approve the overall QI Program, Work Plan, and Annual Evaluation. The Governing Board routinely receives reports from the QIC describing actions taken, progress in meeting quality objectives and improvements made. The Board makes recommendations regarding additional interventions and actions to be taken when objectives are not met.

The Director of Quality and Process Improvement is responsible for the coordination and distribution of all quality improvement related data and information. The QIC reviews, analyzes, makes recommendations, initiates action, and/or recommends follow-up based on the data collected and presented. The CEO or the CMO communicates the QIC activities to the Board. The Board reviews the QI activities and any concerns of the Board are communicated back to the source for clarification or resolution.

<u>Quality Improvement Committee (QIC)</u>

The QIC is the foundation of the QI program. The QIC assists the CMO and administration in overseeing, maintaining, and supporting the QI Program and Work Plan activities.

The purpose of the QIC is to monitor and ensure that all QI activities are performed, integrated, and communicated internally and to the contracted network and partners to achieve the end result of improved care and services for members. Although Delegation Oversight is overseen by the Plan's Compliance Committee, the QIC oversees the performance of delegated functions and contracted provider and practitioner partners including but not limited to quality of care, quality of service, and access and availability. Compliance Committee provides reports and updates at QIC.

The composition of the QIC includes contracted providers from a range of specialties as well as other representatives from   the community, including but not limited to representatives from contracted hospitals, Medical   Directors from contracted IPAs, non-physician representatives who possess knowledge regarding the initiatives and issues facing the patient and provider community, a designated behavioral health practitioner, who is a psychiatrist or Ph.D. level psychologist from the community to specifically address integration of behavioral and physical health, appropriate utilization of recognized criteria, development of policies and procedures, and case review as needed, and identification of opportunities to improve care. The designated behavioral health practitioner advises the QIC to support efforts that goals, objectives and scope of the QI Program are interrelated in the process of monitoring the quality of behavioral health care, safety and services to members.

The QIC provides overall direction for the continuous improvement process and evaluation of activities, consistent with SCFHP's strategic goals and priorities. It supports efforts for an interdisciplinary and interdepartmental approach. It monitors compliance with regulatory and accrediting body standards relating to Quality Improvement Projects (QI Projects), activities, and initiatives. In addition, it strives to ensure that members are provided the highest quality of care, that the plan adopts evidence based clinical practice guidelines (CPG), completes an annual review and updates the CPGs to make certain they are in accordance with recognized clinical organizations. HEDIS activities and interventions are reviewed, approved, processed, monitored, and reported through the QIC.

Providers', practitioners', and contracted groups' practice patterns are evaluated, and recommendations are made to promote practice patterns that result in all members receiving medical care that meets SCFHP standards.

The QIC develops, oversees, and coordinates member outcome-related quality improvement actions. Member outcome-related QI actions consist of well-defined, planned QI Projects through which the plan addresses and achieves improvement in major focus areas of clinical and non-clinical services.

The QIC also recommends strategies for dissemination of study results, including but not limited to member experience, health plan ratings and HEDIS, to contracted providers and practitioners, and contracted groups.

In addition, the Grievance and Appeals Committee conducts an analysis of the plan's grievance and appeals cases and reports results to the QIC, including any intervention projects to improve services for plan members.

Utilization Management Committee

The Utilization Management Committee (UMC) promotes the optimum utilization of health care services, while protecting and acknowledging member rights and responsibilities, including the right to appeal denials of service. The UMC is multidisciplinary, and provides a comprehensive approach to support the Utilization Management Program in resource allocation through systematic monitoring of medical necessity and quality, while maximizing the cost effectiveness of the care and services provided to members.

The UMC actively involves participating network practitioners in utilization review activities to the extent that there is not a conflict of interest. The Plan's UMC is comprised of network physicians representing the range of practitioners within the network and across the service area in which it operates, including a Behavioral Health practitioner. Plan executive leadership and Utilization Management/Quality Improvement staff may also attend the UMC, as appropriate.

The UMC monitors the utilization of health care services by SCFHP and through delegated entities to identify areas of under- or over- utilization that may adversely impact member care as well as practice patterns of network practitioners and other QI monitors as defined by the Utilization Management Program and Utilization Management Work Plan.

The UMC oversees Inter-rater Reliability testing to support consistency of application in criteria for making determinations, to ensure decisions are evidence-based, and to comply with regulatory and other agency standards. The UMC is also responsible for annual adoption of preventive care guidelines and medical necessity criteria. The Committee meets quarterly and reports to the QIC.

The UMC is responsible for the review and adoption of applicable utilization management policies and procedures. Additionally, the UMC monitors and analyzes relevant data to detect and correct patterns of potential or actual inappropriate under - or over- utilization which may impact health care services, coordination of care and appropriate use of services and resources, continuity of medical care, continuity and coordination of medical and behavioral health care, and member and practitioner satisfaction with the UM process.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee is a forum for an evidence-based formulary review process. The P&T Committee promotes clinically sound and cost effective pharmaceutical care for all members and reviews anticipated and actual drug utilization trends, parameters, and results on the basis of specific categories of drugs and formulary initiatives, as well as the overall program.

In addition, the P&T Committee reviews and evaluates current pharmacy-related issues that are interdisciplinary and involve interfacing between medicine, pharmacy and other practitioners involved in the delivery of health care to SCFHP's members. The P&T Committee includes participating physicians, pharmacists, and Plan employee physician(s), and represents a cross section of clinical specialties including a behavioral health practitioner, in order to adequately represent the needs and interests of all plan members.

The behavioral health prescribing practitioners are involved in the development of the formulary for psycho-pharmacologic drugs and pertinent pharmacy management processes, including, but not limited to, cost-control measures, therapeutic substitution, and step-therapy.

The Committee provides written decisions regarding all formulary development and revisions. The P&T Committee meets at least quarterly, and reports to the QIC.

Credentialing and Peer Review Committee

SCFHP's Credentialing and Peer Review Committee uses a peer review process to make decisions regarding health plan credentialing and recredentialing of its contracted practitioners and those applying to contract with the Plan, and to serve as the Peer Review Committee when quality review is requested by the Quality Improvement Committee (QIC). Medical staff triages potential quality of care issues and conduct reviews of suspected physician and ancillary quality of care issues. All closed cases are presented to the Credentialing and Peer Review Committee to assess if documentation is complete, and whether further action is required. The QI Department tracks, monitors, and trends service and access issues to determine if there is an opportunity to improve care and service. Results of Quality of Care reviews and tracking and trending of service and access issues are reported to the Credentialing and Peer Review Committee at time of re-credentialing. Quality of care case referral to the QI Department originating from

multiple activities, which include, but are not limited to: Prior Authorization, Concurrent Review, Case Management, Legal, Compliance, Customer Service, Pharmacy, or Grievances and Appeals Resolution.

XV.   Role of Participating Practitioners

Participating medical practitioners, including a behavioral health practitioner who is either a medical doctor specialized in psychiatry or PHD/PsyD, serve on the QI Program Committees as necessary to support each committee's function. Through these committees' activities, network practitioners:

- A. Review, evaluate and make recommendations for credentialing and re-credentialing decisions.
- B. Review individual cases reflecting actual or potential adverse occurrences.
- C. Review and provide feedback on proposed medical guidelines, preventive health guidelines, clinical protocols, population health programs, quality and HEDIS results, new technology and any other clinical issues regarding policies and procedures.
- D. Review proposed QI study designs.
- E. Participate in the development of action plans and interventions to improve care and service to members.
- F. Participate with one or more of the following committees:
    - a. Quality Improvement Committee
    - b. Pharmacy and Therapeutics Committee
    - c. Utilization Management Committee
    - d. Credentialing and Peer Review Committee
    - e. Additional committees as requested by the Plan

XVI.   Behavioral Health Services

SCFHP monitors and works to improve the quality of behavioral health care and services provided through and based on applicable contract requirements. The QI program monitors services for behavioral health and review of the quality and outcome of those services delivered to the members within the network of practitioners and providers. The quality of Behavioral Health services may be determined through, but not limited to the following:

- A. Access to care
- B. Availability of practitioners
- C. Coordination of care
- D. Medical record and treatment record documentation
- E. Complaints and grievances
- F. Appeals
- G. Utilization metrics
    - a. Timeliness
    - b. Application of criteria
    - c. Bed days
    - d. Readmissions
    - e. Emergency department utilization

    f.   Inter-rater reliability
  H. Compliance with evidence-based clinical guidelines
  I. Language assistance

Reporting to the CMO, the Manager of Behavioral Health is involved in the behavioral aspects of the QI Program. The Manager of Behavioral Health is available to assist with member behavioral health complaints, development of behavioral health guidelines, recommendations on service and safety, providing behavioral health QI statistical data, and follow-up on identified issues.

XVII. Utilization Management

Please refer to the Utilization Management Program Description for Utilization Management activities and related UM activities including Case Management, and Population Health programs and processes.

XVIII. Population Health Management

The Population Health Management (PHM) program is developed, implemented and evaluated by the Health Services team with input and oversight by the QI Team and QIC. The QI Team annually conducts a population assessment to identify the needs and characteristics of SCFHP's member population. The Health Services team reviews the results of the assessment and identifies programs that would be beneficial to SCFHP's sub populations. The Population Health Program has four areas of focus:

- Keeping members healthy.
- Managing members with emerging risk.
- Patient safety or outcomes across settings.
- Managing multiple chronic illnesses.

The QI Team works with Health Services to identify and set goals as part of the PHM Strategy. The PHM Strategy is brought to the QIC for review and approval annually.

XIX.   Care of Members with Complex Needs

Please refer to the Case Management program description and the Population Health Management Strategy document for complete details on care of members with complex needs. SCFHP is committed to serving the needs of all members assigned, and places additional emphasis on the management and coordination of care of the most vulnerable populations and members with complex health needs. Our goal is to promote the delivery of effective, quality health care to members with special health care needs, including, but not limited to, physical and developmental disabilities, multiple chronic conditions, and complex behavioral health and social issues through:

  A. Providing case management teams focusing on members who have had an organ transplant, or are diagnosed with HIV/AIDS, progressive degenerative disorders and/or metastatic cancers.
  B. Improving access to primary and specialty care to facilitate the receipt of appropriate services for members with complex health conditions.
  C. Coordinating care for members who receive multiple services.

D. Identifying and reducing barriers to services for members with complex conditions.

XX.   Cultural and Linguistics

SCFHP monitors that clinical and non-clinical services are provided in a culturally competent manner and are accessible to all members, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds.

SCFHP is committed to member centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population we serve. Identified population needs and planned interventions involve member input and are vetted through the Consumer Advisory Committee and Consumer Advisory Board prior to full implementation, as determined by the plan's Health Educator.

All individuals providing linguistic services to SCFHP members are adequately proficient in the required language to both accurately convey and understand the information being communicated. This policy applies to SCFHP staff, providers, provider staff, and professional translators or interpreters. Monitoring of staff ability to serve as an interpreter is maintained by the Plan.

Interpreter services are provided to the member at no charge.

SCFHP monitors programs and services that are culturally and linguistically appropriate by:

A. Using practitioner and provider chart reviews and interviews to understand the differences in care provided and outcomes achieved to reduce health care disparities in clinical areas.
B. Conducting member-focused interventions using culturally competent education materials that focus on race, ethnicity and language specific risks.
C. Conducting focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs and how to improve the cultural competency of communications, as determined by the plan's Health Educator
D. Providing information, training and tools to staff and practitioners to support culturally competent communication to improve network adequacy, and to meet the needs of underserved groups.

SCFHP has designated the Director of Quality and Process Improvement to provide oversight for meeting the objectives of service to a culturally and linguistically diverse population through the following:

A. Translation services
B. Interpretation services
C. Proficiency testing for bilingual staff
D. Cultural competency trainings such as:
   a. Cultural Competency annual online training for plan staff and contracted providers
E. Provider newsletter articles on a variety of cultural and linguistic issues
F. Health education materials in different languages and appropriate reading levels
G. Provider office signage on the availability of interpretation services

Please refer to Cultural and Linguistic Serives Program Description for details.

XXI.   Health Education

Health Education Program is an organized program, service, functions and resources necessary to deliver general health education, health promotion, and patient education to assist SCFHP beneficiaries to maintain and improve their health and manage their illnesses. The Health Education Program supports SCFHP's Population Health Management (PHM) strategy under the direction of Health Educator.

Please refer to Health Education Program Description.

XXII.   Credentialing Processes

SCFHP conducts a credentialing process that is in compliance with the National Committee for Quality Assurance (NCQA), the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), and the Centers for Medicaid and Medicare Services (CMS). SCFHP contracts with a Credentials Verification Organization (CVO) who performs primary source verification. The Plan credentials new applicants prior to the effective date of the practitioner's agreement and in advance of the practitioner delivering care to members, and re-credentials network practitioners at least every 36 months.

The comprehensive credentialing process is designed to provide on-going verification of the practitioner's ability to render specific patient care and treatment within limits defined by licensure, education, experience, health status, and judgment, thus ensuring the competency of practitioners working within the SCFHP contracted delivery system. The scope of the credentialing program includes all licensed Physicians (MD), Oral Surgeons, Dentists (DDS), Podiatrists (DPM), Doctors of Osteopathy (DO), Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Mid-Wife (CNM), Clinical Nurse Specialists (CNS), Chiropractors (DC), Optometrists (OD), Clinical Psychologists (Ph.D.), Behavioral Health Practitioners such as Marriage Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), and other ancillary, allied health professionals or mid-level practitioners, as applicable, both in the delegated and direct contracts.

<u>Healthcare Delivery Organizations</u>

SCFHP performs credentialing and re-credentialing of ancillary providers and health care delivery organizations (these include, but are not limited to, hospitals, home health and hospice agencies, skilled nursing facilities, free standing surgical centers, behavioral healthcare providers that provide mental health or substance abuse services in inpatient residential or ambulatory settings, and other medical providers such as FQHCs, laboratories, outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, end stage renal disease (ESRD) providers, and similar providers as applicable) upon initial contracting, and every 36 months thereafter. The intent of this process is to assess whether these entities meet standards for quality of care and are in good standing with State and Federal regulatory agencies and are maintaining their accreditation status as applicable.

Use of Quality Improvement Activities in the Re-credentialing Process

Findings from quality improvement activities are included in the Re-credentialing process. Should an instance of poor quality of care issue be identified mid-cycle, the Credentialing and Peer Review Committee may select to review the practitioner between routine re-credentialing cycles.

Monitoring for Sanctions and Complaints

SCFHP has adopted policies and procedures for ongoing monitoring of sanctions, which include, but are not limited to, state or federal sanctions, sanctions or limitations on licensure, Medicare and Medicaid sanctions, CMS preclusion list, potential quality issues (PQI), and member complaints between re-credentialing periods.

XXIII. Facility Site Review, Medical Record and Physical Accessibility Review

SCFHP does not delegate Primary Care Provider (PCP) site and medical records review to its contracted groups. SCFHP assumes responsibility and conducts and coordinates Facility Site Review (FSR) and Medical Record Review (MRR) in accordance with standards set forth by MMCD Policy Letter 14-004.

SCFHP collaborates with other health plan partners to coordinate the FSR/MRR process, minimize the duplication of site reviews, and support consistency in PCP site reviews for PCPs contracted with health plan partners. Site reviews are completed as part of the initial credentialing process, except in those cases where the requirement is waived because the provider received a passing score on another full scope site review performed by another health plan in the last three years, in accordance with MMCD Policy Letter 14-004 and SCFHP policies.

DHCS requires that medical records of new providers are reviewed within ninety (90) calendar days of the date on which members are first assigned to the provider. An additional extension of ninety (90) calendar days may be allowed only if the provider does not have sufficient assigned members to complete review of the required number of medical records.

Physical Accessibility Review Survey for Seniors and Persons with Disabilities (SPD)

SCFHP conducts an additional DHCS-required facility audit for American with Disabilities Act for compliance of Seniors and Persons with Disabilities (SPD) members, which includes access evaluation criteria to determine compliance with ADA requirements.

Medical Record Documentation Standards

SCFHP requires that its contracted practitioners maintain medical records in an accurate and timely manner that is current, detailed, organized, and easily accessible to treating practitioners. All member data should be filed in the medical record in a timely manner (i.e., lab, x-ray, consultation notes, etc.). The medical record should also indicate timely access by members to information that is pertinent to them, such as health education materials.

The medical record should provide appropriate documentation of the member's medical care, in such a way that it facilitates communication, coordination, and continuity of care, and promotes efficiency and effectiveness of treatment. All medical records should, at a minimum, include all information required by state and federal laws and regulations, and the requirements of the Plan's contracts with CMS and DHCS.

The medical record should be protected, in that medical information is released only in accordance with applicable Federal and/or state law.

XXIV. Member Safety

The monitoring, assessment, analysis and promotion of member safety matters are integrated into all components of member enrollment and health care delivery organization continuum oversight and are a significant part the Plan's quality and risk management functions. Member safety efforts are clearly articulated both internally and externally, via newsletter, email, fax, web and verbal communications. Member safety efforts include:

A. Identification and prioritization of patient safety-related risks for all SCFHP members, regardless of line of business and contracted health care delivery organizations
B. Operational objectives, roles and responsibilities
C. Ensuring appropriate patient safety training and education are available to members, families, and health care personnel/physicians
D. Health Education
E. Population Needs Assessment
F. Over- and Under- Utilization monitoring
G. Medication Management
H. Case Management and Population Health Management outcomes
I. Operational Aspects of Care and Service

Member Safety prevention, monitoring and evaluation include:

A. Alerting the pharmacy to potential drug interactions and/or duplicate therapies, and discussing these potential problems with the prescribing physician(s), to allow the practitioner to correct the issue
B. Ensuring timely and accurate communication between sites of care, such as hospitals and skilled nursing facilities, to improve coordination and continuity of care Utilizing facility site review, Physical Accessibility Review Survey (PARS), and medical record review results from practitioner and healthcare delivery organizations at the time of credentialing to improve safe practices, and incorporating ADA (Americans with Disabilities Act), and SPD (Seniors and Persons with Disabilities) site review audits into the general facility site review process
C. Tracking and trending of adverse event reporting to identify system issues that contribute to poor safety

Elements of the safety program address the environment of care and the safety of members, staff, and others in a variety of settings. The focus of the program is to identify and remediate potential and actual safety issues, and to monitor ongoing staff education.

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A. Ambulatory setting
   a. Adherence to ADA standards, including provisions for access and assistance in procuring appropriate equipment, such as electric exam tables
   b. Annual blood-borne pathogen and hazardous material training
   c. Preventative maintenance contracts to promote that equipment is kept in good working order
   d. Fire, disaster, and evacuation plan, testing, and annual training
B. Institutional settings (including Long-Term Care (LTC) and Long-Term Services and Supports (LTSS)
   a. Falls and other prevention programs
   b. Identification and corrective action implemented to address post-operative complications
   c. Sentinel events identification and appropriate investigation and remedial action
   d. Administration of Flu/Pneumonia vaccine
C. Administrative offices
   a. Fire, disaster, and evacuation plan, testing, and annual training

XXV. Member Experience and Satisfaction

SCFHP conducts ongoing review of clinical and non-clinical effectiveness and member satisfaction by monitoring member and provider complaints, member and provider surveys, and customer service call center performance. The plan collects and analyzes data at least annually to measure its performance against established benchmarks or standards and identifies and prioritizes improvement opportunities. Specific interventions are developed and implemented to improve performance, and the effectiveness of each intervention is measured at specific intervals.

SCFHP solicits feedback from members, medical centers, and caregivers to assess satisfaction using a range of approaches, such as NCQA's Consumer Assessment of Healthcare Providers, HOS and member satisfaction survey, monitoring member complaints and direct feedback from grievances and appeals. The Quality Department is responsible for coordinating the HOS and CAHPS surveys, aggregating and analyzing the findings and reporting the results. Survey results are reviewed by the QIC with specific recommendations for performance improvement interventions or actions.

Provider satisfaction is assessed annually using a valid survey methodology and a standardized comprehensive survey tool. The survey tool is designed to assess provider satisfaction with the network, claims, quality, utilization management, and other administrative services.

Member Grievances and Provider Complaints

The QI Department investigates and resolves potential quality of care concerns and grievances. All grievances related to quality of care and service are tracked, classified according to severity, reviewed by Plan Medical Directors, categorized by the QI Department, and analyzed and reported on a routine basis to Plan's QIC. The QIC recommends specific physician/provider improvement activities.

All administrative member grievances are tracked and resolution is facilitated by the Grievance and Appeals and/or Customer Service teams. Data is analyzed and reported to the QIC on a regular basis to

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identify trends and to recommend performance improvement activities, as appropriate. Grievance reports are submitted to the QIC at least quarterly, along with recommendations for QI activities based on results.

Data is reported to and analyzed by the QIC on a regular basis to identify trends and to recommend performance improvement activities, as appropriate. Provider complaint reports are submitted to the QI Committee at least quarterly, along with recommendations for QI activities based on results.

XXVI. Delegation Oversight

The Delegation Oversight process and Delegation Oversight Committee are overseen by the Plan's Compliance Committee. The Delegation Oversight Committee reports to the Compliance department. Delegation Oversight activities that are specific to the QI Program include reports submitted by delegated entities and the functional operational area that has responsibility for overseeing corrective action plans.

Through Delegation Oversight, Plan monitoring includes, but is not limited to, the following:

A. On-going monitoring via quarterly, semi-annual, and annual reports
B. Focus reviews conducted when applicable
C. Annual site visits
D. Annual review of the delegates' policies and procedures
E. Annual review, feedback and approval of the delegates' Quality and Utilization Management Program Plans and Work Plans
F. Review and approval, by Compliance Committee, of sub-delegate's delegation agreement(s) prior to implementation of such an agreement
G. Sub-delegation reports
H. Review of case management program and processes
I. Review of quality of care monitoring processes, results of QI Activities, and peer review processes
J. Review of credentialing and re-credentialing processes, working collaboratively with the delegates' staffs to review performance and develop strategies for improvement
K. Providing educational sessions
L. Evaluating and monitoring improvement
    a. Communication of monthly and quarterly analysis of reports and utilization benchmarks to delegates

The Plans' audit procedures drive the process with delegates with the following:

A. Evaluation, oversight, and monitoring of the delegation agreement to determine what services may be delegated and how they can be delegated or not delegated
B. Providing input into contractual language necessary for delegation
C. Providing tools and designating appropriate measurement and reporting requirements for monitoring of delegated activities
D. Providing support in the analysis of data obtained from reporting and other oversight activities
E. Assisting in the development of corrective action plans and tracking of their effectiveness

F. Providing structure and methodology in the development and administration of incentives and sanction for delegate's performance.

When a delegate is determined to be deficient in an area or areas, the issue is referred to the Delegation Oversight Committee, which reports to the Compliance Committee, for review and discussion, with recommendations to the Compliance Department for action.

The Compliance Department presents the issue to the Plan's Compliance Committee for decisions and final recommendations, which could include de-delegation.

XXVII.   Data Integrity/Analytics

The clinical data warehouse aggregates data from SCFHP's core business systems and processes, such as member eligibility, provider data, encounters, claims, and pharmacy data. The data warehouse is maintained by the Information Systems (IS) Department. The data warehouse allows IS to provide analytic support to the QI Program. The data warehouse allows staff to apply evidence-based clinical practice guidelines to analyze data for quality purposes, such as the identification of members eligible for specific population health management programs, risk stratification, process measures, and outcomes measures. SCFHP staff create and maintain the data base with quarterly data updates.

Based upon evidence-based practice guidelines built into the system, the clinical data warehouse can:

A. Identify and stratify members with certain disease states
B. Identify over/under utilization of services
C. Identify missing preventive care services
D. Identify members for targeted interventions

Identification and Stratification of Members

Using clinical business rules, the database can identify members with a specific chronic disease condition, such as asthma, diabetes, mental health issues or congestive heart failure. It then can identify the acuity of the member based on their emergency department (ED) and inpatient utilization data. . Once the member has been identified with a specific disease condition and acuity, the Case Management team works with the member to further identify treatment failure, complications and co-morbidities, noncompliance, or exacerbation of illness to determine if the member requires medical care, and recommends an appropriate level of intervention.

Identify Potential of Over- and Under- Utilization of Services

Using clinical business rules, the database can identify if a member or provider is over or under utilizing medical services. In analyzing claims and pharmacy data, the data warehouse can identify if a member did not refill their prescription for maintenance medication, such as high blood pressure medicines. The database can also identify over utilization or poor management by providers. For example, the system can list all members who have exceeded the specified timeframe for using a certain medication, such as persistent use of antibiotics greater than 61 days. Additional data is available through UM metrics,

including hospital bed days, length of stays, Emergency Department utilization, readmissions, and UM referrals.

Identify Missing Preventive Care Services

The data warehouse can identify members who are missing preventive care services, such as an annual exam, an influenza vaccination for members over 65, a mammogram for women for over 50, or a retinal eye exam for a member with diabetes. This information is called a gap in care. This information is then disseminated to the Population Health Management and Case Management teams to address with the member.

Identify Members for Targeted Interventions

The rules for identifying members and initiating the intervention are customizable to SCFHP to fit our unique needs. By using the standard clinical rules and customizing SCFHP specific rules, the database is the primary conduit for targeting and prioritizing heath education, population health management, and HEDIS- related interventions.

By analyzing data that SCFHP currently receives (i.e. claims data, pharmacy data, and encounter data), the data warehouse identifies the members for quality improvement and access to care interventions, which supports us in improving our HEDIS measures. This information guides SCFHP in not only targeting members, but also delegated entities and providers who need additional assistance.

Medical Record Review

Wherever possible, administrative data is utilized to obtain measurement for some or all project quality indicators. Medical record review may be utilized as appropriate to augment administrative data findings. In cases where medical record abstraction is used, appropriately trained and qualified individuals are utilized. Training for each data element (quality indicator) is accompanied by clear guidelines for interpretation. Validation is done through a minimum 10% sampling of abstracted data for rate to standard reliability, and is coordinated by the Director of Quality and Process Improvement, or designee. If validation is not achieved on all records samples, a further 25% sample is reviewed. If validation is not achieved, all records completed by the individual are re-abstracted by another staff member.

Where medical record review is utilized, the abstractor obtains copies of the relevant section of the record. Medical record copies, as well as completed data abstraction tools, are maintained for a minimum period, in accordance with applicable law and contractual requirements.

Interventions

For each QI Project, specific interventions to achieve stated goals and objectives are developed and implemented. Interventions for each project must:

A. Be clearly defined and outlined
B. Have specific objectives and timelines
C. Specify responsible departments and individuals
D. Be evaluated for effectiveness

E. Be tracked through the QI Program

For each project, there are specific system interventions that have a reasonable expectation of effecting long-term or permanent performance improvement. System interventions include education efforts, policy changes, development of practice guidelines (with appropriate dissemination and monitoring), and other plan-wide initiatives. In addition, provider and member specific interventions, such as reminder notices and informational communication, are developed and implemented.

Improvement Standards

A. Demonstrating Improvement
   a. Each project is expected to demonstrate improvement over baseline measurement on the specific quality indicators selected. In subsequent measurements, evidence of significant improvement over the initial performance to the indicator(s) must be sustained over time.
B. Sustaining Improvement
   a. Sustained improvement is documented through the continued re-measurement of quality indicators for at least one year after the improved performance has been achieved.

Once the requirement has been met for both significant and sustained improvement on any given project; there is no other regulatory (CMS, DHCS, DMHC) reporting requirement related to that project. SCFHP may internally choose to continue the project or to go on to another topic.

Documentation of QI Projects

Documentation of all aspects of each QI Project is required. Documentation includes (but is not limited to):

A. Project description, including relevance, literature review (as appropriate), source, and overall project goal.
B. Description of target population.
C. Description of data sources and evaluation of their accuracy and completeness.
D. Description of sampling methodology and methods for obtaining data.
E. List of data elements (quality indicators). Where data elements are process indicators, there must be documentation that the process indication is a valid proxy for the desired clinical outcome.
F. Baseline data collection and analysis timelines.
G. Data abstraction tools and guidelines.
H. Documentation of training for chart abstraction.
I. Rater to standard validation review results.
J. Measurable objectives for each quality indicator.
K. Description of all interventions including timelines and responsibility.
L. Description of benchmarks.
M. Re-measurement sampling, data sources, data collection, and analysis timelines.
N. Evaluation of re-measurement performance on each quality indicator.

Key Business Processes, Functions, Important Aspects of Care and Service

SCFHP provides comprehensive acute and preventive care services, which are based on the philosophy of a medical "home" for each member. The primary care practitioner is this medical "home" for members who previously found it difficult to access services within their community. The Institute of Medicine describes the concepts of primary care and community oriented primary care, which apply to the SCFHP model:

- Primary care, by definition, is accessible, comprehensive, coordinated, and continual care delivered by accountable providers of personal health services.
- Community oriented primary care is the provision of primary care to a defined community, coupled with systematic efforts to identify and address the major health problems of that community.

The important aspects of care and service around which key business processes are designed include:

A. Clinical care and service
B. Access and availability
C. Continuity and coordination of care
D. Preventive care, including:
    a. Initial risk assessment (IHA)
    b. Behavioral assessment
E. Patient diagnosis, care, and treatment of acute and chronic conditions
F. Complex case management:
    a. SCFHP coordinates services for members with multiple and/or complex conditions to obtain access to care and services via the utilization and case management department, which details this process in its utilization management and case management programs and other related policies and procedures
G. Drug Utilization
H. Health Education
I. Over- and Under- Utilization monitoring
J. Population health program outcomes and performance against program goals

Administrative Oversight:

A. Delegation oversight
B. Member rights and responsibilities
C. Organizational ethics
D. Effective utilization of resources
E. Management of information
F. Financial management
G. Management of human resources
H. Regulatory and contract compliance
I. Customer satisfaction
J. Fraud and abuse* as it relates to quality of care

* SCFHP has adopted a zero tolerance policy for fraud and abuse, as required by applicable laws and its regulatory contracts. The detection of fraud and abuse is a key function of the SCFHP Compliance Program.

XXVIII.   Conflict of Interest

Network practitioners serving on any QI program-related committee, who are or were involved in the care of a member under review by the committee, are not allowed to participate in discussions and determinations regarding the case. Committee members cannot review cases involving family members, providers, or suppliers with whom they have a financial or contractual affiliation or other similar conflict of interest issues.

All employees and committee participants sign a Conflict of Interest statement on an annual basis.

Fiscal and clinical interests are separated. SCFHP and its delegates do not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage, services, or care. There are no financial incentives for UM decision-makers that could encourage decisions that result in under-utilization.

XXIX. Confidentiality

SCFHP maintains policies and procedures to protect and promote the proper handling of confidential and privileged member information. Upon employment, all SCFHP employees, including contracted professionals who have access to confidential or member information, sign a written statement delineating responsibility for maintaining confidentiality.

In addition, all committee and subcommittee members are required to sign a confidentiality agreement on an annual basis. Invited guests must sign a confidentiality agreement at the time of committee attendance. Agreement requires the member to maintain confidentiality of any and all information discussed during the meeting.

All records and proceedings of the QIC and other QI program-related committees, which involve member- or practitioner-specific information are confidential, and are subject to applicable laws regarding confidentiality of medical and peer review information, including Welfare and Institutions Code section 14087.58, which exempts the records of QI proceedings from the California Public Records Act.

This

XXX. Communication of QI Activities

Results of performance improvement activities are communicated to the appropriate department, and/or multidisciplinary committee as determined by the nature of the activity. The QI subcommittees report their summarized information to the QIC quarterly in order to facilitate communication along the continuum of care. The QIC reports activities to the Governing Board, through the CMO or designee, on a quarterly basis. QIC participants are responsible for communicating pertinent, non-confidential QI issues to all members of SCFHP staff.

Communication of QI trends to SCFHP's contracted entities, members, practitioners and providers is through the following:

A. Practitioner participation in the QIC and its subcommittees
B. Health Network Forums, Medical Director meeting, and other ongoing ad-hoc meetings
C. Practitioner and member newsletters regarding relevant QI program topics
D. The QI Program description, available to providers and members on the SCFHP website. This includes QI program goals, processes and outcomes as they relate to member care and service. Members and/or providers may obtain a paper copy by contacting Customer Service.
E. Included in annual practitioner education through provider relations and the Provider Manual

XXXI. Annual Evaluation

The QIC conducts an annual written evaluation of the QI program and makes information about the QI program available to members and practitioners. Applicable QI related committees contribute to the annual evaluation which is ultimately reviewed and approved by the Governing Board.

The Plan conducts an annual written evaluation of the QI program and activities that include the following information:

A. A description of completed and ongoing QI activities that address quality of care, safety of clinical care, quality of service and members' experience
B. Trending and monitoring of measures and previously identified issues to assess performance in the quality and safety of clinical care and quality of services
C. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices
D. Barrier analysis

The evaluation addresses the overall effectiveness of the QI program, including progress that was made toward influencing network-wide safe clinical practices and includes assessment of:

A. The adequacy of QI program resources
B. The QIC structure
C. Amount of practitioner participation in the QI program, policy setting, and review process
D. Leadership involvement in the QI program and review process
E. Identification of needs to restructure or revise the QI program for the subsequent year

2021 QI Program Description

Santa Clara Family Health Plan™

Appendix 1

Quality Improvement Department Organization Structure
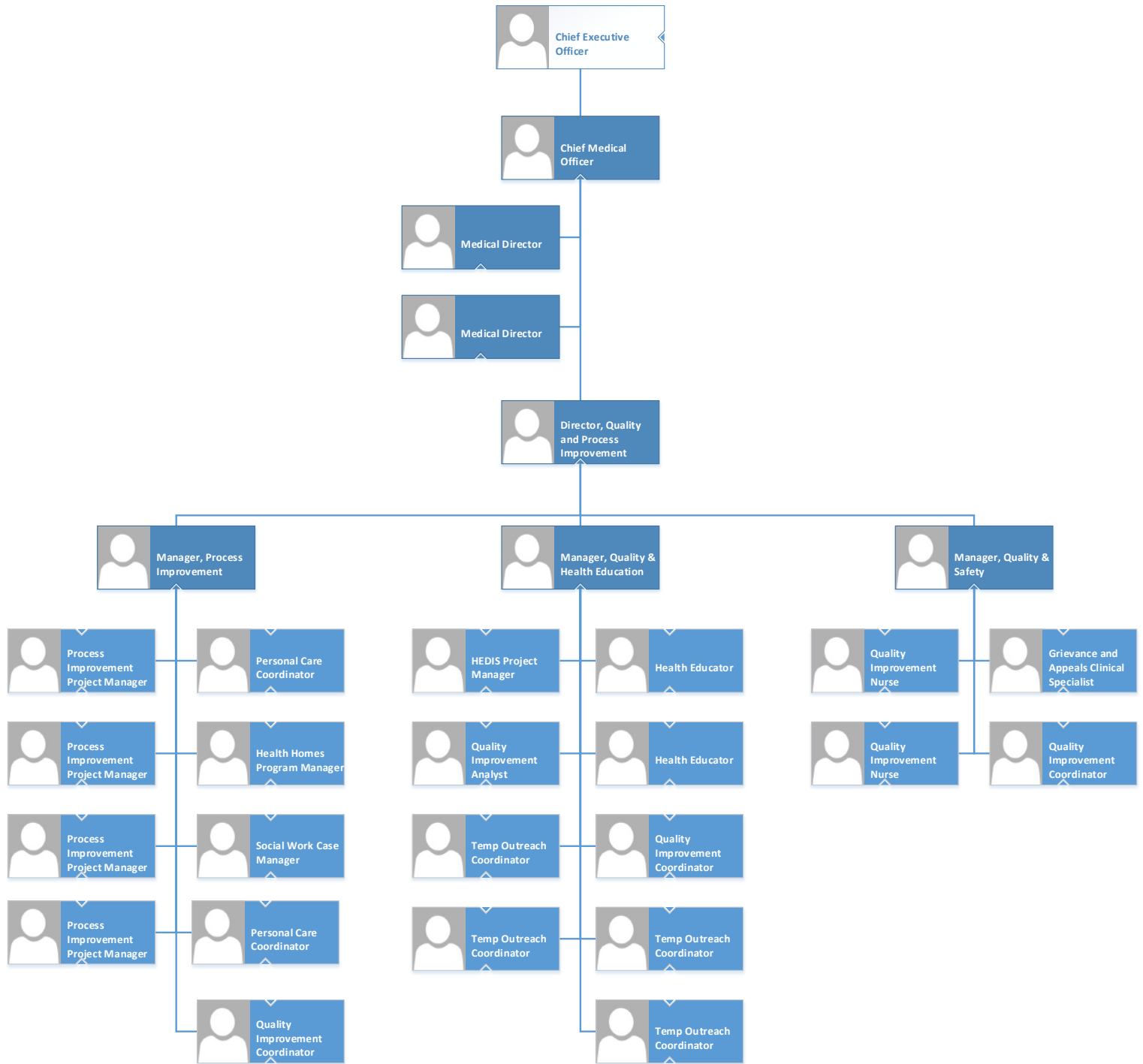
Cultural and Linguistics Program 2021

Updated 12.28.2020

2021 CULTURAL & LINGUISTICS PROGRAM
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CULTURAL AND LINGUISTIC SERVICES PROGRAM 2021

I. INTRODUCTION

The Santa Clara County Health Authority, dba Santa Clara Family Health Plan (SCFHP), is a county public agency. SCFHP's primary mission is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

SCFHP is a fully licensed health care service plan, which began operations in February 1997. SCFHP initially served the County's Medi-Cal population, as a Medi-Cal managed care plan in the State's "Two Plan Model Program". SCFHP continues to serve as the county local initiative in that program. In 2015, SCFHP contracted with Centers for Medicare and Medicaid Services (CMS) for the Cal MediConnect (CMC) Duals Demonstration Project.

Through dedication to integrity, outstanding service, and care for our community, SCFHP works to ensure that everyone in our county can receive the care they need for themselves and their families.

II. STATEMENT OF PURPOSE

The Cultural and Linguistic (C&L) Services Program is designed to improve access and eliminate disparities in quality of care for individuals with limited English proficiency (LEP), diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity. It also ensures that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and that all covered services are provided in a culturally and linguistically appropriate manner. (DHCS Medi-Cal Contract Exhibit A, Attachment 4, 7.F)

SCFHP is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries with LEP or sensory impairment. SCFHP's Cultural and Linguistic Services comply with 42, C.F. R. Section 440.262; Title VI of the Civil Rights Act of 1964; (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and the Cultural and Linguistic Services requirements in accordance to the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and CMS. The goal of the C&L Services Program is to ensure that SCFHP beneficiaries, especially LEP and sensory impaired beneficiaries receive equal access to health care services that are culturally and linguistically appropriate.

III. METHODOLOGY

Culturally and Linguistically Appropriate Services (CLAS) Standards

The Office of Minority Health (OMH) in the U.S. Department of Health & Human Services (DHHS) require that health care professionals and organizations take responsibility for providing culturally and linguistically appropriate services (CLAS) as a means to improve health care access, quality of care and health outcomes. Defining CLAS as "health care services that are respectful of and responsive to cultural and linguistic needs," the OMH has issued a set of 14 CLAS standards that include "mandates, guidelines and recommendation intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate services." [1]

SCFHP has chosen the 14 National CLAS Standards as the guiding principles of our C&L Services Program.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (4-7) and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: federal mandates, guidelines (recommended by OMH to be federal mandates) and recommendations. Standards 4-7 are mandates, Standards 1-3 and 8-13 are guidelines and Standard 14 is a recommendation. The CLAS standards are:

Culturally Competent Care
1. Health care organizations should ensure that patients/consumers receive from all staff effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

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[1] DHHS, OMH, National Standards for CLAS, 2001.

2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate services delivery.

Language Access Services
4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence
8. Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity and spoken and written language are collected in health records, integrated into the organization's management information systems and periodically updated.
11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to

accurately plan for and implement services that respond to the cultural and linguistic characteristics of the area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

IV. GOALS, STRATEGIES AND OBJECTIVES

The goal of the SCFHP C&L Services Program is to promote access and delivery of services in a culturally competent manner to all beneficiaries, including those with LEP, sensory impairment, diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity.

The Program ensures that beneficiaries have access to covered services delivered in a manner that meets their needs. It also ensures processes and procedures are designed to ensure that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. The program formalizes ongoing efforts to provide CLAS at all clinical and administrative points of contact in a consistent and measurable fashion. Since the effort to provide culturally and linguistically competent care is an on-going process, the C&L Services staff periodically identifies new objectives and activities based on the findings of the Health Education and C&L Population Needs Assessment (PNA) which is administered annually. SCFHP also incorporates beneficiary, provider and staff feedback expressed at Consumer Advisory Committee (CAC), Consumer Advisory Board (CAB), Provider Advisory Committee (PAC), and Quality Improvement Committee (QIC) meetings, area demographic research and organizational priorities into the development of its C&L Services Program.

An illustration of the reporting relationships for SCFHP identifies key staff with overall responsibility for the operation of the C&L Services Program (Appendix A).

Updated 12.28.2020

SCFHP's Executive Team and Compliance Departments are responsible for promoting a culturally competent health care and work environment for SCFHP. They ensure that all Plan policies and procedures for eligible beneficiaries or potential beneficiaries do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. They also ensure SCFHP's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services.

The Quality Improvement Department is responsible for developing, implementing and evaluating SCFHP's C&L Services Program in coordination with the Provider Network Operations, Customer Services, Marketing and Communications, Health Services and Compliance Departments.

The Provider Network Operations Department is responsible for ensuring that the composition of the provider network continuously meets beneficiaries' ethnic, cultural and linguistic needs of its beneficiaries on an ongoing basis (DHCS Medi-Cal Contract, Exhibit A, Attachment 6, 13). Language capabilities of clinicians and other provider office staff are identified during the credentialing process and through periodic surveys to update SCFHP's provider directory. Provider Network Operations is also responsible for conducting initial and periodic provider network C&L training, as well as the PAC.

The Customer Service Department records updates to beneficiaries' cultural and linguistic capabilities and preferences, including standing requests for material in alternate languages and formats. Beneficiaries are informed they have access to no cost oral interpretation in their language and written materials translated into SCFHP's threshold languages or provided in alternative formats. Written materials translation is available in non-threshold languages upon request.

Marketing and Communications is also responsible for supporting SCFHP's CAC in accordance with Title 22, CCR, Section 53876 (c). The purpose of the CAC is to provide a link between SCFHP and the community. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. The CAC advises SCFHP on the development and implementation of its cultural and linguistic accessibility standards and procedures. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAC reports directly to the SCFHP Governing Board.

Quality Improvement is responsible for supporting SCFHP's CAB in accordance with the DHCS Coordinated Care Initiative (CCI). The purpose of CAB is to provide a link between SCFHP and the Cal MediConnect population. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAB is a subcommittee of the QIC.

Health Services (including Case Management, Managed Long Term Support Services, Behavioral Health, Utilization Management, Quality Improvement and Pharmacy) is responsible for ensuring cultural competent care coordination for all beneficiaries.

V.   PROGRAM SCOPE

The C&L Services Program is comprehensive, systematic and ongoing. It includes assessment, monitoring and enhancement of all services provided directly by SCFHP, as well as all services provided by contracted providers, including pharmacies and ancillary services.

Assessment of Beneficiary Cultural and Linguistic Needs
SCFHP regularly assesses beneficiary cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. Specifically, SCFHP:
- Documents in the Health Plan's Information System the reported ethnicity and preferred language of eligible beneficiaries provided by DHCS/CMS for Medi-Cal or Cal Mediconnect beneficiaries.
- Documents beneficiary requests to change their reported ethnicity or preferred language.
- Documents a beneficiary's standing request for materials in another language or in an alternate format in the Health Plan's Information Systems.
- Instructs providers to offer no cost interpreter services by a qualified interpreter and document the beneficiary's preferred language in addition to requests for, and refusals of, interpreter services in the patient chart.
- Tracks and analyzes utilization of telephone and face-to-face interpreter services at all points of contact.
- Conducts a Cultural & Linguistic and Health Education PNA annually to identify C&L needs, and periodically update the assessment based on additional beneficiary input through beneficiary surveys, focus groups and grievances.

- Elicits and documents input from the CAC regarding beneficiaries' C&L needs (for details see Consumer Advisory Committee Charter).
- Elicits and documents input from the CAB regarding beneficiaries' C&L needs (for details see Consumer Advisory Board Charter).
- SCFHP makes reasonable changes to policies, procedures, and practices to provide equal access for individuals with disabilities.

Assessment of linguistic capabilities of SCFHP employees, providers, and subcontractors

SCFHP continuously assesses the linguistic capabilities of its employees, providers and subcontractors to reduce language barriers increase the quality of care LEP beneficiaries receive, and ensure the plan's ability to meet beneficiaries' ethnic, cultural and linguistic needs. SCFHP makes every effort to ensure that providers are assigned with the ability to meet beneficiaries' C&L needs. Activities that contribute to the assessment process include:

- Employees
  - Hire staff that demonstrates appropriate bilingual proficiency as needed for their role by passing a language professional test at time of hire.
  - Maintain Human Resource records on staff linguistic skills and relevant training, certification and/or proficiency results.
  - Assess the performance of employees who provide linguistic services.
- Providers
  - PCP and Specialists are required to ensure access to care for LEP speaking beneficiaries through the provider's own multilingual staff or through cultural and linguistic services facilitated by SCFHP.
  - Identify language proficiency of bilingual providers and office staff through documentation of certification of proficiency.
  - Report provider and office staff language capabilities for inclusion in the Provider Directory.
- Subcontractors
  - Execute agreements with subcontractors that are in compliance with the business requirements for all lines of business.
  - Execute agreements with contracted translators and interpreters that require staff to be tested for proficiency and experience.
- Maintain records in the Health Education Program of community health resources throughout the counties we serve, including the language in which the programs are offered.

Access to Interpreter Services and Availability of Translated Materials
Linguistic services are provided by SCFHP to non-English speaking or LEP beneficiaries for population groups. Services include, but are not limited to, the following:

- No cost linguistic services are provided to beneficiaries accurately and timely and protect the privacy and independence of the individual with LEP.
  - Oral interpreters, signers or bilingual providers and provider staff at all key points of contact are available in languages spoken by beneficiaries. Linguistic services are provided in all languages spoken by beneficiaries, not just the threshold or concentration standards languages. Key points of contact include:
    - Medical care settings
    - Telephone, Nurse Advice Line, urgent care transactions, and outpatient encounters with healthcare providers, including: pharmacists.
    - Non-medical care settings: Customer Services, orientations, and appointment scheduling.
  - Written informational materials are fully translated into all threshold languages within 90 days after the English version is approved by the state. Materials in non-threshold languages are made available upon request within 21 days of the request. (Refer to Policy QI.08.02 for more information on translation into non-threshold languages) Materials include:
    - Evidence of Coverage Booklet and/or Beneficiary Handbook and Disclosure Forms. The contents of these documents includes:
      - Enrollment and disenrollment information
      - Information regarding the use of health plan services, including access to screening and triage, after-hours emergency, and urgent care services
      - Access and availability of linguistic services
      - Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
      - Process for accessing covered services requiring prior authorizations
      - Process for filing grievances and fair hearing requests
    - Provider listings or directories

- Formulary/Prescription Drug List
- Marketing materials
- Form letters (i.e. authorization notice of action letters, grievance and appeals, including resolution letters)
- Plan-generated preventive health reminders (i.e. appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)
- Beneficiary surveys
- Newsletters
  o California Relay Services for hearing impaired.

SCFHP ensures access to interpreter services for all LEP beneficiaries. SCFHP provides 24-hour access to telephonic interpreter services for all medical and non-medical points of contact. SCFHP beneficiaries can, with advance notice, utilize in-person language and sign language interpreter services. All interpreter services are provided at no charge to beneficiaries. SCFHP requires, through contractual agreement, that contracted interpreters are tested for proficiency and experience. (For more detail please refer to Procedure QI.08.02 Language Assistance Program). SCFHP ensures access to interpreter services for all LEP and sensory impaired beneficiaries through several mechanisms:

- Inform new beneficiaries of available linguistic services in welcome packets.
- Provide an Interpreter Reference Guide to providers about accessing SCFHP's interpreter services.
- Provide an interpreter for scheduled appointments when requested by the provider or beneficiary.
- Ensure beneficiaries can use face-to-face language and sign language interpreters with advance notice.
- Make 24-hour/7 days a week access to telephonic interpreter services available for all medical and non-medical points of contact as defined in the contract or regulations.
- Monitor the interpreter request process to avoid unreasonable or unnecessary delays when the service is requested by the beneficiary or provider.
- Encourage the use of qualified interpreters rather than family beneficiaries or friends. The beneficiary may choose an alternative interpreter at his/her cost after being informed of the no cost service.
- Discouraging the use of minors as interpreters except in extraordinary circumstances.

- Maintain records in the Marketing and Communications Department of translated beneficiary informational materials. SCFHP translates beneficiary informing materials into all threshold languages identified by the Department of Health Care Services (DHCS). Translation into non-threshold languages is available upon request. Alternate formats, such as braille, large print, and audio are available upon request.
- Ensure beneficiaries are made aware they have the right to file a complaint or grievance if their linguistic needs are not met.

SCFHP complies with the non-discrimination requirement set forth under Section 1557 of the Affordable Care Act (ACA). SCFHP does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (APL 17-011). This includes:
- Posting of the Notice of Non-Discrimination, including Non-Discrimination Statements, in all beneficiary communications and publications, including written notices requiring a response from an individual and written notices to an individual such as those pertaining to rights or benefits.
- Posting the Notice on-site at SCFHP and on the SCFHP website in a conspicuous location and conspicuously visible font size.
- Posting taglines in a conspicuously visible font size in English and at least the top 16 non-English languages spoken by individuals with LEP in California. These taglines inform individuals with LEP of the availability of language assistance services in all beneficiary communications and publications.
   o Languages include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

Staff and Provider Cultural Competency and Diversity Training
SCFHP provides cultural competency, sensitivity, or diversity training for staff, Network Providers, and First Tier, Downstream and Related Entities with direct beneficiary interaction. SCFHP conducts annual cultural competency trainings for SCFHP employees. Network providers receive C&L training as part of Provider Orientation. SCFHP also provides regular training and information sessions to ensure employees and providers are informed and aware of SCFHP's policies and procedures regarding the provision of CLAS. Training includes DHCS-developed cultural awareness and sensitivity instruction for Seniors and Persons with Disabilities or chronic conditions. (DHCS Medi-Cal Contract, Exhibit A, Attachment 7, 5.B). Training on culturally and linguistically appropriate care and care coordination is made available to SCFHP staff. Specifically, SCFHP offers:

- Department-specific periodic trainings on C&L issues on topics such as health literacy, utilization of interpreter services, identifying and handling C&L grievances, customer service to a diverse membership, etc.
- New provider orientations that cover the Culturally Competency Toolkit and SCFHP C&L policies and procedures, specifically addressing provider responsibilities for providing CLAS and utilization of interpreter services.
- One-on-one provider and provider office staff training on C&L issues when a need is identified to improve provider effectiveness in meeting beneficiaries' C&L needs.
- Training, educational materials and tools regarding various cultures and CLAS are made available to SCFHP staff and network providers.

VI. PROGRAM EFFECTIVENESS AND ACCOUNTABILITY

Monitoring, Evaluation and Enforcement
To ensure that SCFHP employees and providers adhere to its C&L services policies and procedures, and that these policies and procedures result in services that are effective in providing CLAS, SCFHP conducts regular monitoring and enforcement activities regarding staff, provider, and interpreter performance that include, but are not limited to:
- Consumer/beneficiary satisfaction surveys
- Review of beneficiary grievances
- Provider assessments and provider site reviews
- Provider satisfaction surveys
- Feedback on services from CAC, CAB, the Provider Advisory Council and Provider Office Staff Committee, QIC, SCFHP staff and network providers, community-based organization partners, and other focus group reports
- Audits of delegated provider groups
- Data from utilization reports
- Analysis of health outcomes

Health disparities and utilization patterns by race, ethnicity, and language are investigated by SCFHP's Quality Improvement Department and appropriate interventions are implemented as needed.

Santa Clara Family Health Plan- Cultural and Linguistic Oversight and Staff:

Christine Tomcala, Chief Executive Officer

Laurie Nakahira, DO, Chief Medical Officer

Chris Turner, Chief Operating Officer

Tyler Haskell, Interim Chief Compliance and Regulatory Affairs Officer

Laura Watkins, Vice President, Marketing and Enrollment

Johanna Liu, Director of Quality and Process Improvement
Chelsea Byom, Director of Marketing and Communications

Janet Gambatese, Director of Provider Network Operations

Tanya Nguyen, Director of Customer Service and Grievance and Appeals

Lucille Baxter, Quality and Health Education Manager

Jamie Enke, Process Improvement Manager

Mansur Zahir, Process Improvement Project Manager

Divya Shah, Health Educator

Zara Hernandez, Health Educator

Neha Patel, Quality Improvement Nurse

The Quality Department staff is responsible for developing, implementing and evaluating
SCFHP's Cultural and Linguistic Services in coordination with Provider Network Operations,
Customer Service, Compliance, and Health Services Departments.

Updated 12.28.2020

The Director of Marketing and Communications has oversight of the Consumer Advisory Committee.

The Director of Quality and Process Improvement has oversight of the Consumer Advisory Board.

Updated 12.28.2020

CULTURAL AND LINGUISTICS EVALUATION 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Continuous	Completed Enrollee Assessment Dec. 2019. Findings: 1) The database (QNXT) accuracy of members' langauge preferences is very accurate. 2) Of those who have difficulty reading the benefits information, the majority is English speaking. 3) The stated preferred method of receiving health plan materials are physical mail and email, however, this accounts for 70% of members' preference. Almost a third of members od not read the outreach materials at all. Updated Policy QI.08 approved by QIC in April 2020.
	2.9.7.4.	Distribute "Reference Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Continuous	Added reference to the C&L Toolkit May 2020. Interpreter Quality Standards Memo included reference guide July 2020.
	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Continuous	Ongoing (newsletter blurb with language assistance and taglines in all newsletters, language assistance notice included in all mailings)
	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Continuous	Shared PNA results at CAC in Q3 2020.
	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Continuous	Used reports G&A reports, Langauge Line reports for PNA in Q2 2020.
	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Continuous	Ongoing

CULTURAL AND LINGUISTICS EVALUATION 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually	Hanna Interpretering audit completed in September 2020. Findings: A Hanna Spanish interpreter was audited over the phone. Interpreter was not engaged in the conversation and provided incorrect information Corrective action issues by Oversight. LL must conduct refresher training for all interpreters that work on the SCFHP LOB. Langauge Line audit completed in September 2020. Findings: A LL Spanish interpreter was audited over the phone. Interpreter was not engaged in the conversation and provided incorrect information Corrective action issues by Oversight. LL must conduct refresher training for all interpreters that work on the SCFHP LOB.
	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Continuous	Updated C&L Toolkit May 2020. Toolkit is included in new provider orientation slides.
	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	Training completed December 2020.

CULTURAL AND LINGUISTICS EVALUATION 2020							
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
	DHCS APL	Implement Farsi as new threshold language	Update all vital documents, E-mails informing all staff	Health Educator, QI	Ongoing	3 Months after APL is released	APL has not been released yet.
	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Continuous	Ongoing
Promote a culturally competent health care and work environement for the SCFHP	28 CCR 1300.67.04(d)(9)	Bilingual staff completed language proficiency test	Log of staff that complete language proficiency test	Health Educator, QI, HR	Ongoing	Jul-20	No longer doing this.
	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Sep-20	All Staff C&L training completed in November 2020.
	Exhibit A, Attachment 9,13.E	Health Plan activities to raise cultural awareness	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly	Holiday/Observances E-mails implemented November 2020.
	Exhibit A, Attachment 9,13.E	Implement All Staff Cultural Competency Training	Staff attestations	Health Educator, QI	Ongoing	Annually	All Staff C&L training completed in November 2020.

CULTURAL AND LINGUISTICS EVALUATION 2020							
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Continuous	Ongoing
Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas	Training materials provided to departments	Health Educator, QI	Ongoing	Continuous	Hanna Amendment for VRI implemented August 2020. Providers and internal staff notified November 2020.\n\nWorking with member-facing departments on checking report and fulfilling requests.
	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency	Completed C&L Audit tools	Health Educator, QI	Ongoing	Continuous	See line 9
Use outcome, process and structure measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Continuous	Ongoing
	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	Completed December 2020.
	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Management to analyze languages spoken by contracted providers	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly	Ongoing
	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly	Created C&L dashboard in September 2020.

CULTURAL AND LINGUISTICS EVALUATION 2020							
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
	Exhibit A, Attachment 9,13.F	Review Language Line Portal for appropriate turnarond times for translated materials.	Report from Langauge Line Translations Portal	Health Educator, QI	Ongoing	Continuous	Ongoing

CULTURAL AND LINGUISTICS WORK PLAN 2021

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Continuous	
	2.9.7.4.	Distribute "Reference Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Continuous	
	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Continuous	
	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Continuous	
	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Continuous	
	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN 2021							
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually	
	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Continuous	
	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	

		CULTURAL AND LINGUISTICS WORK PLAN 2021					
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
	DHCS APL	Implement Farsi as new threshold language	Update all vital documents, E-mails informing all staff	Health Educator, QI	Ongoing	3 Months after APL is released	
		Incorporate cultural focus into health education classes	Class materials	Health Educator, QI	Ongoing	Continuous	
	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Continuous	
	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Sep-20	
	Exhibit A, Attachment 9,13.E	Health Plan activities to raise cultural awareness	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly	
	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN 2021

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas	Training materials provided to departments	Health Educator, QI	Ongoing	Continuous	
	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency	Completed C&L Audit tools	Health Educator, QI	Ongoing	Continuous	
Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Continuous	
	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	
	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Operations to analyze languages spoken by contracted providers.	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly	
	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes.	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly	
	Exhibit A, Attachment 9,13.F	Monitor language utilization reports for compliance with regulatory requirements.	Interpreter utilization report	Health Educator, QI	Ongoing	Monthly	

CULTURAL AND LINGUISTICS WORK PLAN 2021							
Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
	Exhibit A, Attachment 9,13.F	Review Language Line Portal for appropriate turnarond times for translated materials.	Report from Langauge Line Translations Portal	Health Educator, QI	Ongoing	Continuous	

Health Education Program 2021

2021 HEALTH EDUCATION PROGRAM

TABLE OF CONTENTS

I. INTRODUCTION

Santa Clara County Health Authority, dba Santa Clara Family Health Plan (SCFHP), is a county public health agency. SCFHP's primary mission is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase health care at an affordable price. Working in partnership with providers and community partners, SCFHP acts as a bridge between the health care system and those who need coverage.

SCFHP is a fully licensed health care service plan, which began operations in February 1997. SCFHP initially served the County's Medi-Cal population, as a Medi-Cal managed care plan in the State's "Two Plan Model Program". SCFHP continues to serve as the county local initiative in that program. In 2015, SCFHP contracted with Centers for Medicare and Medicaid Services (CMS) for the Cal MediConnect (CMC) Duals Demonstration Project.

Through dedication to integrity, outstanding service, and care for our community, we work to ensure that everyone in our county can receive the care they need for themselves and for their families.

II. STATEMENT OF PURPOSE

The purpose of the Health Education Program is to deliver general health education, health promotion, and patient education to assist SCFHP beneficiaries to maintain and improve their health and manage their illnesses. SCFHP's Health Education Program complies with the Health Education requirements outlined in the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and CMS. The Health Education Program supports SCFHP's Population Health Management (PHM) strategy.

III. METHODOLOGY

The Health Education Program provides organized programs, services, functions, and resources necessary to deliver health education, health promotion, and patient education. It includes assessment, monitoring, and evaluation of all services provided by SCFHP and contracted Vendors.

IV. GOALS, STRATEGIES AND OBJECTIVES

Health Education
- Keeping beneficiaries healthy through appropriate use of health care services, including: preventive and primary health care, obstetrical care, health education services, and complementary and alternative care.

- Managing beneficiaries with emerging risk through risk reduction and healthy lifestyles, including: tobacco use and cessation, alcohol and drug use, injury prevention, prevention of sexually transmitted diseases, HIV and unintended pregnancy, nutrition, weight control, and physical activity, and parenting.
- Managing multiple chronic illnesses through self-care and management of health conditions, including: pregnancy, asthma, diabetes, and hypertension.
- Beneficiaries receive point of service education as part of preventive and primary health care visits.
  - Education, training, and program resources will be given to assist contracted medical providers in the delivery of health education services for beneficiaries.
- Provide provider education regarding the Initial Health Assessment (IHA) and the need for beneficiaries to have an IHA within 120 days of being eligible with the health plan.

V.   PROGRAM STRUCTURE AND ORGANIZATION

The Health Education Program is under the direction of a full-time Health Educator with a Master's degree in Public Health and specialization in health education.

The Health Education Program is part of the Quality Improvement Department and the Health Educator will report to the Manager of Quality and Health Education. Health Education Program activities will be coordinated and integrated with SCFHP's overall PHM strategy and quality improvement plan.

VI.   PROGRAM IMPLEMENTATION

Health Education Classes
The Health Education Department will provide programs, classes and/or materials at no cost to beneficiaries including, but not limited to, the following topics:
1. Nutrition
2. Healthy weight maintenance and physical activity
3. Group counseling and support services
4. Parenting
5. Smoking and tobacco use cessation
6. Alcohol and drug use
7. Injury prevention
8. Prevention of sexually transmitted diseases, HIV and unintended pregnancy
9. Chronic disease management, including asthma, diabetes, and hypertension
10. Pregnancy care

SCFHP also offers other self-management tools through the Member Portal. A library of Health Education materials and resources is available on the SCFHP website.

Point of Service Beneficiary Education

Individual beneficiaries will receive point of service health education as part of their preventive and primary health care visits. Health risk behaviors, health practices and health education needs related to health conditions are identified. Educational intervention, including counseling and referral for health education services will be conducted and documented in the beneficiary's medical record (DHCS PL 02-004).

Provider Education and Training

SCFHP will provide education, training, and program resources to contracted medical providers and other allied health care providers to support delivery of effective health education services for beneficiaries.

Provider training will cover:
1. Population Needs Assessment findings
2. Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA) requirements
3. Tobacco use and cessation resources
4. Techniques to enhance effectiveness of provider/patient interaction
5. Educational tools, modules, materials and staff resources
6. Plan-specific resource and referral information
7. Health Education requirements, standards, clinical practice guidelines, and monitoring

Medical providers will use the Staying Healthy Assessment (SHA) tool and other relevant clinical evidence to identify beneficiary's health education needs and conduct educational intervention. SCFHP will provide resource information, educational material and other program resources to assist contracting medical providers to provide effective health education services for beneficiaries. (DHCS PL 02-004)

SCFHP will ensure contracted providers are trained and administering the Initial Health Assessment (IHA) with the SHA for all beneficiaries within 120 days of enrollment.

SCFHP will ensure contracted providers have the preventative care disease-specific and plan services information necessary to support beneficiary education in an effort to promote compliance with treatment directives and to encourage self-directed care.

SCFHP will also implement a comprehensive risk assessment tool for all pregnant female beneficiaries that is comparable to the ACOG standard and Comprehensive Perinatal Services Program (CPSP) standards per Title 22 CCR Section 51348. The results of this assessment shall be maintained as part of the obstetrical record and shall include

medical/obstetrical, nutritional, psychosocial, and health education needs risk assessment components. The risk assessment tool shall be administered at the initial prenatal visit, once each trimester thereafter and at the postpartum visit. Risks identified shall be followed up on by appropriate interventions, which must be documented in the medical record. (DHCS PL 08-003)

SCFHP will ensure contracted providers are trained on tobacco cessation treatments using the USPHS "Clinical Practice Guidelines, Treating Tobacco Use and Dependence: 2008 Update". SCFHP will also ensure that contracted providers identify and track all tobacco use (both initially and annually) and do the following:

- Complete the IHA for all new beneficiaries within 120 days of enrollment and review the SHA's questions on tobacco with the beneficiary.
- Annually access tobacco use status for every beneficiary based on the SHA's periodicity schedule, unless an assessment needs to be re-administered (SHA should be re-administered annually).
- Ask tobacco users about their current tobacco use and document in their medical record at every visit.
- Offer individual, group, and telephone counseling to beneficiaries who wish to quit smoking, whether or not those beneficiaries opt to use tobacco cessation medications. Inform them that counseling is available at no cost.
- Refer beneficiaries who use tobacco to the California Smokers' Helpline or other comparable quit-line service.
- Ask all pregnant beneficiaries if they use tobacco or are exposed to tobacco smoke.
- Offer all pregnant beneficiaries who use tobacco at least one face-to-face tobacco cessation counseling session per quit attempt.
- Ensure pregnant beneficiares who use tobacco are referred to a tobacco cessation quit line.
- Refer to tobacco cessation guidelines by ACOG before prescribing tobacco cessation medications during pregnancy.
- Provide interventions, including education or counseling, in an attempt to prevent initiation of tobacco use in school-aged children and adolescents. (DHCS APL 16-014)

VII.   PROGRAM EFFECTIVENESS AND ACCOUNTABILITY

Program Standards, Evaluation, Monitoring, and Quality Improvement
SCFHP shall ensure the organized delivery of Health Education Programs using educational strategies and methods that are appropriate for beneficiaries and effective in achieving behavioral change for improved health.

The Health Education Program will be conducted according to the highest standards/guidelines supported by professional experts or peers, best practices, and/or published research findings. Appropriate levels of training, evaluation, e.g. formative, process, impact and outcome evaluation will be conducted to ensure effectiveness in achieving Health Education Program goals and objectives. Policies and procedures will be in place for ensuring providers receive training on a continuing basis regarding DHCS developed cultural awareness and sensitivity instruction for Senior and Persons with Disability (SPD) and limited English proficient (LEP) beneficiaries.

Monitoring

SCFHP will monitor the performance of providers contracted to deliver Health Education Programs and services to beneficiaries. Strategies will be implemented to improve provider performance and effectiveness (SCFHP/Medi-Cal contract Exhibit A, Attachment 10 Scope of Services).

Facility Site Reviews

The Quality Improvement Department monitors PCP's IHA and SHA process during periodic site reviews. Facility Site Reviews (FSR) will include medical chart reviews to monitor if providers are compliant with IHA requirements. IHA requirements will be included in providers' corrective action plans (CAP) for providers not passing any section of their FSR's.

Population Needs Assessment

A population needs assessment (PNA) will be conducted annually to identify the health education and cultural and linguistic needs of our beneficiaries. Multiple reliable data sources, methodologies, techniques, and tools will be used to conduct the PNA. The findings will be utilized for continuous development and improvement of contractually required health education and cultural linguistic programs and services. Documentation will be maintained of program priorities, target populations, and program goals/objectives as they are revised to meet the identified and changing needs of the beneficiary population (DHCS APL 19-011).

Population Assessment

SCFHP annually assesses the characteristics and needs, including social determinants of health, of its CMC beneficiary population. This includes review of relevant beneficiary sub-populations, beneficiaries with disabilities, and beneficiaries with serious and persistent mental illness.

SCFHP annually uses the population assessment to review and update its Population Health Management activities, resources, and community resources for integration into program offerings to address beneficiary needs.

Community Advisory Committee

SCFHP shall form a Community Advisory Committee (CAC) pursuant to Title 22 CCR Section 53876(c) that will implement and maintain community partnerships with consumers, community advocates, and Traditional and Safety-Net providers. SCFHP will ensure CAC is included and involved in policy decisions related to Quality Improvement educational, operational, and cultural competency issues affecting groups who speak a primary language other than English.

Consumer Advisory Board
SCFHP shall form a Cal MediConnect Consumer Advisory Board (CAB) as required by the California Coordinated Care Initiative. SCFHP will ensure the CAB engages consumers and caregivers in the implementation and evaluation of operations and policies of SCFHP Cal MediConnect Plan. SCFHP shall regularly update CAB members on key changes to the SCFHP Cal MediConnect operations or mission. (CMC 3-Way Contract, p. 115, 2.16.3.2.4.5)

VIII. CONFIDENTIALITY AND CONFLICT OF INTEREST

Confidentiality of practitioner, provider, and beneficiary identifying information is ensured in the administration of Health Education Services.

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation (Update)
Scope of Services	Scope of Services	Pregnant Women	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS APL 18-016	- Implement risk assessment tool for pregnant female members which shall include health education needs risk assessment components - Health Education including breastfeeding, language, cultural competence and education needs must be assessed. Materials must be available in the appropriate threshold languages and must meet readability and suitability requirements for education materials distributed to Medi-Cal member (APL 18-016)	- Chart audits and provider training	- Provider Training and FSR results	All providers trained	QI & Health Educator, Provider Services	Annually	Continuous	Marketing working on getting ACOG guidelines up on site. Pending PNO review.
Services for All Members	Health Education	- Implement and maintain a health education system that provides health education, health promotion and patient education for all members.	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS PL 02-004	- Provide health education programs and services at no charge to Members directly and/or through Subcontracts or other formal agreements with providers.	- Take inventory of health ed vendor contracts - Contact community organizations for potential health ed partnerships - Develop patient education materials library	- P&P's for health education system - List of health ed classes that cover all required health ed topic areas. - Provider/Vendor Contracts/MOU's - Comprehensive patient education library	Baseline	Health Educator	Review at least annually to ensure appropriate allocation of health resources.	Continuous	Hanna amendment for VRI services effective August 2020. Health Trust (in progress) Edifying Lives (in progress) ACT (in progress) (update dates once contracts are signed effective) P&Ps updated May 2020. Working with existing partners to enhance partnerships and develop programming for CRC (Health Trust, Breathe California, Edifying Lives, American Heart Association, County Car Seat Safety Program, Healthier Kids Foundation) Established new partnership with County Black Infant Health Program in June 2020. Review HE library - in progress
Services for All Members	Health Education	Ensure effective health ed program	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS APL 19-011 (superseeds APL 17-002)	- Ensure organized delivery of health education programs using educational strategies and methods appropriate for Members and effective in achieving behavioral change.	- Use findings from PNA to select educational strategies and methods - Measure pre- and post- educational intervention behavior	- P&P's for delivery of health ed program using educational strategies appropriate for Members. -Health Education Program	Organized delivery of health ed program	Health Educator	Annually	Continuous	PNA completed June 2020.
Services for All Members	Health Education		DHCS APL 18-016	- Ensure health ed materials are written at sixth grade reading level and are culturally and linguistically appropriate for the intended audience.	- Test reading materials using flesch readability formula, etc., - Field test material at CAC meetings - Adhoc committee for field testing materials	- P&P's that define appropriate reading levels - Approved Readability and Suitability Checklists with attached Health Ed materials. (Only applies to Plan-developed health education materials) - Adhoc field testing committee sign-in sheets	100%	Health Educator	Ongoing	Continuous	P&Ps updated May 2020.

HEALTH EDUCATION WORK PLAN EVALUATION 2020

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation (Update)
NCQA	Health Ed		Pg. 73 Exhibit A, Attachment 10 Scope of Services, DHS PL 02-004 NCQA 2020 Health Plan Accreditation Requirements PHM4	- Contractor shall maintain a health ed system that provides educational intervention addressing: a)appropriate use of health care services, b)Risk-reduction and healthy lifestyles, and c)Self-care and management of health conditions - Alcohol and drug use, including avoiding at risk drinking - Identifying depressive symptoms	- Contract with health education vendors to provide classes to meet requirement	- Health Ed courses/activities - Health Educator or designee to audit all health education classes	- 100% of vendors to have signed contracts (new or renewed) by 12/31/2020 - 100% of vendors audited by 12/31/20	Health Educator	Annually	Continuous	Completed class audits: Anger Management - ACT, Healthier Kids Foundation (part 1 of 3 class series). Breathe CA has no classes planned, Health Trust pending.
Member Services	Health Ed	Member Services	Pg. 101 Exhibit A, Attachment 13 Member Services	- Written Member informing materials shall ensure Members' understanding of the health plan processes and ensure the Member's ability to make informed health decisions - Address appropriate reading level and translation of materials.	- Written Member informing materials will be translated into identified threshold and concentration languages.	- P&P's for providing communication access to SPD beneficiaries in alternative formats or through other methods that ensure communication - P&P's regarding the development of content and distribution of Member information.	All informing materials at sixth grade reading level or lower and translated in threshold languages	Marketing, Health Educator	Annually	Continuous	QI.08.04 and QI.08.05 updated May 2020. (pending final approval) QI 09.02 Health Education Materials drafted completed in May 2020. (pending final approval) C&L audits for VSP, PCNC, Language Line, and Hanna completed in 2020.
Member Services	Health Ed	Inform members of their rights	CMC Appendix B: Enrollee Rights	Inform members of their rights in CMC Appendix B	Inform members in writing of their rights annually	Written policies regarding Enrollee rights specified in this appendix as well as written policies specifying how information about these rights will be disseminated to Enrollees.	All members informed	Marketing, Health Educator	Annually	Continuous	Rights and Responsibilites page updated January 2020.
Provider Training	Health Ed	Practitioner Education and Training	DHCS PL 02-004 DHCS PL 99-003 CMC 3-way contract 2.9.10.10	Ensure education and training of contracting medical practitioners and other allied health care providers to support delivery of effective health education services and culturally competent care for members. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	- Practitioner education and training by provider services - Health ed updates during JOC's	- Sign in sheet of provider training - JOC minutes	All providers trained	Health Educator, Provider Services, QI	Ongoing	Continuous	Cultural Competency Toolkit finalized in May 2020.
Incentives	Health Ed	MMCD on-going monitoring activities	DHCS APL 16-005	Evaluation summary	- Plans must submit a brief description of evaluation results within 45 days after the incentive program ends	- Brief description of evaluation results indicating whether the program was successful.	All MI incentives with evaluation/update summary	Health Educator	45 days after end of program incentive	Continuous	All incentives from 2019 have continued to 2020. No end of program evaluations submitted.

HEALTH EDUCATION WORK PLAN EVALUATION 2020

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation (Update)
Incentives	Health Ed	- Justify continuation of on-going incentive program	DHCS APL 16-005	Justify continuation of MI program	- Provide brief explanation (update) of effectiveness and/or success rate of the incentive as well as total number of incentives that were awarded in the previous year.	-Update submission to DHCS	All continuous MI incentives with justification	Health Educator	Update must be submitted on annual basis; the first update is due within one year of the desired start date listed on the MI form.	Continuous	PPC submitted in Feb 2020. DPP submitted in April 2020. CCS, BCS, and AMR submitted in May 2020. W15, W34, AWC, and CDC submitted on August 2020. HKF submitted on September 2020.
Website	Health Ed and C&L	Health Ed and member informing resources on SCFHP website are easy to read and translated into the threshold languages	Pg. 101 Exhibit A, Attachment 13 Member Services	- Written Member informing materials shall ensure Members' understanding of the health plan processes and ensure the Member's ability to make informed health decisions - Address appropriate reading level and translation of materials	- Ensure member informing resources are at sixth grade level or lower and translated into threshold languages	- Translated and readable member informing materials	All Member informing resources translated in threshold languages at sixth grade reading level or lower	Health Educator and Marketing	Ongoing	Continuous	All member newsletters and member incentive letters are at the 6th grade reading level or lower and translated into the threshold languages.
Health Education		Written Health Education Materials	DHCS APL 18-016	To follow provisions in plan letter so that Member health education materials can be used without obtaining MMCD approval	- Approve written member health ed materials using readability and suitability checklist by qualified health educator	- Approved readability and suitability checklists with attached health ed materials.(Only applies to materials developed by the plan) NA	Approved readability and suitability checklists with attached health ed materials	Health Educator	- For previously approved material, review every three years	Continuous	Readability and suitability checklist completed for materials, where applicable.
Health Education	NCQA	Evaluation of Plan's self-management tools for usefulness to members	NCQA 2020 Health Plan Accreditation Requirements PHM4	To ensure self-management tools through Optum are useful to members and meets the language, vision, and hearing needs of members	- Develop an evaluation tool/survey	- Evaluation results summary	Baseline	Health Educator	Every 36 months	Continuous	Optum contract is terminating on 12/31/20. No longer will provide self-management tools.
Health Education	NCQA	Review plan's online web-based self-management tools.	NCQA 2020 Health Plan Accreditation Requirements PHM4	To ensure online Optum web-based self-management tools are up to date	- Review and update online web-based self-management tools including the plan website and portal	Updated web-based self-management tools	Baseline	Health Educator	Ongoing	Continuous	Optum contract is terminating on 12/31/20. No longer will provide self-management tools.
Quality of Services	QIS	Ensure medical records reflect all aspects of patient care.	Pg. 27 Exhibit A, Attachment 4 Quality Improvement System, pg. 140 Exhibit A, Attachment 18 Implementation Plan and Deliverables	Ensure member medical records include health education behavioral assessment and referrals to health education services		- P&P ensuring provision of Initial Health Assessments (IHA) for adults and children, including IHEBA of the IHA. - Provide list and schedule of health ed classes and/or programs to providers ☐	All providers trained on available health ed classes and programs	Provider Services, QI Nurse	Annually	Continuous	Policy QI.10 approved by QIC April 2020. IHA audit aveage 29.5% YTD. All health education classes are listed on the provider portal. Reviewed November 2020. Health Education referral form listed on provider section of SCFHP website. Reviewed November 2020. Portal class list review reviewed October 2020.

HEALTH EDUCATION WORK PLAN EVALUATION 2020

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation (Update)
Quality of Services	Access and Availability	Ensure members of childbearing age have access to out of plan family planning providers to temporarily or permanently prevent or delay pregnancy.	Pg. 57 Exhibit A, Attachment 9 Access and Availability	Ensure members of childbearing age have access to Health education and counseling necessary to make informed choices and understand contraceptive methods	- Inform Members in writing of their right to access any qualified family planning provider without prior authorization in its Member Services Guide	- Written information in Evidence of Coverage	All members of childbearing age informed of right to access to qualified family planning provider	Marketing and Health Educator	Annually	Continuous	Information included in the Medi-Cal Evidence of Coverage. Members can call California Family Planning Information and Referral Service at 1-800-942-1054 to learn more. EOC updated on January 2020.
Quality of Services	Access and Availability	Create Health Ed Work plan	Pg. 61 Exhibit A, Attachment 9 Access and Availability DHCS APL 19-011		- Incorporate PNA findings and annual and ongoing review of data into work plan - Approval of Health Ed work plan by QI Committee	Approved Health Ed Work Plan	Baseline	QI Manager and Health Educator	Annually	Annual	Health Education Work Plan 2020 and Evaluation 2019 approved by QIC in Feb. 2020.
Quality of Services	Access and Availability	Health Disparities	Pg. 73 Exhibit A, Attachment 10 Scope of Services	Develop interventions based on identified health disparities	Implement at least 2 new projects outside of required DHCS PIPs and other government mandated projects.	- DHCS member incentive form submissions - Intervention work plan - intervention materials	Baseline	QI Manager, Health Educator	Annually	Continuous	**YMCA Camp:** Outreach calls for WCC measure focusing on Hispanics, African American, and Native American populations. Encouraged members to sign up for YMCA Healthy Living Day Camp. 18 members of the 418 who were outreached attended the camp 4.3% success rate. **Camp SuperStuff:** Outreach calls for AMR measure focusing on asthmatic children, ages 6-12. Encouraged members to sign up for Breathe California Camp Superstuff. 1 member of 127 outreach attended, .7% success rate. Due to the COVID-19 pandemic, camp was provided virtually and members were not interested in attending a virtual camp.
Community Advisory Committee	Access and Availability	Community Advisory Committee	Pg. 64 Exhibit A, Attachment 9 Access and Availability , MMCD PL 99-01, DHCS APL 19-011	- Have a Community Advisory Committee in place that will implement and maintain community partnerships with consumers, community advocates, and Traditional and Safety-Net providers.	- Ensure CAC is included in policy decisions for QI educational, operational and cultural competency issues from PNA findings.	- CAC Meeting minutes - Report PNA findings to CAC.	Baseline	QI, Health Educator, and Marketing	Quarterly	Continuous	PNA findings reported to CAC on September 8, 2020. Key findings: SPDs have the highest Emergency room and in-patient utilization among all sub-populations. African Americans have the lowest rate for Controlling High Blood Pressure Caucasians have the lowest rate for Cervical Cancer Screening

HEALTH EDUCATION WORK PLAN 2021

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation
Scope of Services	Scope of Services	Pregnant Women	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS APL 18-016	- Implement risk assessment tool for pregnant female members which shall include health education needs risk assessment components - Health Education including breastfeeding, language, cultural competence and education needs must be assessed. Materials must be available in the appropriate threshold languages and must meet readability and suitability requirements for education materials distributed to Medi-Cal member (APL 18-016)	- Chart audits and provider training	- Provider Training and FSR results	All providers trained	QI & Health Educator, Provider Services	Annually	Continuous	
Services for All Members	Health Education	- Implement and maintain a health education system that provides health education, health promotion and patient education for all members.	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS PL 02-004	- Provide health education programs and services at no charge to Members directly and/or thru Subcontracts or other formal agreements with providers.	- Take inventory of health ed vendor contracts - - Contact community organizations for potential health ed partnerships - Develop patient education materials library -	- P&P's for health education system - List of health ed classes that cover all required health ed topic areas. - Provider/Vendor Contracts/MOU's - Comprehensive patient education library	Baseline	Health Educator	Review at least annually to ensure appropriate allocation of health resources.	Continuous	
Services for All Members	Health Education	Ensure effective health ed program	Pg. 73 Exhibit A, Attachment 10 Scope of Services DHCS APL 19-011 (superseeds APL 17-002)	- Ensure organized delivery of health education programs using educational strategies and methods appropriate for Members and effective in achieving behavioral change.	- Use findings from PNA to select educational strategies and methods - Measure pre- and post- educational intervention behavior	- P&P's for delivery of health ed program using educational strategies appropriate for Members. -Health Education Program	Organized delivery of health ed program	Health Educator	Annually	Continuous	
Services for All Members	Health Education		DHCS APL 18-016	- Ensure health ed materials are written at sixth grade reading level and are culturally and linguistically appropriate for the intended audience.	- Test reading materials using flesch readability formula, etc., - Field test material at CAC meetings - Adhoc committee for field testing materials	- P&P's that define appropriate reading levels - Approved Readability and Suitability Checklists with attached Health Ed materials. (Only applies to Plan-developed health education materials) - Adhoc field testing committee sign-in sheets	100%	Health Educator	Ongoing	Continuous	
NCQA	Health Ed		Pg. 73 Exhibit A, Attachment 10 Scope of Services, DHS PL 02-004 NCQA 2020 Health Plan Accreditation Requirements PHM4	- Contractor shall maintain a health ed system that provides educational intervention addressing: a)appropriate use of health care services, b)Risk-reduction and healthy lifestyles, and c)Self-care and management of health conditions - Alcohol and drug use, including avoiding at risk drinking - Identifying depressive symptoms	- Contract with health education vendors to provide classes to meet requirement	- Health Ed courses/activities - Health Educator or designee to audit all health education classes -	- 100% of vendors to have signed contracts (new or renewed) by 12/31/2020 - 100% of vendors audited by 12/31/20	Health Educator	Annually	Continuous	Ask Gaya about these standards.
Member Services	Health Ed	Member Services	Pg. 101 Exhibit A, Attachment 13 Member Services	- Written Member informing materials shall ensure Members' understanding of the health plan processes and ensure the Member's ability to make informed health decisions - Address appropriate reading level and translation of materials.	- Written Member informing materials will be translated into identified threshold and concentration languages.	- P&P's for providing communication access to SPD beneficiaries in alternative formats or thru other methods that ensure communication - P&P's regarding the development content and distribution of Member information.	All informing materials at sixth grade reading level or lower and translated in threshold languages	Marketing, Health Educator	Annually	Continuous	

HEALTH EDUCATION WORK PLAN 2021										
Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation
Provider Training	Health Ed	Practitioner Education and Training	DHCS PL 02-004 DHCS PL 99-003 CMC 3-way contract 2.9.11.7	Ensure education and training of contracting medical practitioners and other allied health care providers to support delivery of effective health education services and culturally competent care for members. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	- Practitioner education and training by provider services - Health ed updates during JOC's	- Sign in sheet of provider training - JOC minutes	All providers trained	Health Educator, Provider Services, QI	Ongoing	Continuous	
Incentives	Health Ed	MMCD on-going monitoring activities	DHCS APL 16-005	Evaluation summary	- Plans must submit a brief description of evaluation results within 45 days after the incentive program ends	- Brief description of evaluation results indicating whether the program was successful. -	All MI incentives with evaluation/update summary	Health Educator	45 days after end of program incentive	Continuous	
Incentives	Health Ed	- Justify continuation of on-going incentive program	DHCS APL 16-005	Justify continuation of MI program	- Provide brief explanation (update) of effectiveness and/or success rate of the incentive as well as total number of incentives that were awarded in the previous year.	-Update submission to DHCS	All continuous MI incentives with justification	Health Educator	Update must be submitted on annual basis; the first update is due within one year of the desired start date listed on the MI form.	Continuous	
Website	Health Ed and C&L	Health Ed and member informing resources on SCFHP website are easy to read and translated into the threshold languages	Pg. 101 Exhibit A, Attachment 13 Member Services	- Written Member informing materials shall ensure Members' understanding of the health plan processes and ensure the Member's ability to make informed health decisions - Address appropriate reading level and translation of materials	- Ensure member informing resources are at sixth grade level or lower and translated into threshold languages	- Translated and readable member informing materials	All Member informing resources translated in threshold languages at sixth grade reading level or lower	Health Educator and Marketing	Ongoing	Continuous	
Health Education		Written Health Education Materials	DHCS APL 18-016	To follow provisions in plan letter so that Member health education materials can be used without obtaining MMCD approval	- Approve written member health ed materials using readability and suitability checklist by qualified health educator	- Approved readability and suitability checklists with attached health ed materials.(Only applies to materials developed by the plan)	Approved readability and suitability checklists with attached health ed materials	Health Educator	- For previously approved material, review every three years	Continuous	
Health Education		Evaluation of Plan's self-management tools for usefulness to members	NCQA 2020 Health Plan Accreditation Requirements PHM4	To ensure self-management tools are useful to members and meets the language, vision, and hearing needs of members	- Develop an evaluation tool/survey	- Evaluation results summary	Baseline	Health Educator	Every 36 months	Continuous	Ask Gaya about these standards.
Health Education		Review plan's online web-based self-management tools.	NCQA 2020 Health Plan Accreditation Requirements PHM4	To ensure online web-based self-management tools are up to date	- Review and update online web-based self-management tools including the plan website and portal	Updated web-based self-management Zara to look into this (not sure)	Baseline	Health Educator	Ongoing	Continuous	
Quality of Services	QIS	Ensure medical records reflect all aspects of patient care.	Pg. 27 Exhibit A, Attachment 4 Quality Improvement System, pg. 140 Exhibit A, Attachment 18 Implementation Plan and Deliverables	Ensure member medical records include health education behavioral assessment and referrals to health education services		- P&P ensuring provision of Initial Health Assessments (IHA) for adults and children, including IHEBA of the IHA. - Provide list and schedule of health ed classes and/or programs to providers ⬚	All providers trained on available health ed classes and programs	Provider Services, QI Nurse	Annually	Continuous	
Quality of Services	Access and Availability	Ensure members of childbearing age have access to out of plan family planning providers to temporarily or permanently prevent or delay pregnancy.	Pg. 57 Exhibit A, Attachment 9 Access and Availability	Ensure members of childbearing age have access to Health education and counseling necessary to make informed choices and understand contraceptive methods	- Inform Members in writing their right to access any qualified family planning provider without prior authorization in its Member Services Guide	- Written information in Evidence of Coverage	All members of childbearing age informed of right to access to qualified family planning provider	Marketing and Health Educator	Annually	Continuous	
Quality of Services	Access and Availability	Create Health Ed Work plan	Pg. 61 Exhibit A, Attachment 9 Access and Availability DHCS APL 19-011		- Incorporate PNA findings and annual and ongoing review of data into work plan - Approval of Health Ed Workplan by QI Committee	Approved Health Ed Work Plan -	Baseline	QI Manager and Health Educator	Annually	June '20	

HEALTH EDUCATION WORK PLAN 2021											
Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed/Evaluation
Quality of Services	Access and Availability	Health Disparities	Pg. 73 Exhibit A, Attachment 10 Scope of Services	Develop interventions based on identified health disparities	Implement at least 2 new projects outside of required DHCS PIPs and other government mandated projects.	- DHCS member incentive form submissions - Intervention work plan - intervention materials	Baseline	QI Manager, Health Educator	Annually	Continuous	
Community Advisory Committee	Access and Availability	Community Advisory Committee	Pg. 64 Exhibit A, Attachment 9 Access and Availability , MMCD PL 99-01, DHCS APL 19-011	- Have a Community Advisory Committee in place that will implement and maintain community partnerships with consumers, community advocates, and Traditional and Safety-Net providers.	- Ensure CAC is included in policy decisions for QI educational, operational and cultural competency issues from PNA findings.	- CAC Meeting minutes - Report PNA findings to CAC.	Baseline	QI, Health Educator, and Marketing	Quarterly	Continuous	

2021 Cal MediConnect (CMC)
Population Health Assessment

Table of Contents

Background

Santa Clara Family Health Plan (SCFHP) is a not-for-profit organization established in 1997 that offers comprehensive and affordable health coverage for low-income residents in Santa Clara County, California. SCFHP currently services over 9,800 beneficiaries under its Cal MediConnect (CMC) line of business. In order to qualify for the optional program, beneficiaries must meeting the following criteria: live in Santa Clara County; be 21 years of age or older; have both Medicare Part A and B; and be eligible for full-scope Medi-Cal.

Introduction

This report reviews general member demographic information as well as more specific information within the framework of the social determinants of health (SDOH) to better understand the SCFHP CMC population in regards to who they are and some of their needs. While the report looks at the SCFHP CMC population as a whole, it also looks at three sub-populations of members enrolled in the CMC program, as well as a few combinations of the sub-populations: individuals currently in Long Term Care (LTC); those who have severe mental illness (SMI) and those utilizing Long-Term Support & Services (LTSS).

Additionally, this report dives into SCFHP's Healthcare Effectiveness Data and Information Set (HEDIS) data, the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Health Outcomes Survey (HOS), and the beneficiary self-reported Health Risk Assessment (HRA). Various data sources were utilized to assess the needs of beneficiaries, including: reports from Centers for Medicare & Medicaid Services (CMS), the Santa Clara County Public Health Department, SCFHP's claims, encounter, pharmacy, socioeconomic, and demographic data.

Using this data, SCFHP can address the needs of beneficiaries and help connect them with appropriate programs and services. Furthermore, SCFHP will be able to strengthen existing practices and develop new resources and interventions to better serve SCFHP beneficiaries, moving towards reducing health disparities and improved health outcomes.

1. Population Demographics

SCFHP serves a diverse CMC population, with women making up 59% of the population. Beneficiaries aged 65 and older represent 83% of the population. Hispanic beneficiaries made up 23% of the CMC population during calendar year 2020, with Caucasians representing 14%, and Vietnamese representing 14%. Over 40% of the population lists English as their primary language. Other languages that represent over 5% of the SCFHP population include: Spanish at 18%; Vietnamese at 15%; and Mandarin Chinese at 13%. Approximately 98% of SCFHP CMC enrollees have disabilities. Majority of these members (49%) were not in LTC, SMI and did not utilize LTSS during the measurement year. CMC enrollees utilizing LTSS have higher rate with disabilities compared to other subpopulation such as LTC and SMI.

The California Health Care Foundation found that seven in 10 dual-eligible enrollees are age 65 and over and nearly six in 10 dual –eligible enrollees are female (1). They cited that the overrepresentation of women and people of color in dual-eligible programs was due to lower incomes and less access to health care and other services, and the economic burdens of women's longer life span compared to males (1).

Gender

Gender	Member Count	Percentage
Female	6,382	58.91%
Male	4,452	41.09%
Total	**10,834**	**100.00%**

Table 1.1. Member Demographics: Gender.

Age

Age Group	Member Count	Percentage
<65 years	1,849	17.07%
65-74 years	4,664	43.05%
75+ years	4,321	39.88%
Total	**10,834**	**100.00%**

Table 1.2. Member Demographics: Age.

Ethnicity (ethnicities that make up >= 5% of the SCFHP CMC population)

Ethnicity	Member Count	Percentage
Hispanic	2,550	23.54%
Caucasian	1,537	14.19%
Vietnamese	1,531	14.13%
Chinese	1,330	12.28%
Other	889	8.21%
Filipino	642	5.93%
All remaining ethnicities with less than 5%	2,355	21.74%
Total	**10,834**	**100.00%**

Table 1.3. Member Demographics: Ethnicity.

Language (languages that make up >=5% of the SCFHP CMC population)

Primary Language	Member Count	Percentage
English	4,429	40.88%
Spanish	1,970	18.18%
Vietnamese	1,671	15.42%
Chinese *	1,429	13.19%
All remaining languages with less than 5%	1,335	12.32%
Total	**10,834**	**100.00%**

Table 1.4. Member Demographics: Primary Language

*Chinese includes Mandarin and Cantonese speakers.

Disabled Population

CMC Population	Member Count	Percentage
Disabled population	3,067	28.3%
Others	7,767	72.7%
Total	**10,834**	**100.00%**

Table 1.5. Member Demographics: Disabilities

CMC population	Total Subpopulation	Disabled subpopulation	Percentage
LTC	296	64	0.6%
SMI	1,320	721	6.7%
LTSS	2,575	812	7.5%
Non LTC, non SMI & non LTSS	6,643	1,470	13.6%
Total	**10,834**	**3,067**	**28.3%**

Table 1.6. CMC Beneficiaries with disabilities by sub-population (LTC, SMI, LTSS)

2. Social Determinants of Health

According to the World Health Organization (WHO), social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, age, and play that impact a wide range of health, functioning, and quality-of-life outcomes and risks. These social and/or demographic characteristics of individuals, groups, communities, and societies have been shown to have powerful influences on health and well-being at the individual and population levels (2).Social determinants are also the root cause of health disparities, a measure of differences in health outcomes between populations. It is vital to address social determinants of health to decrease health disparities and move towards achieving health equity. Health equity implies that everyone should have a fair opportunity to attain their full potential wellness and that no one should be disadvantaged from achieving this potential.

In reviewing our CMC population, we opted to review the SDOH by utilizing the framework outlined by *Healthy People 2020* (3) and supported by the CDC:

1) Economic Stability: financial resources; poverty; employment; food security; housing stability
2) Education: graduating from high school; enrollment in higher education; language and literacy; early childhood education and development
3) Social and Community Context: cohesion within a community; civic participation; discrimination; conditions in the workplace; incarceration
4) Health and Health Care: access to healthcare; access to primary care; health insurance coverage; health literacy; understanding of an individual's own health
5) Neighborhood and Built Environment: quality of housing; access to transportation; availability of healthy foods; quality of water or air; neighborhood crime and violence

To do so, we utilized data from multiple sources: Health Risk Assessment (HRA); Consumer Assessment of Healthcare Providers and Systems (CAHPS); Health Outcomes Survey (HOS); and Risk Adjustment In Home Assessment results. [*Appendix C – Data Sources*]

Economic Stability

One of the vital indicators of economic instability is food insecurity and housing instability and therefore are social determinants of health. A healthy diet is key to having positive health outcomes. Not being able to access nutritious meals can create various health problems (4). According to the article "Housing and Health: An Overview of the Literature", people who are not chronically homeless, but face housing instability in the form of moving frequently, falling behind on rent, or couch surfing are more likely to experience poor health in comparison to their stably housed peers (5).

Three different data sources indicates that almost 30% of CMC members ran out of money for their food, rent, bills or medicines. Also 4% CMC members responded that they have to make decision between food, medication and other basic necessities because of financial instability. These figures, in conjunction with rates of members who report having problems writing checks, keeping track of money, or who need assistance managing money, potentially indicate a lack of financial knowledge.

The SMI and LTSS population more specifically have higher rates than plan average indicating that they run out of money to pay for their basic necessities.

It was also identified that 4.9% of CMC population delayed or did not fill the prescription because they felt they couldn't afford it which again indicate lack of knowledge about covered benefits and services along with community resources.

According to the Santa Clara County's Plan to End Homelessness report, there is an income disparity between the lowest and highest earner, with those families earning at the 10th percentile earned 12 times less than the highest earners (6). Workers in the lowest earning group also saw a decline in their income by 12 % from 2000 to 2015 (6).

Financial Resources

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Members who have to make choices between food, medication, heat, or other necessities because of financial concerns	4.0% (N=1,993)				2020 Signify SDOH Report – 12/2/2020
Members who delayed or did not fill a prescription because they felt they could not afford it	4.9%				2020 Santa Clara CAHPS Report Survey
Respondents who run out of money to pay for food, rent, bills, or medicine	28.5% (N=2,926)	9.4% (N=106)	28.5% (N=470)	29.5% (N=972)	HRA Results (2020)
Respondents with problems writing checks or keeping track of money	23.2% (N=2.920)	82.2% (N=118)	35.3% (N=476)	45.2% (N=984)	HRA Results (2020)
Respondents in need of assistance managing money	1.65% (N=1,993)				2020 Signify SDOH Report – 12/2/2020

Table 2.1. Economic Stability and Financial Resources.

Food Security

In 2017, in the San Jose-Sunnyvale-Santa Clara metro area, 12% of seniors were food insecure. This is 4 percentage points higher than the State and National rate (7).
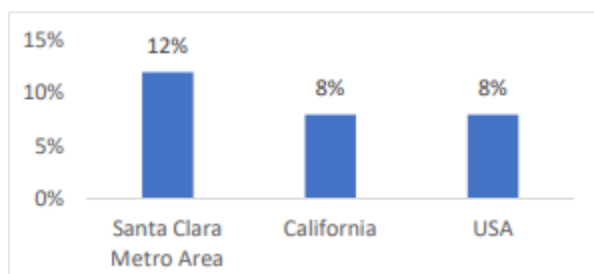
Figure 2.1 Food Security

Education

The level of education is highly important and increasingly recognized as a social determinant of health. Having a higher level of education plays vital role in opening doors for employment opportunities, improves one's ability to make better decision regarding health and increases awareness of available social and personal resources that are for physical and mental health. Post-secondary education is fast becoming a minimum requirement to be eligible for employment (8). CMC enrollees in Santa Clara County are more likely to have college degrees than CMC enrollees elsewhere in the state, but SCFHP still has higher rates of CMC enrollees without a high school diploma than those who opt-out of CMC with SCFHP.

Measure	SCFHP Rate	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Highest level of education: Not a high school graduate High school graduate Some college/trade school College graduate	 40% 21% 17% 19%	 44% 22% 19% 12%	 29% 22% 19% 26%	SCAN ('15-'17)

Table 2.2. Level of education achieved.

Language and Health Literacy

SCFHP has five threshold languages as defined by the California Department of Healthcare Services (DHCS), including English, Spanish, Vietnamese, Tagalog, and Chinese (Mandarin and Cantonese). These languages are the most frequently spoken languages among SCFHP beneficiaries. SCFHP partners with language vendors to provide telephonic and face-to-face interpreter services and utilizes California Relay Services for TDD/TTY services. All language services are provided at no cost to beneficiaries.

Spanish (18%) and Vietnamese (15%) are most commonly spoken languages by SCFHP CMC members.

Measure	Santa Clara County Rate	Data Source
Respondents who said their health care provider did not speak their language and/or had no interpreter available	36%	SCAN (2019)

Table 2.3. Language

In 2020 Q1-Q4, SCFHP's primary language vendor, was utilized for over 18,850 calls for CMC beneficiaries. Top three request languages included: Spanish (5,545), Vietnamese (5,389) and Chinese (4,829). Table 2.5. Shows the breakdown of language services utilization by CMC beneficiaries in 2020 Q1-Q4.

Language	Number of Calls	Percentage
Spanish	5,545	29.4%
Vietnamese	5,389	28.6%
Chinese	4,829	25.6%
Tagalog	1,170	6.2%
Farsi	466	2.5%
Russian	417	2.2%
Punjabi	293	1.6%
Khmer	144	1%
Korean	136	1%
Hindi	64	1%
Other	397	2%
Total	**18,850**	**100%**

Table 2.4. Telephone Utilization of Interpretation Services by CMC Beneficiaries in 2020 Q1-Q4

Social and Community Context

Support System

Social support system or social relationship is key part for physical and mental health. Relationships are often interpreted as social cohesion, social capital and social network. Having a social network also provides emotional support (e.g. motivation to be compliant on treatment regimen or encourage to get back to regular routine after traumatic event) and instrumental support (e.g. ride to medical appointment) (3).

CMC members with SMI report higher rates of no family members or people (no social support) to help when needed also no one to assist them if their primary caregiver is unavailable than the plan average and the LTC and LTSS populations.

All three sub-populations of interest LTC, SMI, and LTSS report higher than plan-average rates of needing a ride or assistance to see the doctor, friends, or family. Access to transportation may be inhibiting access to care for SCFHP CMC enrollees, and/or the sub-populations specifically. Transportation to medically necessary services is a covered benefit of the health plan.

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Respondents without family members or others willing and able to help when needed	11.5% (N=3,063)	14.5% (N=117)	16.0% (N=489)	11.2% (N=1,020)	HRA Results (2020)
Respondents in need of a ride to see the doctor or friends	50.4% (N=2,967)	93.2% (N=117)	66.0% (N=480)	81.4% (N=1,000)	HRA Results (2020)

Respondents in need of assistance to see family or friends	41.7% (N=2.875)	87.9% (N=116)	54.2% (N=474)	73.6% (N=965)	HRA Results (2020)
Respondents who have no one to assist them if their primary caregiver is unavailable	35.0% (N=2,783)	12.8% (N=117)	39.1% (N=468)	34.5% (N=996)	HRA Results (2020)

Table 2.5. Support System

Social Interactions

The high rates reported for living alone and experiencing loneliness or social isolation, in conjunction with the data below, indicated that all three sub-populations experience rates of loneliness higher than the overall SCFHP CMC population.

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Living alone	24.4%				2020 Santa Clara CAHPS Report Survey
"Yes" response to the question: are you afraid of anyone or is anyone hurting you?	3.2% (N=3,062)	2.6% (N=115)	6.1% (N=489)	4.1% (N=1,011)	HRA Results (2020)
Members experiencing loneliness or social isolation	9.69% (N=1,992)				2020 Signify SDOH Report – 12/2/2020

Table 2.6. Social Interaction

Loneliness or Social Isolation

The high rates reported for CMC enrollees that they never feel lonely, although members utilizing LTSS services reported that they felt loneliness more than 15 days a month (7.1%) to most of the days (6.8%).

Question (from HRA 2020) Over the past month (30 days), how many times have you felt lonely?	All CMC N=2,825	LTC N=106	SMI N=448	LTSS N=951
<5 days	16.9%	32.1%	23.7%	20.9%
>15 days	4.6%	4.7%	6.9%	7.1%
Most Days(Always feel Lonely)	5.0%	7.5%	8.0%	6.8%
None(never feel Lonely)	73.5%	55.7%	61.4%	65.1%

Table 2.7. Loneliness or Social Isolation

Health and Health Care

Access to Care

CAHPS and SCAN reports/surveys indicate that there is still opportunity to improve access to care – less than 80% of respondents said that they were getting their needed care, or getting appointments and care quickly. SCFHP has lower rates of satisfaction than the statewide average for CMC enrollees with

the wait time to see a doctor when they need an appointment, while a higher rate of respondents report that the physician they were seeing is not available through the SCFHP provider network.

Measure	SCFHP Rate/Score	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Getting needed care	81.3%			2020 Santa Clara CAHPS Report Survey
Getting appointments & care quickly	73.4%			2020 Santa Clara CAHPS Report Survey
Good communication from clinicians	92.0%			2020 Santa Clara CAHPS Report Survey
Respondents satisfied with the wait to see a doctor when they need an appointment	73%	78%	75%	SCAN ('15-'17)
Respondents who said the doctor they were seeing is not available through SCFHP	20%	18%	17%	SCAN ('15-'17)

Table 2.8. Access to Care

Health Literacy

SCFHP CMC enrollees have a higher rate of misunderstanding their services and coverage than CMC enrollees throughout California in general.

Measure/Question	Santa Clara County Rate	Data Source
Respondents who had a misunderstanding about health care services or coverage	17%	SCAN (2019)

Table 2.9. Health Literacy

Health Status

SCFHP CMC enrollees have, based on claims data, higher prevalence of hyperlipidemia, diabetes, chronic kidney disease, and osteoporosis than the national average for the same conditions, as well as higher than Santa Clara County.

In 2020, California Health Care Foundation reported that 48% of CMC enrollees have three or more chronic conditions compared to 27% of Medicare-only enrollees (1). CMC enrollees were also more likely to have a condition resulting in a functional limitation or disability, including, for example, mobility impairments, intellectual disability, depression, anxiety, bipolar disorder, and schizophrenia. This report also found that Black and Latinx CMC enrollees were 2 and 1.5 times as likely to be hospitalized compared to white enrollees (1).
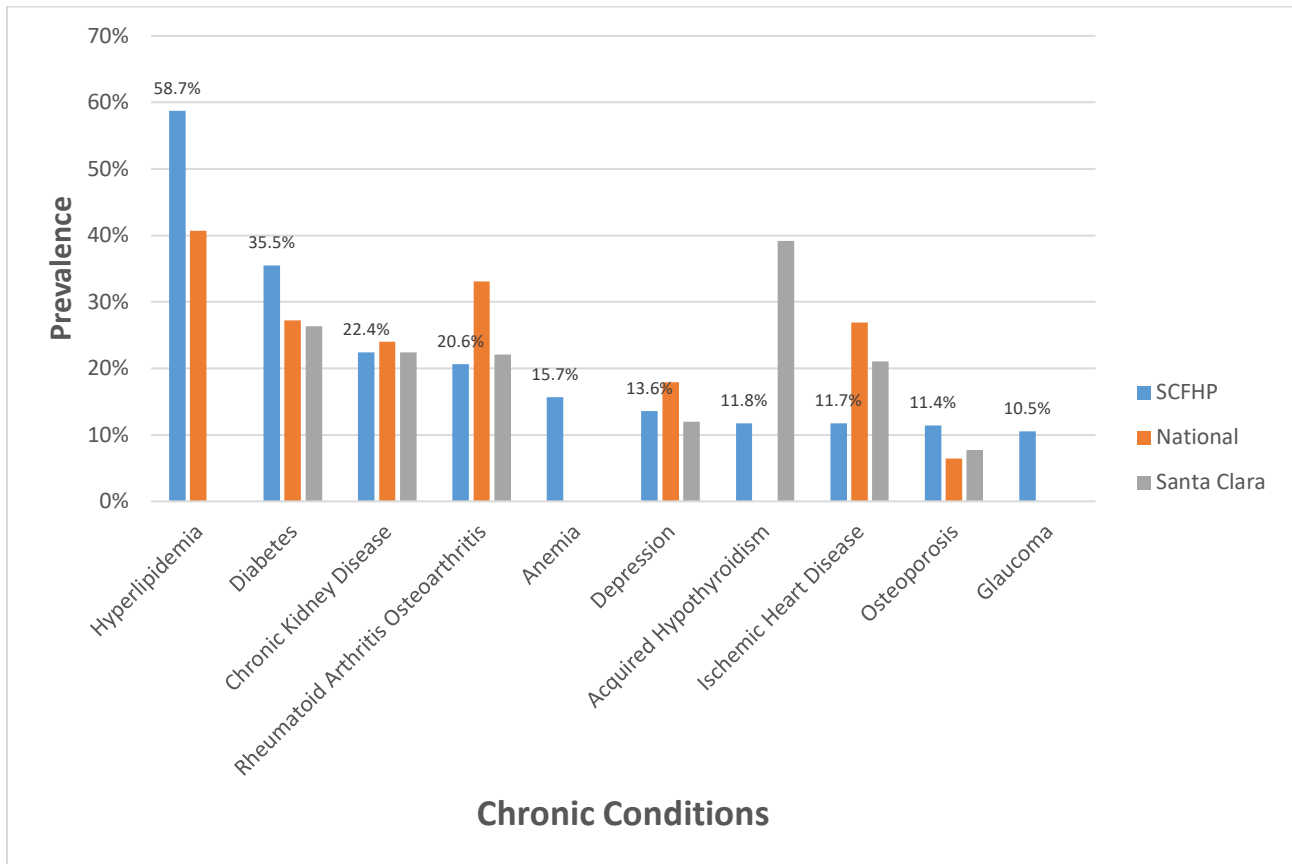
Table 2.10. Prevalence of chronic conditions at SCFHP (top 10)

Knowledge of Condition

The variability in the rates of self-reported knowledge of condition compared to condition prevalence based on claims data can potentially indicate a gap in health literacy.

- Are providers explaining conditions to the patients in a way that patients understand?
- Are providers asking patients to repeat the conditions back to them, ensuring an understanding of their health status?
- Are patients told the medical term for their condition, but lack an understanding of what the condition impacts?

Chronic Condition		SCFHP Prevalence	Knowledge of Condition[1]			
			CMC (N=2,928)	LTC (N=103)	SMI (N=471)	LTSS (N=991)
Hyperlipidemia	High Cholesterol	58.7%	51.0%	48.5%	50.3%	54.3%
Diabetes	Diabetes	35.5%	35.1%	43.7%	37.4%	38.6%
Chronic Kidney Disease	Kidney Problem	22.4%	9.8%	27.2%	18.0%	13.8%
Rheumatoid Arthritis Osteoarthritis	Arthritis/Arthritis-Rheumatoid	20.6%	47.6%	33.0%	47.1%	54.9%

Anemia		15.7%	11.9%	8.7%	15.7%	14.2%
Depression	Depression	13.6%	20.3%	39.8%	34.0%	24.3%
Acquired Hypothyroidism	Thyroid problems	11.8%	12.7%	22.3%	14.4%	13.6%
Ischemic Heart Disease	Heart Problems/Congestive Heart Failure (CHF)	11.7%	20.0%	41.7%	41.0%	28.7%
Osteoporosis	Osteoporosis	11.4%	19.5%	19.4%	15.3%	26.2%
Glaucoma	Limited Vision	10.5%	30.2%	32.0%	33.1%	37.6%

Table 2.11.Knowledge of condition

Quality of Care

Fewer SCFHP CMC Enrollees expressed satisfaction with their physicians working together than CMC enrollees across the state and then individuals who opted-out of the SCFHP CMC program.

Measure/Question	SCFHP Rate/Score	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Respondents satisfied with the way their providers work together	77%	83%	80%	SCAN ('15-'17)

Table 2.12. Quality of care

The HEDIS scores below are measures for which SCFHP is at less than or equal to the 10th percentile for CMC in 2020.

Measure/Question	Sub measure	SCFHP Rate/Score	2020 MPL	Data Source
BCS: Breast Cancer Screening		63.8%	74.1%	HEDIS 2020 YTD
COL: Colorectal Cancer Screening		54.3%	73.5%	HEDIS 2020 YTD
CDC: Comprehensive Diabetes Care	Eye Exam	65.5%	75.7%	HEDIS 2020 YTD
	HbA1c Testing	83.3%	95.0%	HEDIS 2020 YTD
	Medical Attention for Nephropathy	87.4%	96.0%	HEDIS 2020 YTD
OMW: Osteoporosis Management in Women Who Had a Fracture		34.3%	48.5%	HEDIS 2020 YTD
MRP: Medication Reconciliation Post-Discharge		2.8%	52.3%	HEDIS 2020 YTD
PBH: Persistence of Beta-Blocker Treatment After a Heart Attack		75.0%	87.3%	HEDIS 2020 YTD
Pharmacotherapy Management of COPD Exacerbation		91.3%	81.3%	HEDIS 2020 YTD

Statin Therapy for Patients with Cardiovascular Disease	Statin Adherence 80% - Total	81.8%	80.9%	HEDIS 2020 YTD
Statin Therapy for Patients with Diabetes	Statin Adherence 80% - Total	80.6%		HEDIS 2020 YTD

Table 2.12. HEDIS

Neighborhood and Built Environment

Access to Transportation

Despite transportation utilization and costs increasing rapidly for the plan, 16% of respondents to the SCAN survey reported issues with transportation that kept them from getting needed healthcare, while 29% of CMC respondents on a Risk Adjustment in Home Assessment report indicated that they need assistance with driving and/or arranging transportation.

The 2016 Santa Clara County's Livable Communities Survey reported that 90% of the survey's respondents indicated special transportation services for people with disabilities and older adults are extremely or very important. It was noted that as respondents' age increased, so did their opinion of the importance of specialized services (9).

Measure/Question	Santa Clara County Rate	Data Source
Respondents with transportation problems that kept them from getting needed healthcare	15%	SCAN (2019)
Members who need assistance with driving and/or arranging transportation	29.00% (N=1,400)	2019 Signify SDOH Report – 1/13/2020

Table 2.13. Access to Transportation

Housing

99% of SCFHP CMC enrollees have housing, however less than quarter population need help with instrumental activities of daily living.

According to Santa Clara County's Community Plan to End Homelessness, there were only 34 affordable and available units for every 100 extremely low-income renter households in the San Jose metro area. This report found that people of color are more likely to become homeless in Santa Clara County, and poverty alone could not explain the disparities in homelessness (6).

Measure/Question	Rate/Score	Data Source
Members who need help with laundry and/or housekeeping	24.8% (N=1,400)	2020 Signify SDOH Report – 1/13/2020

Table 2.14. Housing

Quality of Air & Water

Air quality: According to Bay Area Air Quality Management District, there were 25 days where particulate matter of 2.5 exceeded the national standard compared to 1 day in 2019 (10).

Water quality: According to Santa Clara Valley Water District review there are no contaminants above maximum levels in 2020 (11).

3. Sub-population

This document looks at three sub-populations – members in Long Term Care (LTC), members with Severe Mental Illness (SMI), and members utilizing Long Term Support Services (LTSS).[*Appendix A – Sub-Population Definitions* 39% SCFHP CMC beneficiaries eligible for subpopulation. As these three groups are not mutually exclusive, a few combinations are also included. These combinations are made based on the one or more services utilized by subpopulation in measurement year (2020). Combinations such as members in LTC with SMI and who also utilized LTSS in measurement year; members in LTC with SMI who did not utilize LTSS; members in LTC who utilized LTSS but do not have SMI; members who have SMI and utilized LTSS.
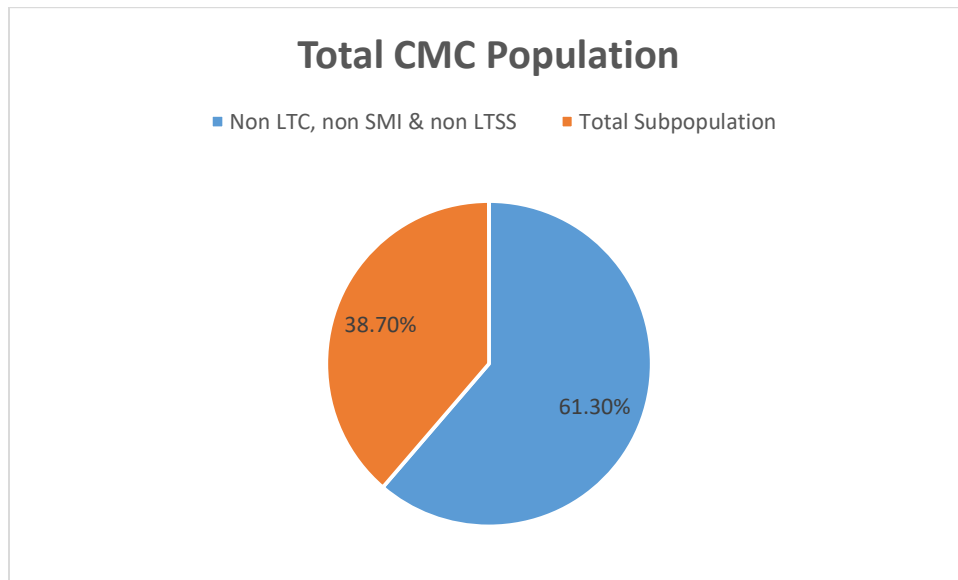
Figure 3.1. Total CMC population

Long Term Care

LTC is an institute who provides variety of services medical and non-medical needs of people with disabilities and/or chronic illness who cannot care for themselves for longer period. The goal of these services are to indorse independence, maximize quality of life and meet the need of patients. SCFHP CMC beneficiaries has a very small sub-population (1.8%) of members in LTC. However, these members experience many barriers in the form of social determinants of health. For example, 93% LTC members require a ride to see the doctor. 82% have difficulty writing checks or keeping track of money. Social determinants of health such as transportation and financial management needs have to be addressed in the case management of LTC members.

Serious Mental Illness

Approximately 1,300 (12.14%) CMC enrollees have a mental health diagnosis. SCFHP collaborates with the County Behavioral Health Services Department (CBHSD), which serves consumers ages 18 and above. The CBHSD Call Center screens individuals for functional impairments, such as homelessness, lack of support, and recent job loss, etc. and direct individuals based on diagnosis. Once the screening has been completed, CBHSD refers individuals who are identified as SMI to either a county mental health clinic or a community based organization (CBO) for services. These are considered specialty mental

health providers and may include: psychiatry, therapy, and case management. Please refer to the CBHSD screening tools in Appendix B.

Those identified as mild to moderate are accommodated within a county clinic or are referred to SCFHP for placement within the health plans' network for services. SCFHP Behavioral Health Department's Social Workers assists with care coordination to meet the needs of all beneficiaries that are referred, including: shared care plans, integrating care plan goals, assistance with transportation to medical appointments, coordinating medical care with primary and specialty care and behavioral health care to identify unmet needs, ensuring follow up care is received, etc. The health plan receives SMI referrals from CBHSD and SCFHP staff. Services are initiated within 15 days once a referral is received.

Long Term Support and Services

A subset of the CMC population are beneficiaries living with multiple chronic conditions and limited functional capacity that makes it difficult for them to live independently without LTSS, SCFHP defines these members as the disabled population. These individuals require assistance with at least three activities of daily living, are in poor or fair health and may have cognitive impairments or behavioral health issues. These members frequently have needs related to transportations and financial insecurity. Eighty percent of LTSS members reported needed transportation help in order to see their doctor or family members. 29% reported running out of money and 45% reported having trouble tracking money. They can either be living in the community or a long-term care nursing facility, and a population at high risk for falls and isolation due to their impairments. Nearly 2,575 (23.54%) enrollees utilized LTSS in the measurement year. To meet the needs of SCFHP's members with disabilities the following LTSS programs are included for CMC beneficiaries:

- In Home Supportive Services (IHSS)
- Community-based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)

Of the sub-populations and amalgamations reviewed, the largest population was those who utilize LTSS services (regardless of whether or not they have SMI or utilized LTC). On the other side, Only 44 SCFHP CMC enrollees have SMI and also utilized LTC and LTSS in the measurement year. In this report sub-populations with less than 150 member count are excluded from further utilization assessment as there is not enough data to study the need in emergency room and inpatient utilization.

Member Demographics: Sub-populations
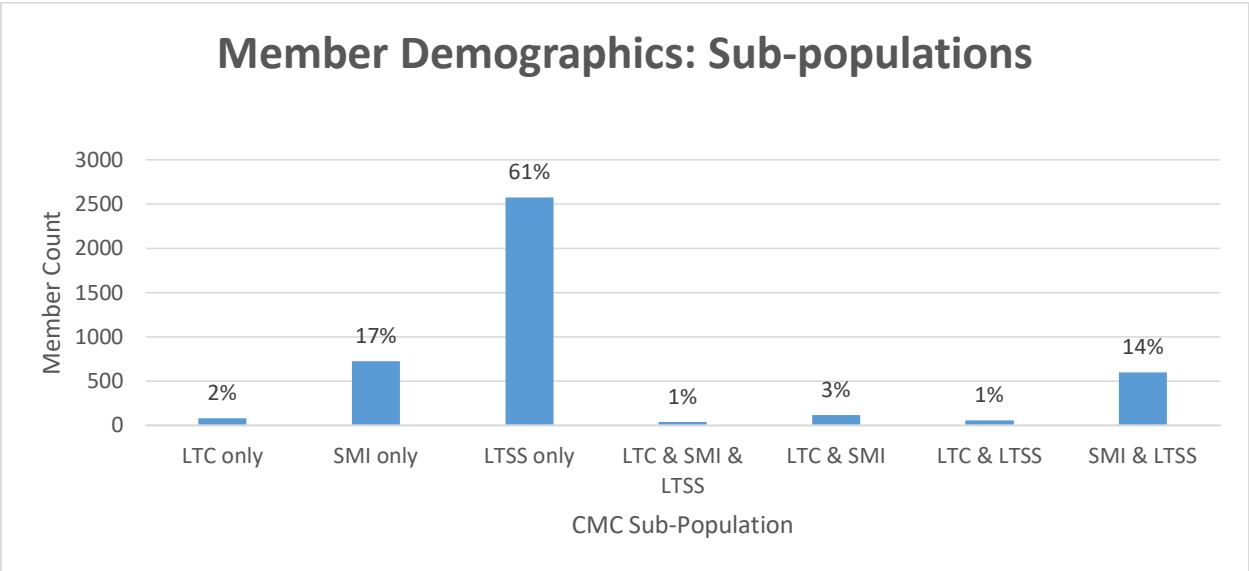
Chart 3.1. Member Demographics: Sub-Population

Utilization

The report below provides an overview of most common discharge diagnosis from emergency room(ER) visits and inpatient admissions for SCFHP CMC beneficiaries.

Inpatient Utilization

Reviewing the in-depth utilization below indicates that the most common diagnosis for inpatient hospitalization is sepsis among the LTC, LTSS and SMI sub-populations. Hypertensive heart disorder and acute kidney failure are the second and third most common discharge diagnosis among CMC enrollees with SMI and/or member utilizing LTSS.

Reviewing programs separately, the most common inpatient admission diagnosis was sepsis, which accounted for nearly 11% of CMC enrollees in the BH program. This was followed by 4% having schizoaffective disorder. The other top diagnoses related to hypertension, health failure and chronic kidney disease. Similarly, 13% of inpatient diagnoses for CMC enrollees in the LTSS program was related to sepsis. Coronavirus accounted for 3% of the cases and health and kidney related diagnoses accounted for 7% of the most common diagnoses. A similar trend was observed in the members assigned to CM and those CM members who were categorized as high risk. Please refer to Appendix 4 for program specific data on inpatient utilization.

Most Common Hospital Discharge Diagnosis
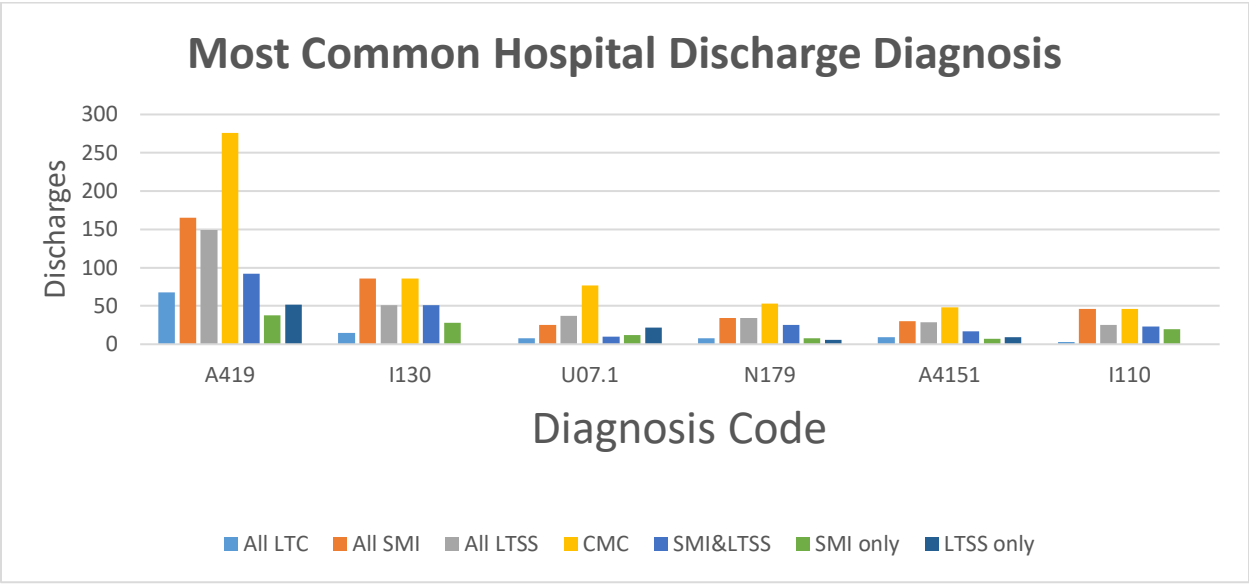
Table 3.1.1. Most common hospital discharge diagnosis

Diagnosis Code	Description
A419	SEPSIS, UNSP ORGISM
I130	HYP HRT & CHR KIDNEY DIS W/HRT FAIL & STG 1-4/UNSP
U07.1	2019-NCOV ACUTE RESPIRATORY DISEASE
N179	ACUTE KIDNEY FAILURE, UNSP
A4151	SEPSIS D/T ESCHERICHIA COLI [E. COLI]
I110	HYPERTENSIVE HRT DIS W/HRT FAILURE

Table 3.1.2. Description of diagnosis codes

Emergency Room Utilization

The most common discharge diagnosis from ER visits among LTC, SMI and LTSS sub-populations are chest pain, urinary tract infection and dizziness. Members utilizing LTSS have been to the ER more often than the LTC and SMI sub-populations.

At the program level, schizoaffective disorder was the most common diagnosis for member in the BH program. Adjustment disorder accounted for 4% of ED visits by BH members while chest pain counted for 2%. In the LTSS program, chest pains and UTIs were the most common ED visit diagnoses. The 5th most common diagnosis was adjustment disorder for LTSS members. Dizziness & giddiness, chest pain and UTIs were the most common diagnoses for ED visits for CM program members.

Most Common ED Visit Diagnosis
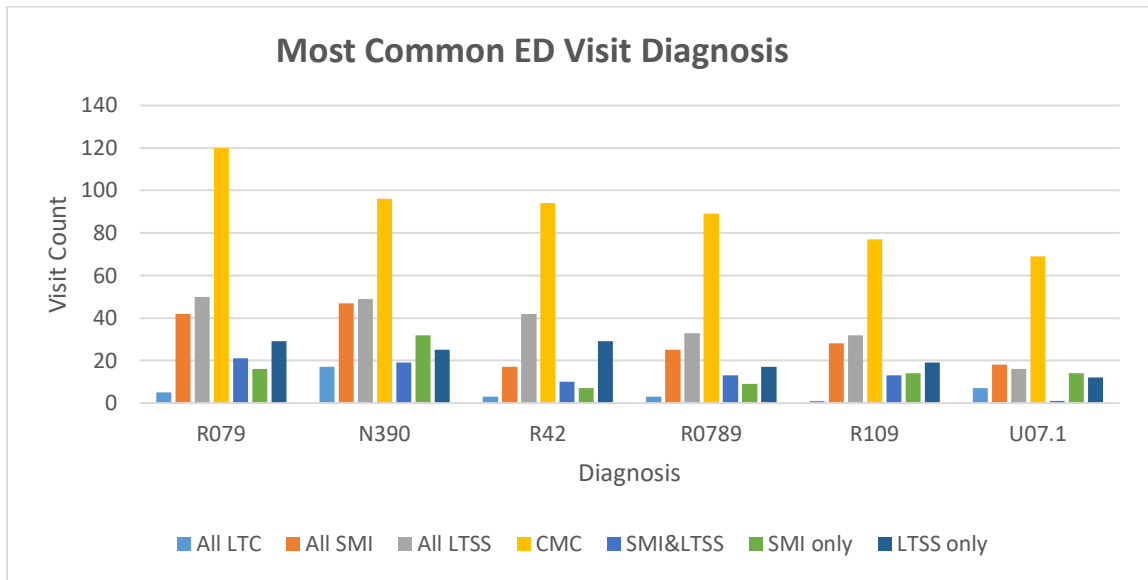
Table 3.1.2. Most common ED diagnosis

Diagnosis Code	Description
R079	CHEST PAIN, UNSP
N390	URINARY TRACT INFECT, SITE NOT SPEC
R42	DIZZINESS & GIDDINESS
R0789	OTH CHEST PAIN
R109	UNSP ABD PAIN
U07.1	2019-NCOV ACUTE RESPIRATORY DISEASE

Table 3.1.3. Description of diagnosis codes

COVID- 19 Pandemic

2020 has been an unprecedented year with the COVID-19 pandemic changing the way we interact with each other and our community. In Santa Clara County, there has been a total of nearly 100,000 cases and over 1300 deaths (12). As of January 2021, nearly 4,397 of SCFHP members tested positive for COVID-19 and cumulatively 1,600 members have been hospitalized. To date, 150 members have passed away (82 in Skilled Nursing Facilities (SNF) and 68 non-SNF), representing 15% of County-reported total (total membership equals about 12% of the County population).

4. CONCLUSION

The goal of this report is to identify the needs of SCFHP's CMC population and identify gaps. Key indicators were identified and analyzed focusing on sub-populations LTC, SMI and LTSS. Based on the assessment of the data, the following conclusions can be made:

- Nearly a third of respondents to the HRA said they ran out of money to pay for food, rent, bills, or medicine indicating a lack of economic stability; SMI and LTSS subpopulations were three times more likely to respond as having run out of money to pay for necessary bills. Interventions

should focus on financial resources availability to these subpopulations. Food insecurity is also higher in Santa Clara County compared to the state and national averages. Interventions aimed at finding options for members to access food, subsidize rent or utilities, and ensure members are aware of pharmacy benefits will be beneficial to all members.

- Santa Clara County had the worst score compared to other counties when asked whether respondents felt their health care provider did not speak their language or did not have an interpreter available. Interventions should focus on ensuring members are aware of interpreter services, including language lines, know how access these services and are able to access them when needed. SCFHP can also work with providers to ensure they are aware of available interpreter services for SCFHP members in order to address this need.

- HRA responses indicate that all sub-populations such as LTSS and SMI report issues arranging transportation to see their provider, family and/or friends. Over half of respondents stated they need a ride to see the doctor or friends. Interventions should aim to educate members about transportation benefits for medical appointments and connect members to community resources to aid their transportation needs.

- Sepsis was the most common inpatient admission diagnosis for CMC enrollees. There is a need for further exploration to assess the behavior of SMI sub-population that may lead to infectious disease and eventually to sepsis so case managers can provide education to members on preventative strategies.

- Schizoaffective disorder was the most common emergency department utilization diagnosis for members in the BH program. Interventions should focus on understanding this population and helping to address their needs to prevent ED visits.

- Coronavirus was the third most common diagnosis for inpatient hospitalization. California has one of the highest rates of daily new cases. As the pandemic continues, it will be important to educate members on how to protect themselves and their families, identify signs and symptoms of potentially contracting COVID-19 and how to access vaccines as they become available.

The data analyzed in this report provides key information about the CMC population's health care experience and barriers that may exist to obtaining care and maintaining optimal health. It also provides insight into social determinants of health and the role they plan in shaping an individual's health care experience and outcomes.

Using this evidence, SCFHP will explore new ways to strengthen existing interventions and identify new strategies, activities and resources to address beneficiaries' needs.

Appendix

Appendix A – Sub-Population Definitions

Long Term Care (LTC)

Individuals with a MLTSS Risk Category similar to "Institute" were classified as LTC

Severe Mental Illness (SMI)

For this population, we utilized the SMI definition employed by the Health Homes Program (HHP).

Long Term Support & Services (LTSS)

Individuals with a MLTSS Risk Category of "CBAS and MSSP" or "IHSS" were classified as LTSS

Appendix B –Santa Clara County BHSD Screening Tool

Santa Clara County BHSD Screening Tool

Beneficiary Name_____ Gender Identity ☐ Male ☐ Female ☐ Other_____ Date of Birth____/____/____

Insurance Type_____ Medi-Cal Plan Name_____Provider Network_____

Preferred Language_____ Identified Culture_____

Address_____ City_____Zipcode_____ Phone(___)_____-_____

Conservator/Caregiver/other consented contact_____ Phone(___)_____-_____

Primary Care Physician_____ _____Location_____ VMC PCP (Y/N)_____

Probation/Parole (Y/N)____AB109 (Y/N)_____ Preferred Clinic_____

Crisis Screening conducted (Y/N)_____ Mandated report required (Y/N)_____ if Y, date filed____/____/____

Referral Criteria		
List A	List B	List C
1 ☐ MH sx, impairments and stressors	1 ☐ 2 Psychiatric Hospitalizations in 12 months	☐ 3+ psychiatric hospitalizations in 12 months
2 ☐ Comorbid Physical and MH condition	2 ☐ 2 EPS visits in 12 months	
3 ☐ Situationally driven life stressors *	3 ☐ Functionally significant Psychosis (specify below)	
4 ☐ Hx of Trauma/PTSD impacting functioning	4 ☐ Recent and/or ongoing SI/HI, or self harm bx	☐ 3+ EPS contacts in 12 months
5 ☐ Isolation or lack of social/family support	5 ☐ Eating disorder with related medical issues	
6 ☐ Hx of SI/HI or attempts	6 ☐ Requires Assistance with ADLs due to MH symptoms	
7 ☐ Behavior problems, i.e. aggressive bx	7 ☐ Receiving services from San Andreas Regional Center	
8 ☐ Behavior incongruent with age (18-21)	8 ☐ Used illicit and/or prescrip. drugs/ETOH (last 30 days**)	
9 ☐ 3+ ED visits due to MH concerns	9 ☐ Personality Disorder w/significant fx impairment	
10 ☐ 1 acute psych hospitalization in 12 mo		

Note: If #8 in list B selected, conduct SUTS screening (ASAM)

Referral Algorithm		
Criteria	Disposition	Call
4 or less in List A, and None in List B	(Age 18-59) Refer to Mild to Moderate or FFS provider (Age 60+) Refer to Specialty MH OA program	BHS Call Center 1-800-704-0900
5 or more in List A, (4 or more for 18-21) or 1 or more in List B	Refer to Specialty MH services	BHS Call Center 1-800-704-0900
1 from List C	Refer to FSP	BHS Call Center 1-800-704-0900

Referral Disposition_____

Symptom description/details_____

_____

_____

Brief summary of relevant history_____

_____

_____

Screener Signature_____

Screener Name_____ Screener title_____ Date____/____/____

* Examples of stressors include, but are not limited to, homelessness, recent death in family, job loss, divorce, etc.
** This does not include drugs for medical use, or to treat a medical condition

Revised Jan 6, 2017

Appendix C – Data Sources

Health Risk Assessment (HRA)

This assessment is a self-reported questionnaire that is provided to low-risk CMC members within the first 90 calendar days, or 45 calendar days for high-risk members, of enrollment into SCFHP. It includes questions about the beneficiary's demographics, current health status, change in health status, and hospitalizations. It can also be used to identify SDOH, such as safety at home, family and community involvement (or lack thereof), and nutritional risk, among others. Some questions related to general information (name, birthdate, demographics etc.) and contact information have been removed from this survey for the purpose of this appendix, but a full-length version is available upon request from the SCFHP team.

Questions:

1. Marital Status (Single; Married; Divorced; Widowed; Separated)
2. Race/Ethnicity (African American; Asian; Caucasian; Hispanic; Native American or Alaska Native; Native Hawaiian or Pacific Islander; Other; Unknown)
3. Your preferred language – Speak (English; Spanish; Tagalog; Chinese; Russian; Vietnamese; Other)
4. Your preferred language – Read (English; Spanish; Tagalog; Chinese; Russian; Vietnamese; Other)
5. Do you want to choose someone to be your authorized representative with Santa Clara Family Health Plan?
6. How would you describe your general health? (Excellent; Very Good; Good; Fair; Poor)
7. Do you have or have you been treated for any of these conditions in the past 12 months (please check all that apply)? (Arthritis; Depression; Liver Disease; Asthma; Diabetes; Memory Problems; Cancer; Developmental Disability; Organ Transplant; Chronic Pain; Hearing Problem; Schizophrenia/Bi-polar; COPD; Infectious Disease; Seizures; Congestive Heart Failure; Kidney Disease; Stroke; Coronary Artery Disease; Limited Vision; Other)
8. How many different medications are you taking? (0; 1-5; 6-10; 11+)
9. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription? (Yes; No)
10. During the past four weeks, how much did pain interfere with your normal activities? (Not at all; A little bit; Moderately; Quite a bit; Extremely)
11. Are you currently receiving treatment for pain? (Yes; No)
12. Do you smoke or use tobacco? (Yes; No)
13. Would you like help quitting (Yes; No)
14. Do you feel you drink too much alcohol? (Yes; No)
15. Are you using any drugs or taking prescription medications in a way that's not prescribed? (Yes; No)
16. Do you need help taking your medicines? (Yes; No)
17. Do you need help filling out health forms? (Yes; No)
18. Do you need help answering questions during a doctor's visit? (Yes; No)
19. Are you using any of these supplies or equipment right now (please check all that apply)? (Walker; Wheelchair; Prosthetics; Portable toilet; Hospital bed/Hoyer lift;

Tube feeding supplies; diabetes supplies; incontinence supplies; ostomy supplies; nebulizer; suction supplies; wound care supplies; c-pap or bi-pap; ventilator; oxygen; blood pressure monitor; eyeglasses/contacts; hearing aids; other; none)

20. Do you need help with getting any supplies or equipment at this time?
21. Do you need help with any of these actions (check for each item)? (taking a bath or shower; eating; getting dressed; using the toilet; brushing teeth, brushing hair, shaving; walking; getting out of bed or a chair; going up stairs; making meals or cooking; doing house or yard work; washing dishes or clothes; shopping and getting food; getting a ride to the doctor or to see your friends; writing checks or keeping track of money; using the phone; keeping track of appointments; going out to visit family or friends; other)
22. Are you getting all the help you need with these actions? (Yes; No)
23. Can you live safely and move easily around in your home? (Yes; No)
24. If no, does the place where you live have (good lighting; good heating; good cooling; rails for any stairs or ramps; hot water; indoor toilet; a door to the outside that locks; stairs to get into your home or stairs inside your home; elevator; space to use a wheelchair; clear ways to exit your home)
25. Have you fallen in the last month? (Yes; No)
26. Are you afraid of falling? (Yes; No)
27. What type of residence do you live in? (Own your own residence; rented room; homeless; rent your residence; board and care; nursing facility; family member's residence; assisted living facility; other)
28. Who do you live with? (alone; spouse or significant other; family member; friend; other)
29. Are you getting any of these resources in your community? (transportation services; case manager; CBAS/adult day health center; county alcohol or drug outpatient program; county mental health case management services; food assistance programs; wellness organizations; help paying utility bills/rent; hospice/palliative care program; in-home supportive services; San Andreas Regional Center; Social Security; Veterans Affairs; other community resources)
30. Are you interested in getting information about resources in your community? (Yes; No)
31. Do you have family members or others willing and able to help you when you need it? (Yes; No)
32. Do you ever think your caregiver has a hard time giving you all the help you need? (Yes; No)
33. Do you sometimes run out of money to pay for food, rent, bills, or medicine? (Yes; No)
34. Over the past month (30 days), how many times have you felt lonely? (None – I never feel lonely; less than 5 days; more than half the days; most days – I always feel lonely)
35. Over the past month (30 days) how often have you felt tense, anxious or depressed? (Almost every day; sometimes; rarely; never)
36. Have you had any changes in thinking, remembering or making decisions? (Yes; No)
37. Are you afraid of anyone or is anyone hurting you? (Yes; No)
38. Is anyone using your money without your ok? (Yes; No)

39. Given all that was covered here, what would you say are your main concerns right now?
40. Would you like to create a care plan with goals that may help you address these concerns? (Yes; No)
41. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- A program started by the Agency for Healthcare Research and Quality (AHRQ) whose purpose is to understand the patient experience with health care
- CAHPS surveys are designed to assess patient experience in a specific health care setting

Health Outcomes Survey (HOS)
- The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure used in Medicare managed care.
- The goal is to gather data that can be used in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health
- All managed care organizations with Medicare contracts must participate

Signify Health – In Home Assessment (IHA)
- Signify Health is a vendor hired to visit members at home and administer an initial health assessment
- Questions are shown below. Some questions are not listed below for length but the full questionnaire can be requested from SCFHP.
    1. Does the individual take any prescription medications? (Yes; No)
    2. In the past 6 months, has medication cost inhibited medication use? (Yes; No)
    3. Does individual understand the reason(s) for each medication they are taking? (Yes; No)
    4. In the past 6 months, has access to a pharmacy inhibited medication use? (Yes; No)
    5. Oxygen available or in use? (Yes; No)
    6. Are any of the following used regularly? (Multivitamin; calcium supplements; fish oil; antacid/PPI; ibuprofen; naproxen; aspirin, chronic use; aspirin, intermittent use; acetaminophen; antihistamine)
    7. Reason(s) for OTC or supplement use? (Pain; preventive; osteoarthritis; GERD; Other)
    8. Over the past 6 months, indicate the number of the following types of hospital visits: current ER or urgent care (from plan); ER or urgent care (update from individual); last hospitalization primary diagnosis; current hospitalizations (from plan); hospitalizations (update from individual)
    9. Compared to other people your age, how would you describe your health? (excellent; very good; good; fair; poor; refused; don't know/not sure)
    10. Compared to 1 year ago, how would you rate your physical health in general now? (Much better; slightly better; about the same; slightly worse; much worse)
    11. Compared to 1 year ago, how would you rate your emotional health (such as feeling anxious, depressed, or irritable) in general now? (Much better; slightly better; about the same; slightly worse; much worse)
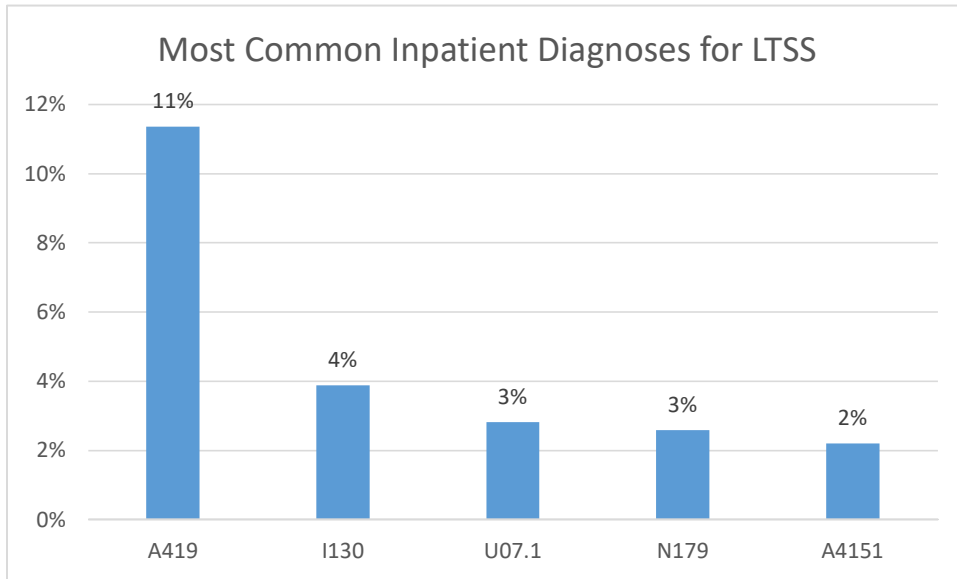
12. In the past 4 weeks, have you had too little energy to do the things you want to do? (Yes; No)
13. During the past 30 days, how many days did poor physical or mental health keep you from your usual activities, self-care, or recreation? (0-5; 6-10; 11-15; 16-20; 21-25; 26-30)
14. What is your current living situation? (Home, apt, condo; assisted living facility; senior/low income housing; long-term care facility; other)
15. Currently living alone? (Yes; No)
16. Are you a caregiver for someone else? (Yes; No)
17. Who else lives with you? (Spouse/domestic partner; child/children; long-term care setting; other family/friend; other)
18. Help needed to go out of the house? (Yes; No)
19. Because of financial concerns, does individual have to make choices between food, medication, heat, or other necessities? (Yes; No)
    a. Specify choices due to financial concerns (food; medications; electric/gas service; telephone; transportation; other)
20. Does individual have any special needs? (Yes; No)
21. Home safety could be improved to better support ADLs? (Yes; No)
22. Do you feel unsafe in your home? (Yes; No)
23. Does individual use Durable Medical Equipment (DME) on a regular basis? (Yes; No)
24. Is your caregiver providing adequate support for your needs? (Yes; No; N/A)
25. Difficulties with activities of daily living? (Yes; No)
26. Difficulties with instrumental activities of daily living? (Yes; No)
27. In the past 12 months, did you talk with a doctor or other health care provider about your level of exercise or physical activity? (Yes; No)
28. In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? (Yes; No)
29. Do you regularly experience any of the following (stress; loneliness/social isolation; anger; anxiety, of such intensity, that it interferes with daily activities; current or recent hallucinations)

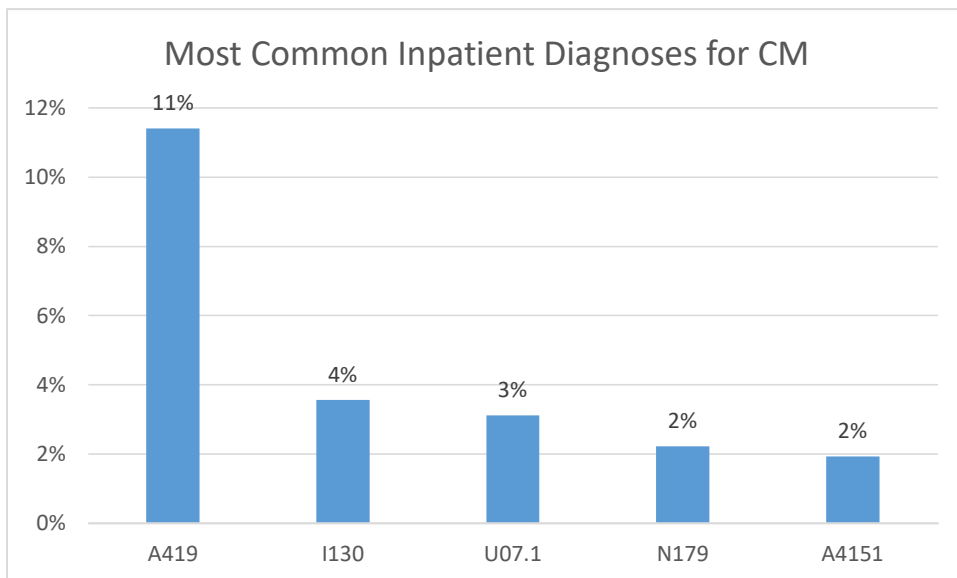# Appendix 4 – Program Specific Utilization Data

Inpatient

Most Common Inpatient Diagnoses for Behavioral Health
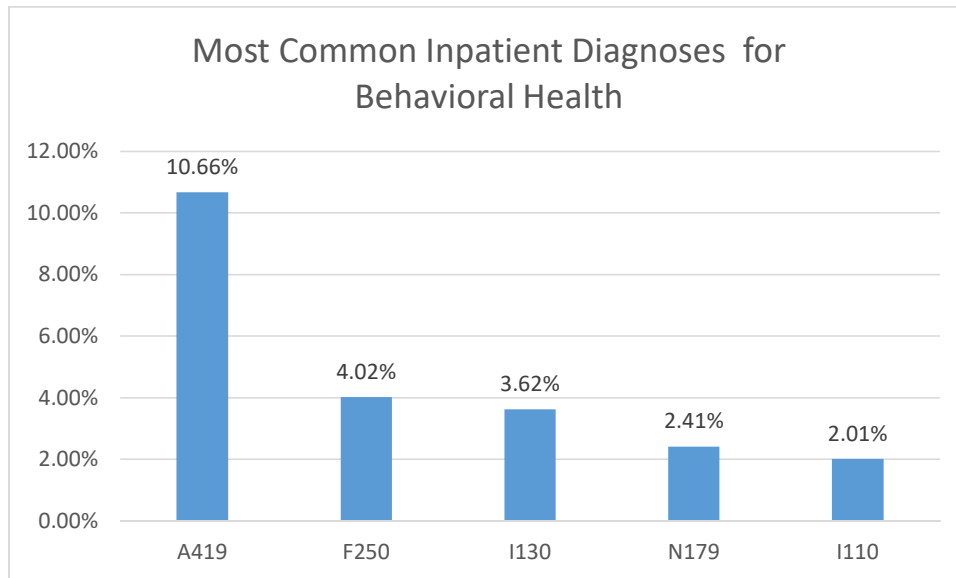
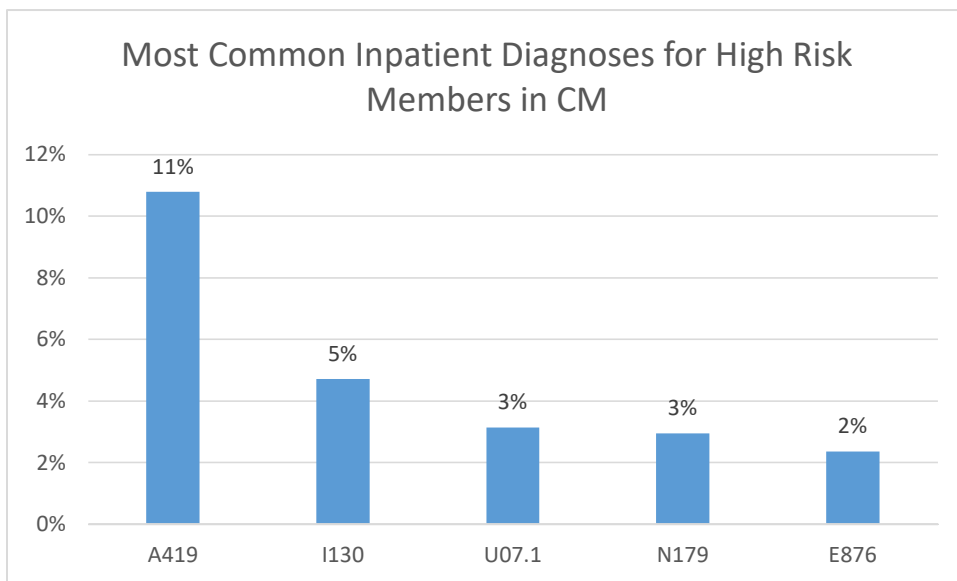| Diagnosis Code	Description
A419	SEPSIS, UNSP ORGISM
F250	SCHIZOAFFECTIVE DISORD, BIPOLAR TYPE
I130	HYP HRT & CHR KIDNEY DIS W/HRT FAIL & STG 1-4/UNSP
N179	ACUTE KIDNEY FAILURE, UNSP
I110	HYPERTENSIVE HRT DIS W/HRT FAILURE

Most Common Inpatient Diagnoses for LTSS

Diagnosis Code	Description
A419	SEPSIS, UNSP ORGISM
I130	HYP HRT & CHR KIDNEY DIS W/HRT FAIL & STG 1-4/UNSP
U07.1	2019-NCOV ACUTE RESPIRATORY DISEASE
N179	ACUTE KIDNEY FAILURE, UNSP
A4151	SEPSIS D/T ESCHERICHIA COLI [E. COLI]

Most Common Inpatient Diagnoses for CM

Diagnosis Code	Description
A419	SEPSIS, UNSP ORGISM

I130	HYP HRT & CHR KIDNEY DIS W/HRT FAIL & STG 1-4/UNSP
U07.1	2019-NCOV ACUTE RESPIRATORY DISEASE
N179	ACUTE KIDNEY FAILURE, UNSP
A4151	SEPSIS D/T ESCHERICHIA COLI [E. COLI]

Most Common Inpatient Diagnoses for High Risk Members in CM

Diagnosis Code	A419	I130	U07.1	N179	E876
Percentage	11%	5%	3%	3%	2%

Diagnosis Code	Description
A419	SEPSIS, UNSP ORGISM
I130	HYP HRT & CHR KIDNEY DIS W/HRT FAIL & STG 1-4/UNSP
U07.1	2019-NCOV ACUTE RESPIRATORY DISEASE
N179	ACUTE KIDNEY FAILURE, UNSP
E876	HYPOKALEMIA

Emergency Room Utilization

Most Common Emergency Department Diagnoses for Behavioral Health

Chart data	Value
F4325	4.47%
F250	4.21%
N390	3.37%
F259	3.29%
R079	1.94%
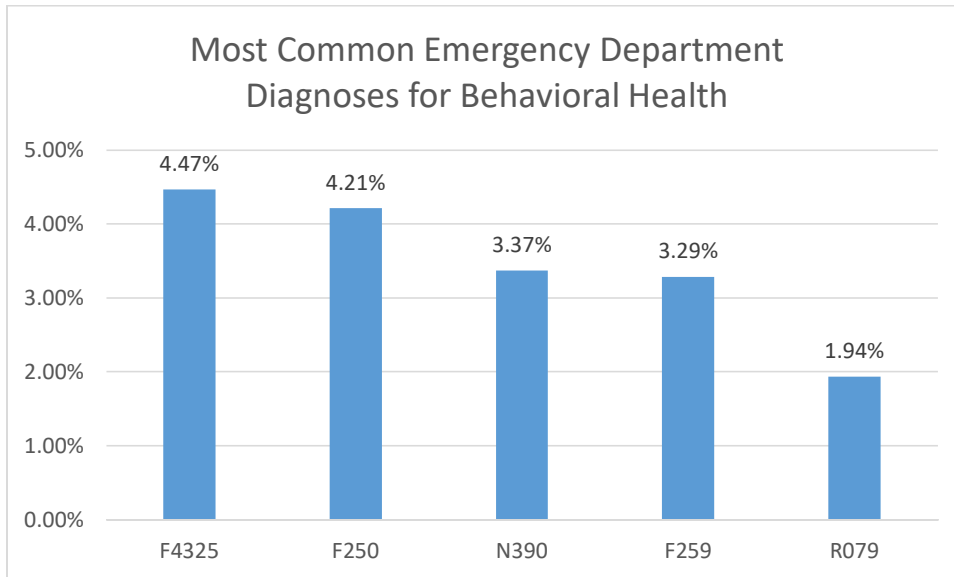
Diagnosis Code	Description
F4325	ADJUST DISORD W/MIXED DISTURB EMOTIONS & CONDUCT
F250	SCHIZOAFFECTIVE DISORD, BIPOLAR TYPE
N390	URINARY TRACT INFECT, SITE NOT SPEC
F259	SCHIZOAFFECTIVE DISORD, UNSP
R079	CHEST PAIN, UNSP
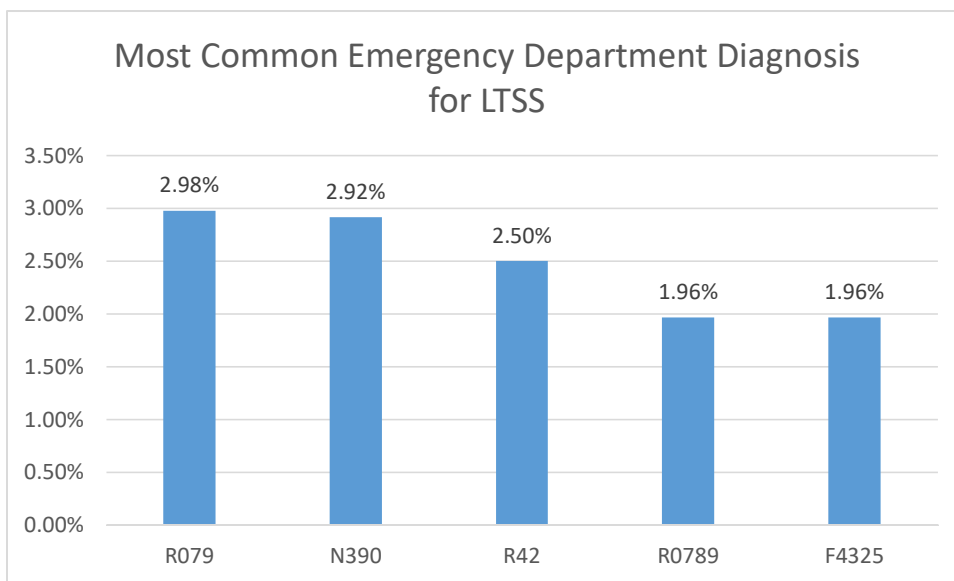
Most Common Emergency Department Diagnosis for LTSS

Chart data	Value
R079	2.98%
N390	2.92%
R42	2.50%
R0789	1.96%
F4325	1.96%

Diagnosis Code	Description
R079	CHEST PAIN, UNSP
N390	URINARY TRACT INFECT, SITE NOT SPEC
R42	DIZZINESS & GIDDINESS
R0789	OTH CHEST PAIN

| F4325 | ADJUST DISORD W/MIXED DISTURB EMOTIONS & CONDUCT |

Most Common Emergency Department Diagnoses for CM
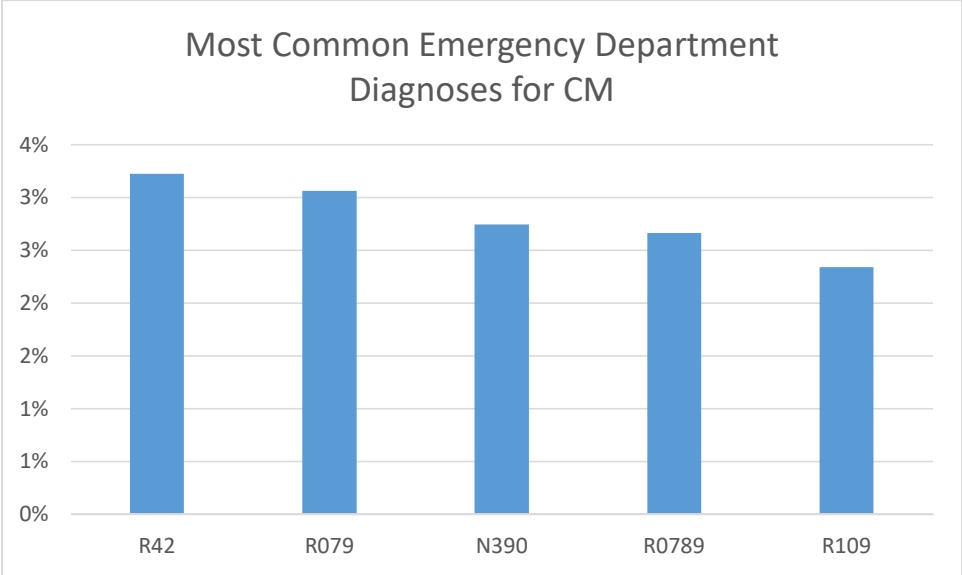
Diagnosis Code	Description
R42	DIZZINESS & GIDDINESS
R079	CHEST PAIN, UNSP
N390	URINARY TRACT INFECT, SITE NOT SPEC
R0789	OTH CHEST PAIN
R109	UNSP ABD PAIN

Most Common Emergency Department Diagnoses for High Risk Members in CM
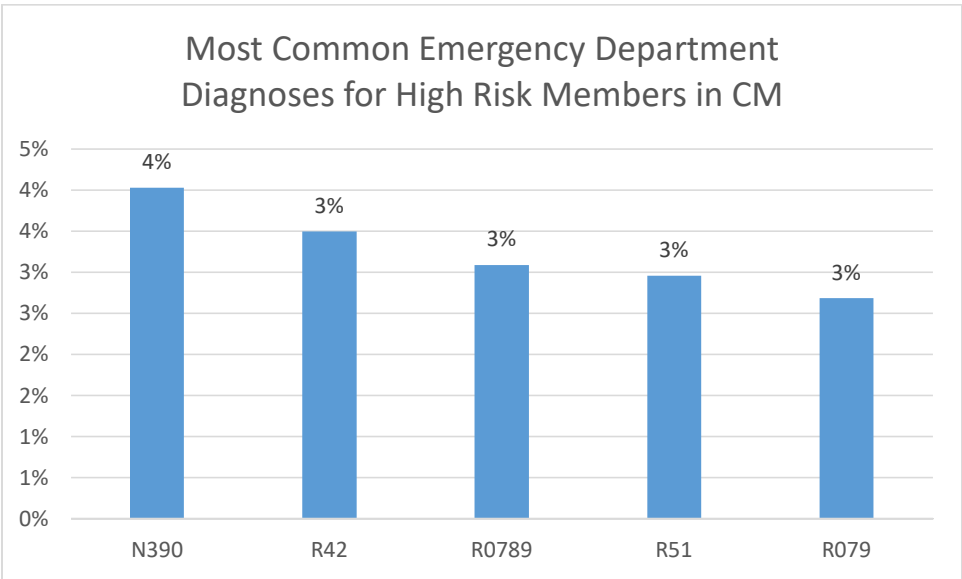
Diagnosis Code	Description

N390	URINARY TRACT INFECT, SITE NOT SPEC
R42	DIZZINESS & GIDDINESS
R0789	OTH CHEST PAIN
R51	HEADACHE
R079	CHEST PAIN, UNSP

REFERENCE

1. **Christ, Amber and Burke, Georgia.** *A Primer on Dual-Eligible Californians: How People Enrolled in Both Medicare and Medi-Cal Receive Their Care.* The California Health Care Foundation. 2020.

2. *Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016.* **Singh, Gopal K.** 2017, International Journal of MCH and AIDS.

3. **Healthy People.** *Social Determinants of Health | Healthy People 2020.* 2020.

4. **Mosier, Susan and Clayton, Paula.** *Economic Instatbility A Social Determinant of Health.* 2015.

5. **Taylor, Lauren.** *Housing and Health: An Overview of the Literature.* 2018.

6. **Santa Clara County.** *Santa Clara County Community Plan to End Homelessness (2020-2025).* 2020.

7. **Sourcewise.** *2020-2024 to Area Planning on Aging.* 2020.

8. **Shankar, Janki.** *Education as a Social Determinant of Health: Issues Facing Indigenous and Visble Minority Students in Postsecondary Education in Western Canada.* 2013. pp. 3908-3929.

9. **Santa Clara County Public Health.** *Older Adult Transportation and Traffic Safety Report 2018.* 2018.

10. **Spare the Air.** *Particulate Matter Historical Data.* 2021.

11. **Valley Water.** *Water Quality Reports | Santa Clara Valley Water.* 2021.

12. **Santa Clara County Public Health.** Santa Clara County COVID-19 Dashboard. [Online] January 2021. Data Source: California Reportable Disease Information Exchange. https://www.sccgov.org/sites/covid19/Pages/dashboard-cases.aspx.

13. **The Scan Foundation.** *2017 Findings from the Cal MediConnect Rapid Polling Project.* 2017.

Adopted Clinical and Preventative Guidelines

Santa Clara Family Health Plan uses clinical practice guidelines to help providers make decisions about appropriate care for specific clinical circumstances. These clinical practice guidelines are also used in related programs such as disease and population management.

Practice guidelines are developed from scientific evidence or a consensus of health care professionals in the particular field.

Practice guidelines are reviewed and updated at least every two years and more frequently when updates are released by the issuing entity. Santa Clara Family Health Plan monitors compliance and member outcomes related these clinical guidelines for quality improvement initiatives.

These clinical practice guidelines are intended to assist providers in clinical decision-making, and attempt to define clinical practices that apply to most patients in most circumstances.

The guidelines are not intended to replace clinical judgment but are provided to assist our practitioners with making decisions about a range of clinical conditions. The treating practitioner should make the ultimate decision in determining the appropriate treatment for each patient.

Preventative Guidelines

Clinical Practice Guidelines

Anemia
American Academy of Family Physicians (AAFP)

Antithrombotic Guidelines
American College of Chest Physicians

Asthma Clinical Guidelines
National Institute of Health Guideline on Asthma

Chronic Kidney Disease
National Kidney Foundation

Diabetes Clinical Guidelines
American Diabetes Association Guideline

Glaucoma
U.S. Preventative Services Task Force

Hyperlipidemia Guidelines
American College of Cardiology/American Heart Association

Updated 2/1/21

Hypertension Clinical Guidelines
American Academy of Family Physicians (AAFP)

Osteoporosis
American Academy of Family Physicians (AAFP)

Rheumatoid Arthritis Osteoarthritis
American College of Rheumatology

Acquired Hypothyroidism
American Thyroid Association (ATA)

Behavioral Health Guidelines

Adult Depression Clinical Guidelines
Institute for Clinical Systems Improvement

Children and Adolescents with ADHD Guidelines
American Academy of Pediatrics Guideline

Children and Adolescents with Depressive Disorder Clinical Guidelines
American Academy of Child and Adolescent Psychiatry Guideline

Adverse Childhood Experiences (ACES) Screening
ACES Aware

Lead Screening
Childhood Lead Poisoning Prevention Branch – Guidance for Health Care Providers

California Department of Health Care Services Blood Lead Test and Anticipatory Guidance

Preventative Care Guidelines
Adult (22-64 year) Preventative Guidelines

U.S. Preventive Health Services Task Force

CDC Immunization Guideline

Child and Adolescent (0 month to 21 years) Preventative Guidelines

U.S. Preventive Health Services Task Force

CDC Immunization Guideline

CDC Developmental Milestones

Prenatal Preventative Guidelines

ACOG Guidelines

40068

Seniors (65+ years) Preventive Guidelines

CDC's Advisory Committee of Immunization Practices

U.S. Preventive Health Services Task Force

Treating Tobacco Use and Dependence Guidelines

Agency for Healthcare Research and Quality

POLICY

Policy Title:	**Nurse Advice Line**	Policy No.:	QI.29 V2
Replaces Policy Title (if applicable):	Nurse Advice Line	**Replaces Policy No. (if applicable):**	HS.13
Issuing Department:	Health Services – Care Management	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe Santa Clara Family Health Plan's (SCFHP) Nurse Advice Line services.

II. Policy

SCFHP's Nurse Advice Line is available 24 hours a day, seven days a week with immediate telephonic access to a California-licensed Registered Nurse to assist with a multitude of varying member health care needs. Members have access to support for a broad range of health-related questions, including acute and chronic disease triage, education or prevention. Members are advised regarding accessing care and the most appropriate level of care, based on their inquiries. Follow-up with members is arranged as needed. Nurse Advice Line services include the use of TDD equipment to handle the needs for deaf/hard of hearing individuals, and also Language Line Interpretation services for member languages other than English.

Nurse Advice Line summary reports are monitored and reported to the Quality Improvement Committee (QIC) on a quarterly basis.

III. Responsibilities

Multiple departments at SCFHP maintain responsibilities related to the Nurse Advice Line. Health Services and Customer Service provides member follow-up as appropriate. Marketing maintains information regarding the Nurse Advice Line on the SCFHP website. Case Management and Delegation Oversight tracks and monitors the Nurse Advice Line for trends, performance and member satisfaction.

IV. References

NCQA 2021
3-way Contract between CMS, DHCS and SCFHP

V. Approval/Revision History

First Level Approval	Second Level Approval
Raman Singh Director, Case Management	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Utilization Management	Approve; 7/19/2017	
v1	Reviewed	Utilization Management	Approve; 1/17/2018	
v1	Reviewed	Utilization Management	Approve; 1/16/2019	
v2	Revised	Quality Improvement		

Policy Title:	Potential Quality of Care Issue (PQI)	Policy No.:	QI.05
Replaces Policy Title (if applicable):	Potential Quality of Care Issues	Replaces Policy No. (if applicable):	QM002_02
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I.   Purpose

To define Santa Clara Family Health Plan's (SCFHP) policy to identify, address, and respond to Potential Quality of Care Issues (PQI).

II.   Policy

Santa Clara Family Health Plan (SCFHP) monitors, evaluates, and takes actions to support the quality of care and services delivered to members. The plan identifies and addresses PQI's in order to address potential safety concerns and improve member outcomes.

Potential Quality of Care issues are considered for all providers and provider types such as individual practitioners, medical groups and facilities. All service types, such as preventive care, primary care, specialty care, emergency care, transportation and ancillary services are considered and subject to disciplinary action. Availability of care, including case management for the Seniors and Persons with Disabilities (SPD) population, continuity of care, and coordination of care are also considered. The Plan monitors and analyzes data to determine if services meet professionally recognized standards of practice. Any grievance or PQI referral that involves quality of care or potential adverse outcome to a member is referred to a Medical Director.

III.   Responsibilities

PQIs may initially be identified by providers, members, and multiple departments within the plan: Health Services, Customer Service, Appeals and Grievances, Credentialing, Provider Services, Compliance, IT, QI, or Claims. All areas are responsible for reporting PQIs to the QI department.

IV.   References

California Code and Regulations:
1. 28 CCR 1300.68(a)(e)
2. 28 CCR 1300.70(b)(2)(1)(2)
3. 28 CCR 1300.70(a)(1)
4. 28 CCR 1300.70(b)(2)(C) through (E)

California Health and Safety Code section 1367.1

V. Approval/Revision History

First Level Approval			Second Level Approval	
(signature)			*(signature)*	
Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, D.O.	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
Title			Title	
02/12/2020			02/12/2020	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve 5/10/2016	
V1	Reviewed	Quality Improvement	Approve 5/10/2017	
V1	Reviewed	Quality Improvement	Approve 6/6/2018	
V1	Reviewed	Quality Improvement	Approve 2/13/2019	
V2	Revised	Quality Improvement	Approve 2/12/2020	
V2	Review	Quality Improvement		

POLICY

Policy Title:	Potential Quality of Care Issue (PQI)	Policy No.:	QI.05 V2
Replaces Policy Title (if applicable):	Potential Quality of Care Issues	Replaces Policy No. (if applicable):	QM002_02
Issuing Department:	Quality & Process Improvement	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I.   Purpose

To define Santa Clara Family Health Plan's (SCFHP) policy to identify, address and respond to Potential Quality of Care Issues (PQI).

II.   Policy

SCFHP monitors, evaluates, and takes action to support the quality of care and services delivered to members. The Plan identifies and addresses PQI's in order to address potential safety concerns and improve member outcomes.

PQIs are considered for all providers and provider types such as individual practitioners, groups and facilities. All service types, such as preventive care, primary care, specialty care, emergency care, transportation and ancillary services are considered and are subject to disciplinary action. Availability of care, including case management for the SPD population, continuity of care and coordination of care are also considered. The Plan monitors and analyzes data to determine if services meet professionally recognized standards of practice. A Medical Director or Chief Medical Officer reviews all the PQIs and makes the final decision.

III.   Responsibilities

PQIs may initially be identified by multiple departments within the Plan: Health Services, Customer Service, Appeals and Grievances, Credentialing, Provider Services, Compliance, IT, QI, or Claims. All areas are responsible for reporting PQIs to the QI department.

IV.   References

California Code and Regulations:
1. 28 CCR 1300.68(a)(e)
2. 28 CCR 1300.70(b)(2)(I)(2)
3. 28 CCR 1300.70(a)(1)
4. 28 CCR 1300.70(b)(2)(C) through (E)

California Health and Safety Code section 1367.1

NCQA Health Plan Accreditation (HPA) Standards 2021, Credentialing (CR) 5, Element A

V. Approval/Revision History

First Level Approval	Second Level Approval
Raman Singh Director, Case Management	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approved 05/10/16	
V1	Reviewed	Quality Improvement	Approved 05/10/17	
V1	Reviewed	Quality Improvement	Approved 06/06/18	
V1	Reviewed	Quality Improvement	Approved 02/13/19	
V2	Revised	Quality Improvement	Approved 02/12/20	
V2	Review	Quality Improvement		

POLICY

Policy Title:	Physical Access Compliance	Policy No.:	QI.07
Replaces Policy Title (if applicable):	Physical Access Compliance Policy	Replaces Policy No. (if applicable):	QM107
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To define the process Santa Clara Family Health Plan (SCFHP) follows to monitor ADA requirements are assessed and compliance is maintained at practice sites for Primary Care Practices, high volume specialists, Community-Based Adult Services (CBAS), and ancillary practices.

II. Policy

SCFHP conducts a physical accessibility review at every contracted Primary Care Physician (PCP) office, defined high volume specialist, CBAS, and ancillary practice site listed in the Plan's provider directory.

SCFHP drives corrective actions when needed, and monitor the results of the physical assessment review which are made available to SCFHP members following the Department of Healthcare Services (DHCS) requirements.

III. Responsibilities

SCFHP Quality Improvement Department (QI) performs site reviews and reports to the Quality Improvement Committee (QIC). Complaints regarding related office accessibility issues are reported by QI to PR/Credentialing as appropriate. Customer Service/IT reports track/trend provider access complaints.

IV. References

1. Access to Medical Care for Individuals with Mobility Disabilities, July 2010, U.S. Department of Justice, Civil Rights Division, Disability Rights Section
2. DPL14-005 – Facility Site Reviews/Physical Accessibility Reviews
3. APL15-023 – Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers
4. PL 12-006 - Revised Facility Site Review Tool
5. Two questions in the FSR Attachment C were drawn from Title 24, Part 2 of the California Building Standards Code. These are 1133B.4.4 – Striping for the visually impaired (Rev.1-1-2009), and 1115B-1 – Bathing and Toilet Facilities, placement of toilet paper dispensers. These standards can be found in:
6. 2009 California Building Standards Code with California Errata and Amendments
7. State of California, Department of General Services, Division of the State Architect. Updated April 27, 2010
8. DHCS/SCFHP Contract:
   Exhibit A, Attachment 4 - QUALITY IMPROVEMENT SYSTEM
9. Quality Improvement Committee
10. Quality Improvement Annual Report
11. Site Review
12. Exhibit A, Attachment 7 – PROVIDER RELATIONS
13. Provider Training
14. Exhibit A, Attachment 9 – ACCESS AND AVAILABILITY
15. Access for Disabled Members

POLICY

V.   Approval/Revision History

First Level Approval	Second Level Approval
[signature]	*[signature]*
Signature	Signature
Johanna Liu, PharmD	Laurie Nakahira, D.O.
Name	Name
Director, Quality and Process Improvement	Chief Medical Officer
Title	Title
02/12/2020	02/12/2020
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve 11/9/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 02/13/2019	
V1	Reviewed	Quality Improvement	Approve 02/12/2020	
V1	Review	Quality Improvement		

POLICY

Policy Title:	Initial Health Assessments (IHA) and Staying Healthy Assessment (SHA)	Policy No.:	QI.10 V3
Replaces Policy Title (if applicable):	Initial Health Assessments (IHAs) and Behavioral Assessment (HEBA)	Replaces Policy No. (if applicable):	HE004_05
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I.   Purpose
1. To describe the required completion of the Initial Health Assessments (IHAs) and the Staying Healthy Assessments (SHA).
2. To define the process that Santa Clara Family Health Plan (SCFHP) will oversee to the completion of the IHAs and SHAs.

II.   Policy
1. It is the policy of SCFHP to support the contracted network in the use and administration of the SHA to all Medi-Cal members as part of the IHA and to periodically re-administer the SHA according to the contract requirements in a timely manner.
2. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) contractual requirements for an IHA and a SHA to be performed within 120 days of a member's enrollment in SCFHP and that the subsequent SHA is re-administered as appropriate age intervals.

III.   Responsibilities
The Quality Improvement Department is responsible for monitoring compliance of the policy and to collaborate with the Health Education and Provider Services department to train/educate providers on IHA and SHA requirements.

IV.   References
MMCD Policy Letter 13-001, DHCS Contract Exhibit A Attachment 10, Provisions 3, 4, 5 A and B, and 6. MMCD Policy Letter 08-003: Initial Comprehensive Health Assessment
Staying Healthy Assessment Questionnaires and Counseling and Resource Guide
American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care
Web site for SHA Questionnaires and Resources:
http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

V.   Approval/Revision History

First Level Approval			Second Level Approval	
[signature]			*[signature]*	
Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, D.O.	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
Title			Title	
02/12/2020			02/12/2020	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approved 08/10/2016	
V1	Reviewed	Quality Improvement	Approved 05/10/2017	
V2	Revised	Quality Improvement	Approved 06/06/2018	
V2	Reviewed	Quality Improvement	Approved 02/13/2019	
V2	Reviewed	Quality Improvement	Approved 02/12/2020	
V3	Revised	Quality Improvement		

POLICY

Policy Title:	**Comprehensive Case Management**	Policy No.:	QI.13 V2
Replaces Policy Title (if applicable):	Case Management	Replaces Policy No. (if applicable):	CM030_05
Issuing Department:	Health Services	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To promote access to appropriate, coordinated services with the intent that members with case management needs may achieve optimal health and functionality.

II. Policy

A. The comprehensive case management program is established to provide case management processes and procedures that helps members with multiple or complex conditions to obtain access to care and services, and the coordination of appropriate care and resources. The structure of comprehensive case management is organized to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

B. To define the fundamental components of SCFHP case management services which when appropriate for any given member, include:

- Initial assessment of members' health status, including condition specific issues
- Documentation of clinical history, including medications
- Initial assessment of the activities of daily living
- Initial assessment of behavioral health status, including cognitive functions
- Initial assessment of social determinants of health
- Initial assessment of life-planning activities
- Evaluation of cultural and linguistic needs, preferences or limitations
- Evaluation of visual and hearing need, preferences or limitations
- Evaluation of caregiver resources and involvement
- Evaluation of available benefits
- Evaluation of community resources
- Provider engagement

C. Referrals to SCFHP's case management team are accepted from members or their caregivers, practitioner's or other external providers, hospital discharge planners, SCFHP internal staff (including customer service and utilization management) and/or community partners. All referrals will initially be assessed by case management staff for the appropriate level of case management support needed to coordinate care and services for medical, behavioral health and other non-medical risk factors.

POLICY

Successful completion of an initial assessment will determine member's placement in the most appropriate Population Health case management Tier for ongoing support.

D. A Case Management referral form is available on SCFHP's public website and all completed forms and supporting documentation may be submitted directly to the Case Management department via mail delivery or by secure email to: CaseManagementHelpDesk@scfhp.com. Case Management referrals may also be requested verbally through telephonic interaction by calling SCFHP's Customer Service department at 1-877-723-4795 (Medicare members) of 1-800-260-2055 (Medi-Cal members) and requesting case management support. Members can also call the Case Management Department directly at 1-877-590-8999. All Case Management referrals will receive an initial review within 72 business hours of receipt.

E. SCFHP's 2021 PHM Strategy description defines the process of how SCFHP coordinates services for the highest risk members with complex conditions and helps them access needed resources through intensive and comprehensive interactions.

III.   Responsibilities

Health Services collaborates with other SCFHP departments (IT, claims, benefits, provider services) as well as providers and community services to identify, coordinate services, coordinate benefits and provide members with comprehensive case management.

IV.   References
3 Way Contract. (2019). *Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.*
Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA.
NCQA Health Plan Accreditation Guidelines 2021 - Population Health (PHM) Element 5
DPL 17-001 and DPL 17-002

V.   Approval/Revision History

First Level Approval	Second Level Approval
Raman Singh Director, Case Management	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

V1	Original	Quality Improvement	Approved 08/05/16	
V1	Reviewed	Quality Improvement	Approved 08/19/17	
V1	Reviewed	Quality Improvement	Approved 06/06/18	
V1	Reviewed	Quality Improvement	Approved 06/12/19	
V2	Revised 07/22/19	Quality Improvement	Approved 08/14/19	
V2	Reviewed	Quality Improvement	Approved 06/10/20	
V2	Review	Quality Improvement		

Quality Improvement Committee

Q4 2020 Grievance & Appeals Data

February 9, 2021

Total Grievance & Appeal Cases Received (All LOB)

Santa Clara Family Health Plan

Total Cases

1783 — Q4_2019 Total
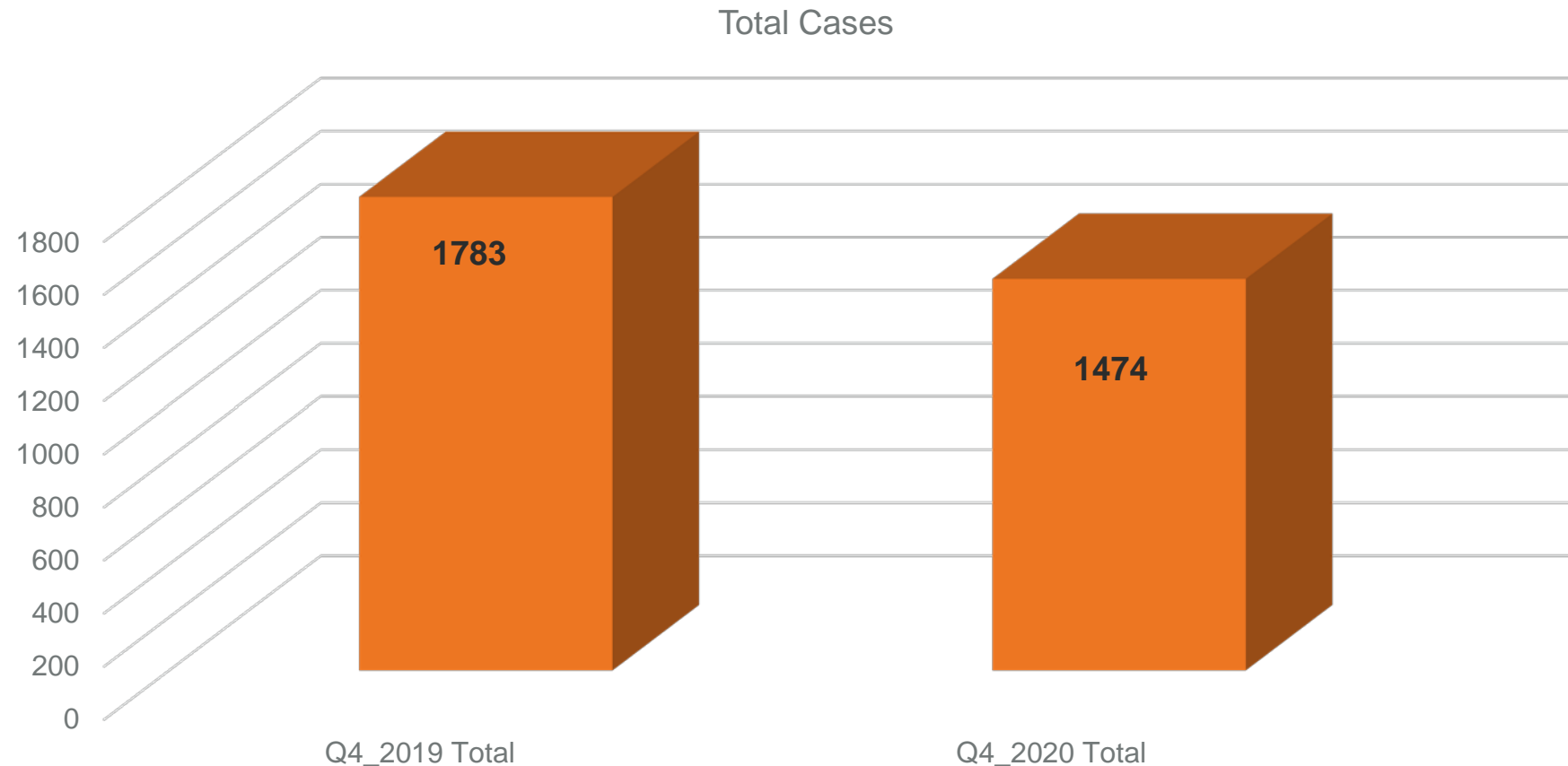
1474 — Q4_2020 Total

Q4 2019 Total Grievance & Appeal Cases Received(All LOB)
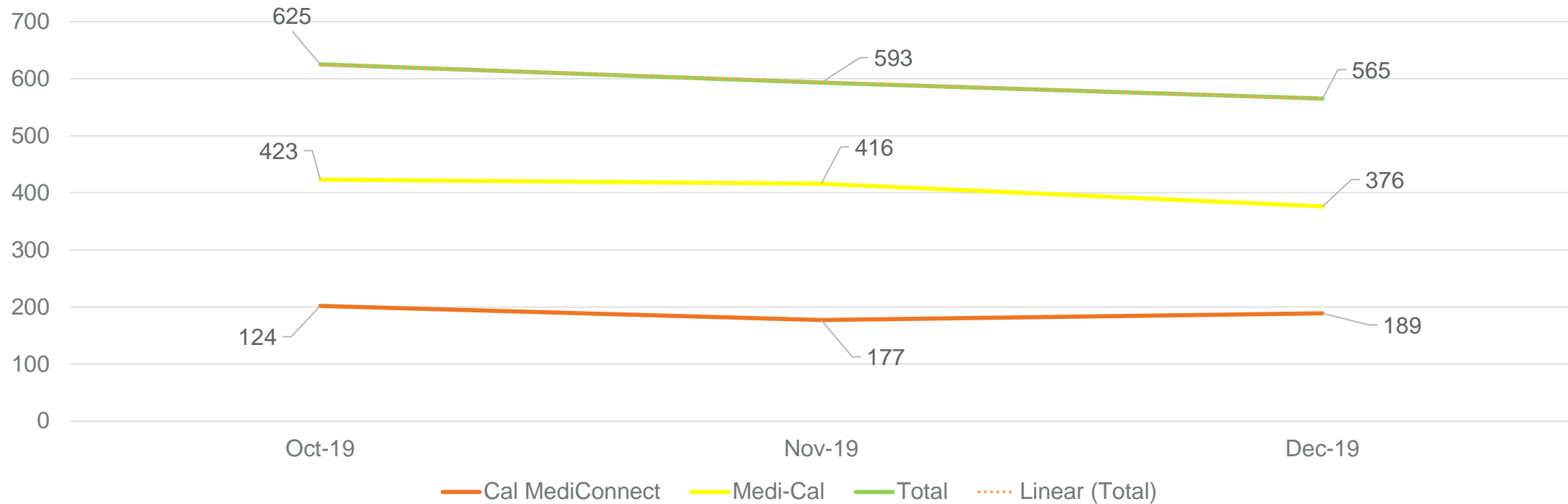
Q4 2020 Total Grievance & Appeal Cases Received(All LOB)
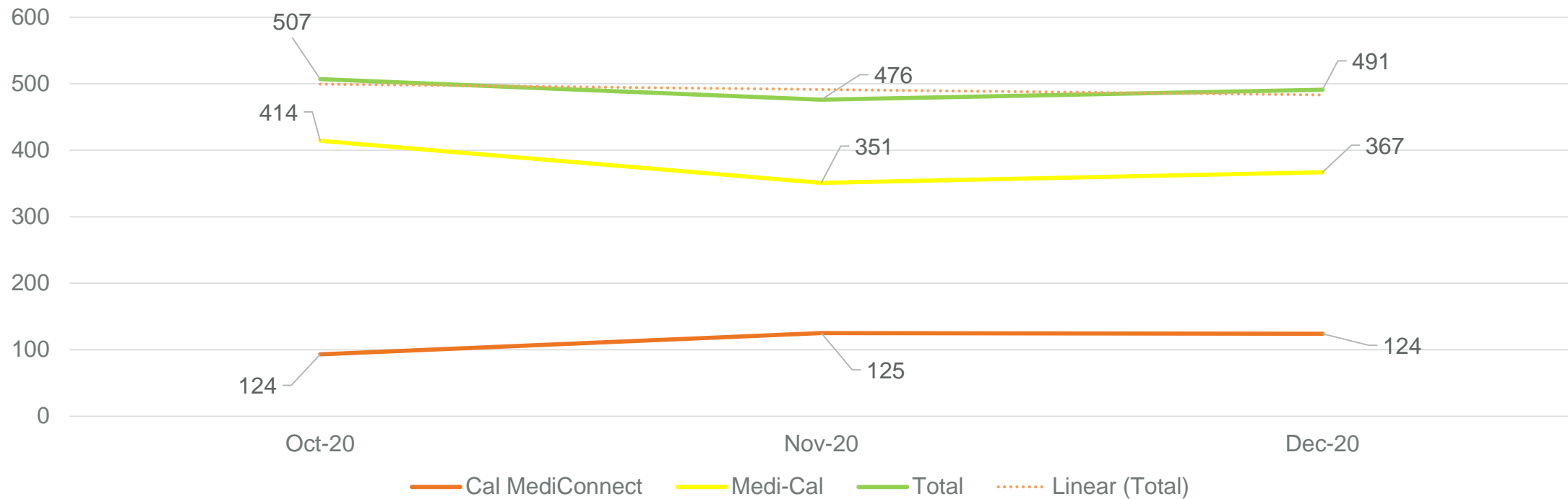
Q4 2020 Total Grievances
(*Rate per 1000 Members*)

Santa Clara Family
Health Plan™

		Oct-20	Nov-20	Dec-20
Total CMC Grievances		**18**	**30**	**3**
CMC Total Membership		**9,570**	**9,679**	**9,820**
Rate per 1,000		2	3	0
Total MC Grievances		274	257	253
MC Total Membership		**256,490**	**259,202**	**261,287**
Rate per 1,000		1.07	0.99	0.97

Medi-Cal

Q4 2020

Q4 2020:Top 3 Medi-Cal Grievance Subcategories
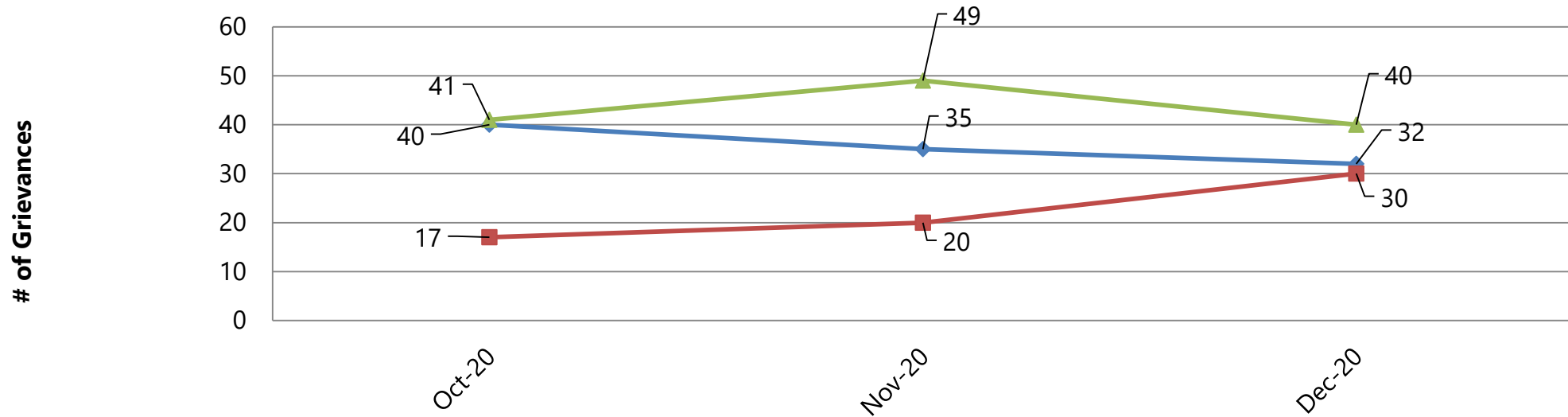
	Oct-20	Nov-20	Dec-20
QOC- Inappropriate Provider Care	40	35	32
Access-Provider Telephone Access	17	20	30
QOS-Inappropriate Billing	41	49	40

Q4 2020 MC Grievances by Network

Grievances by Network

Series1	Independent Phys.	PAMF	Premiere Care	PMG	VHP
	160	6	33	37	141
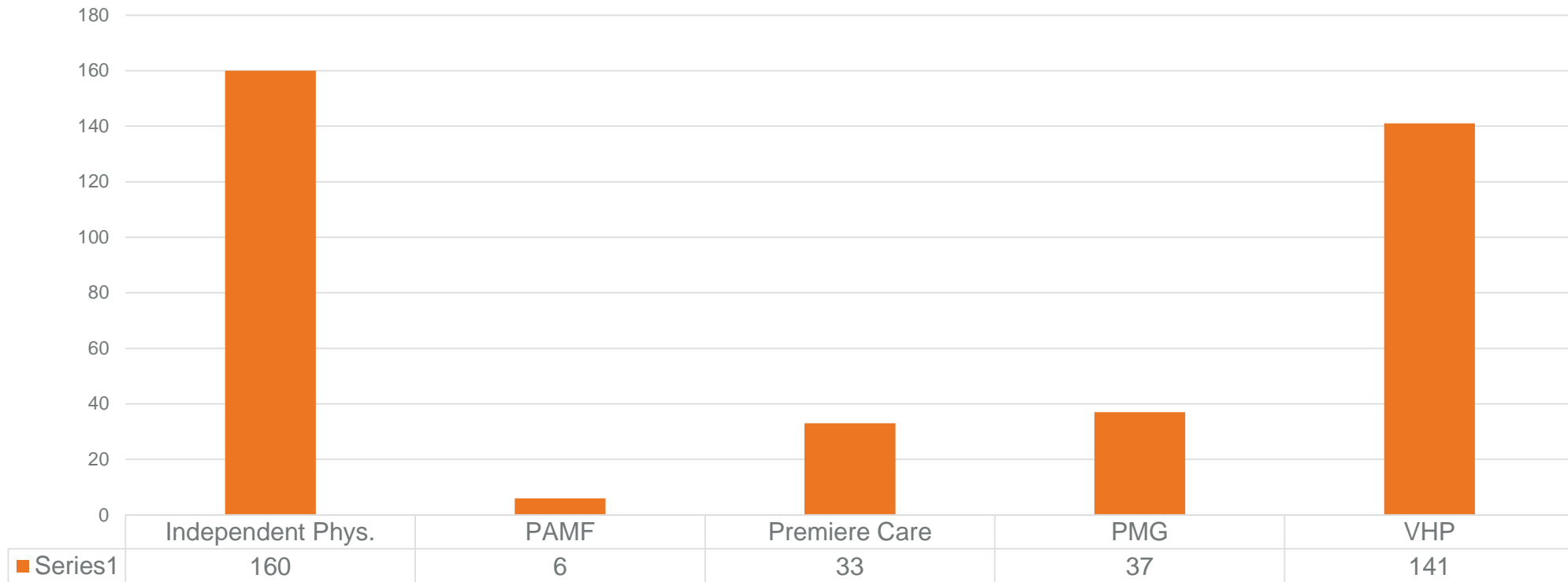
Q4 2020 MC Grievances by Network
(*Rate per 1000 Members*)

Network	Oct-20	Nov-20	Dec-20	Total Grievance Q4 by Network	Rate per 1,000
INDEPENDENT PHYSICIANS	16,627	16,829	16,938	160	9.45
MEDICARE PRIMARY	15,742	15,830	16,002	34	2.12
PALO ALTO MEDICAL FOUNDATION	6,935	6,985	7,010	6	0.86
PHYSICIANS MEDICAL GROUP	44,223	44,560	44,861	37	0.82
PREMIER CARE	15,473	15,593	15,646	33	2.11
VHP NETWORK	128,622	130,068	131,124	141	1.08

Q4 2020 MC Inappropriate Provider Care PQI Issues Flag
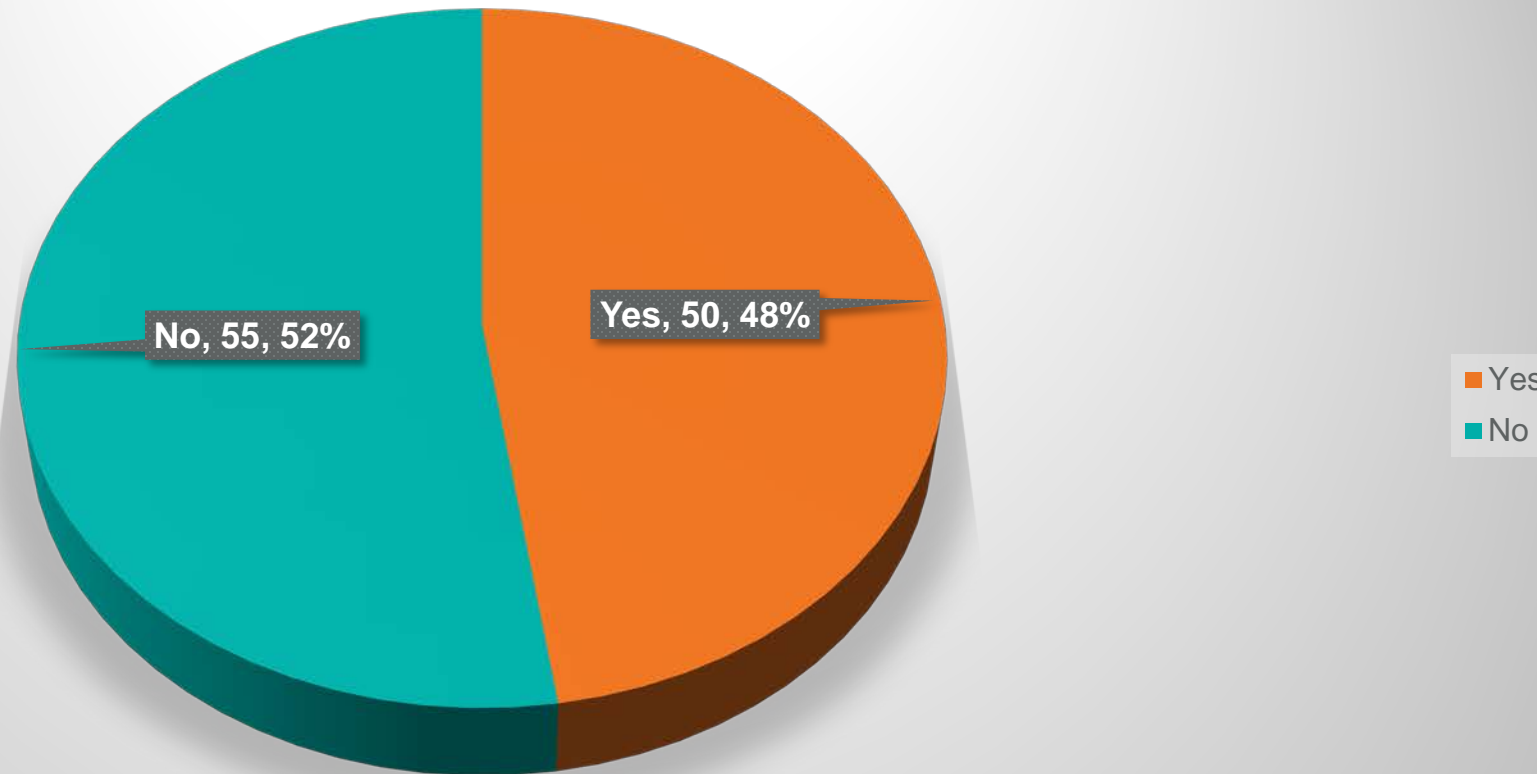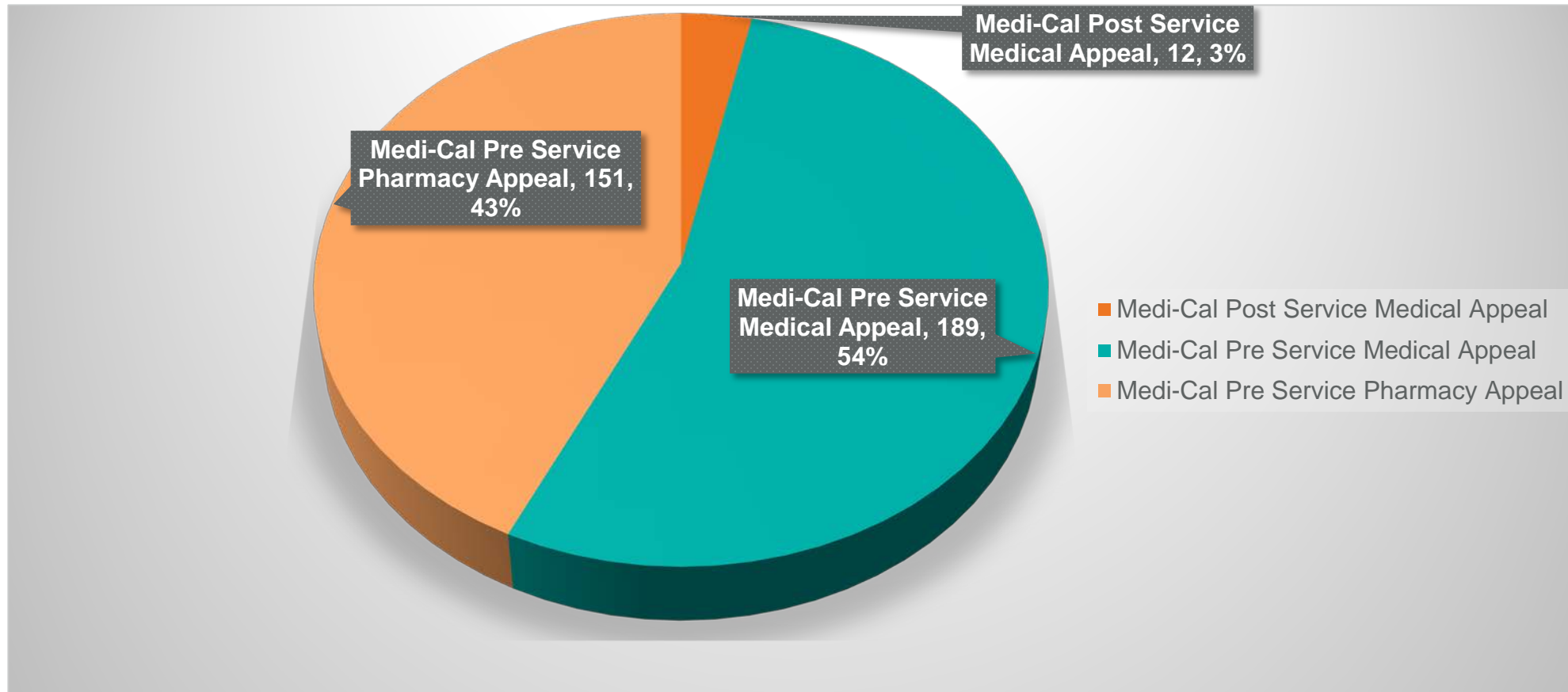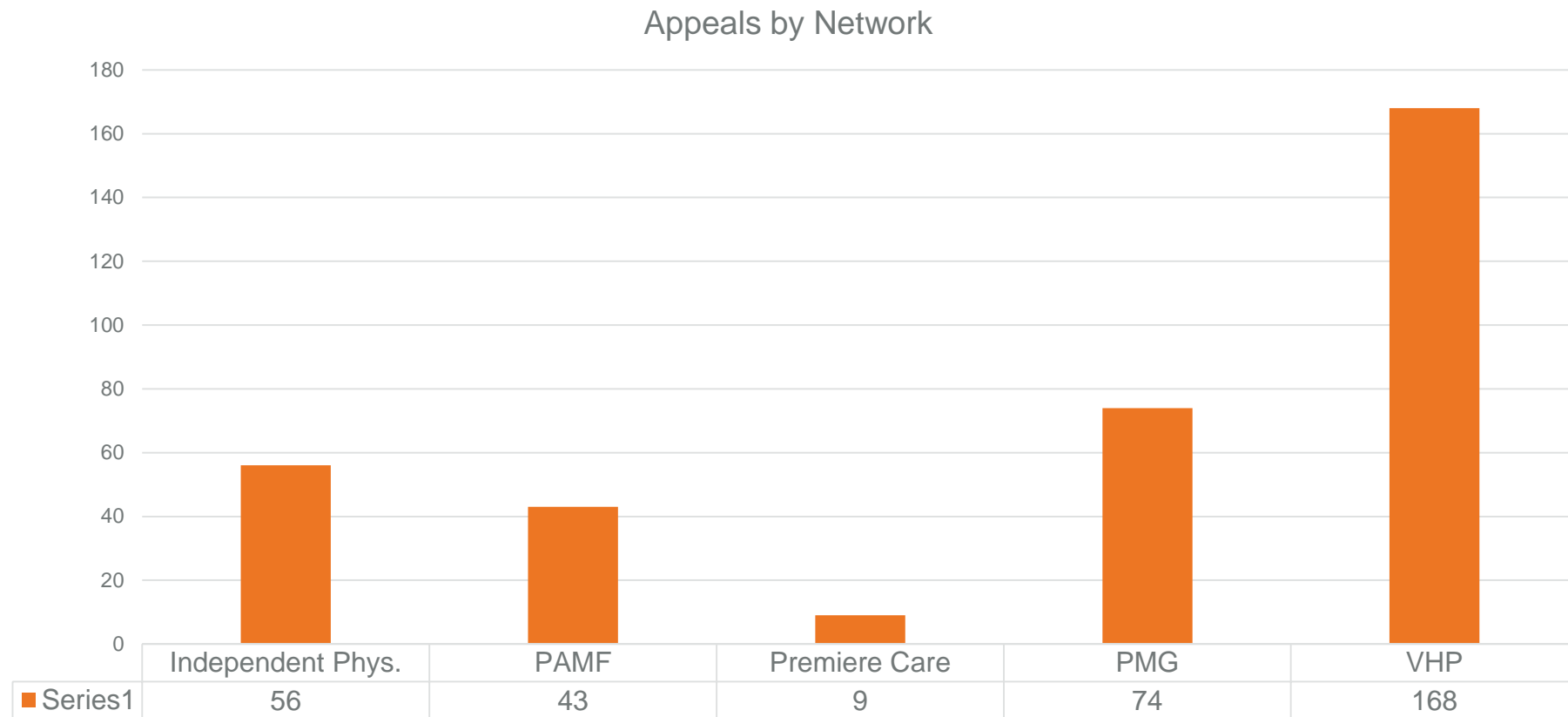
Q4 2020 MC Appeals by Disposition
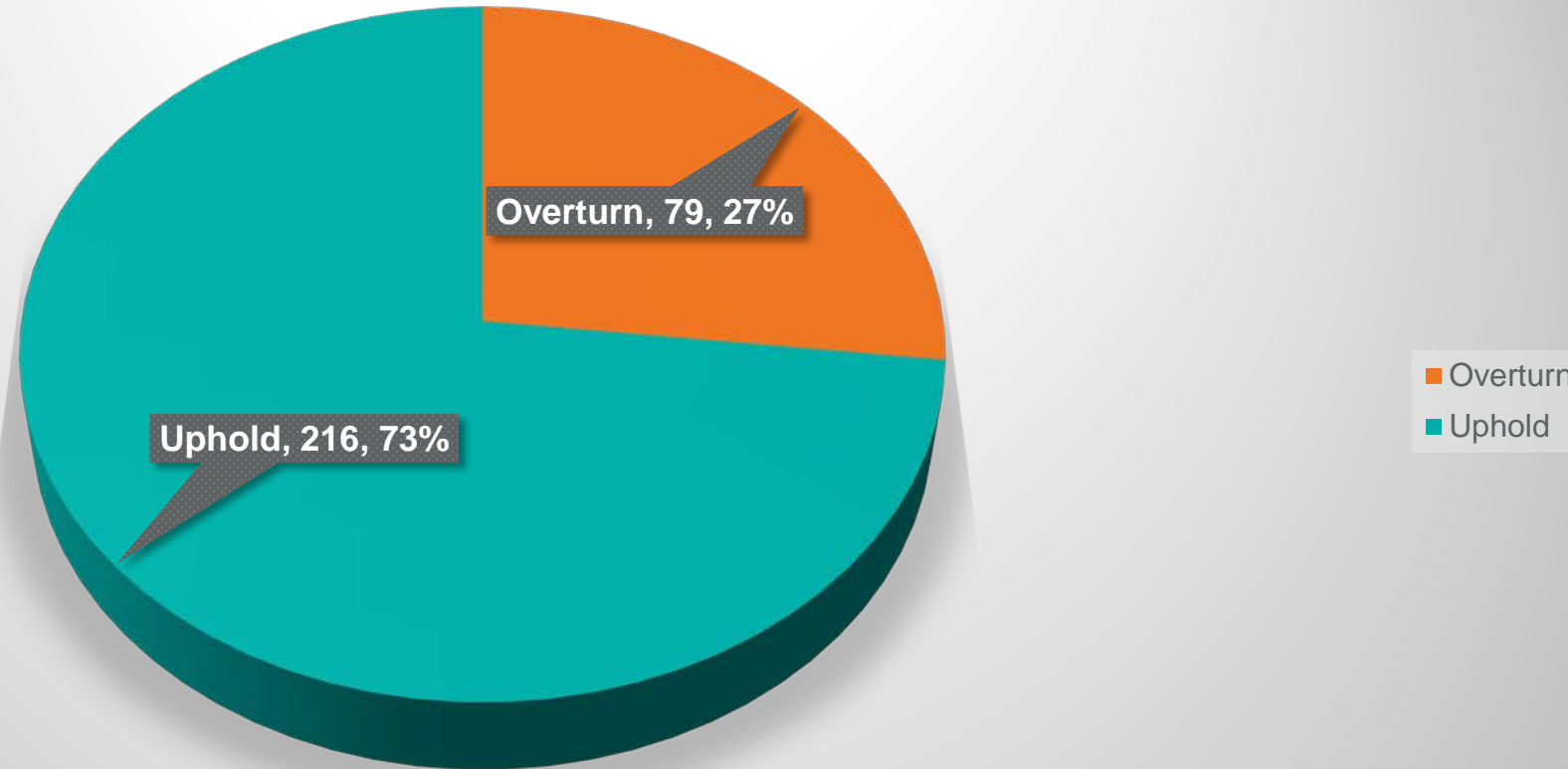
Q4 2020 MC Appeals: Overturn Rationale
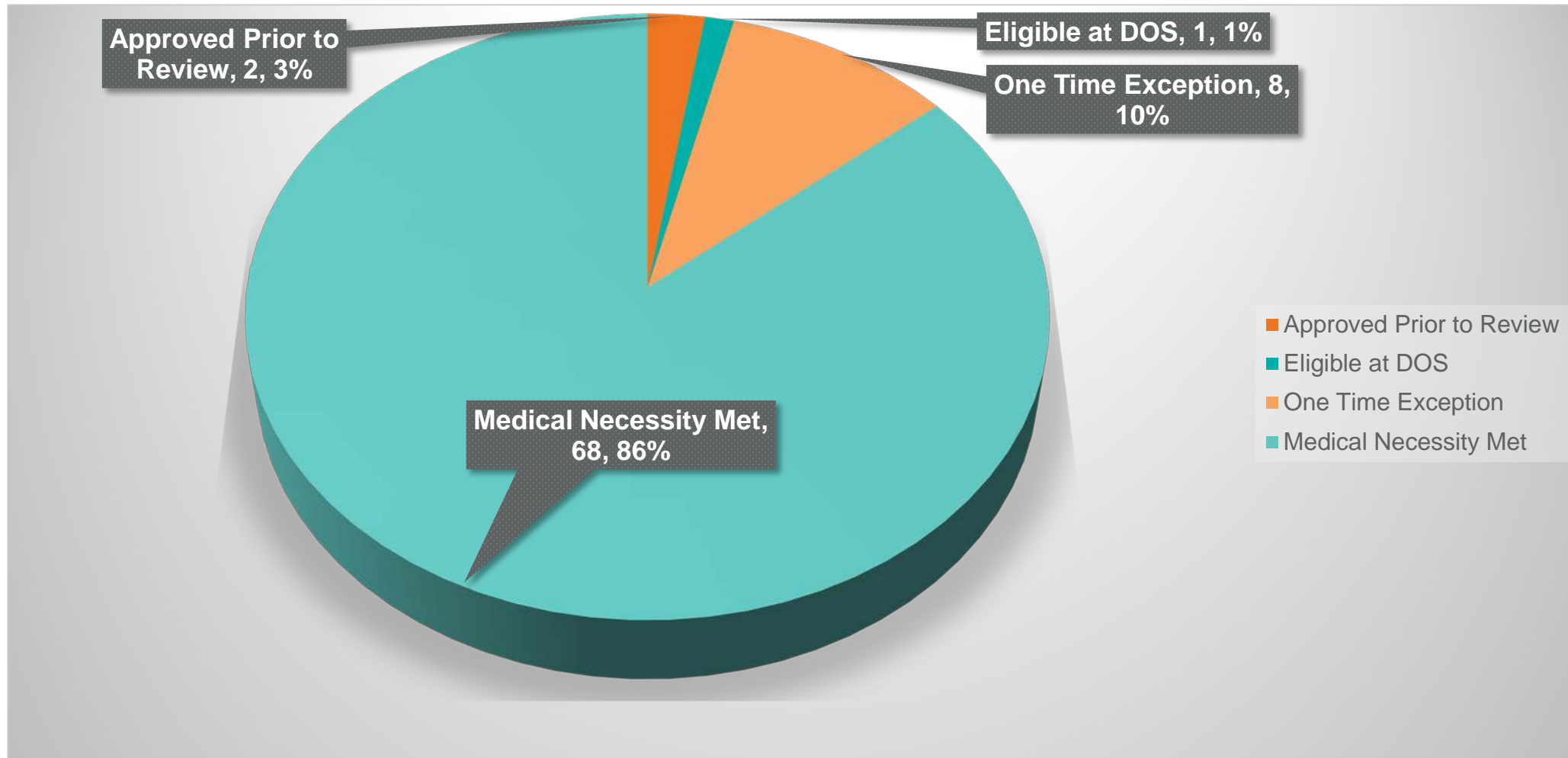
Q4 2020 MC Appeals: Upheld Rationale

Member not Eligible, 2, 1%

Other Health Coverage,

Non Covered Benefit, 37, 17%

Criteria Not Met, 72, 32%

Lack of Medical Necessity, 22, 10%

Appropriate Care In Network, 78, 35%

Cal MediConnect

Q4 2020

Q4 2020:Top 3 Cal MediConnect Grievance Categories

Q4 2020 CMC Balance Billing Grievances by Provider
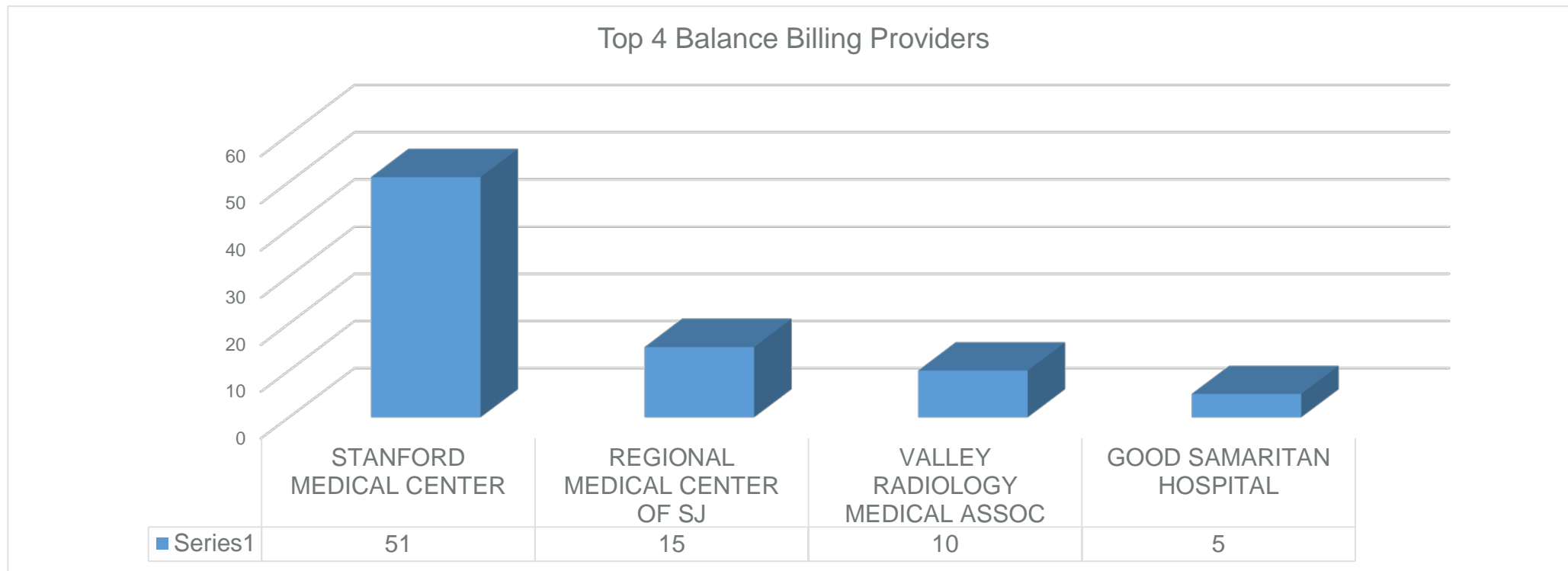
Q4 2020 CMC Inappropriate Provider Care PQI Issues Flag
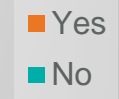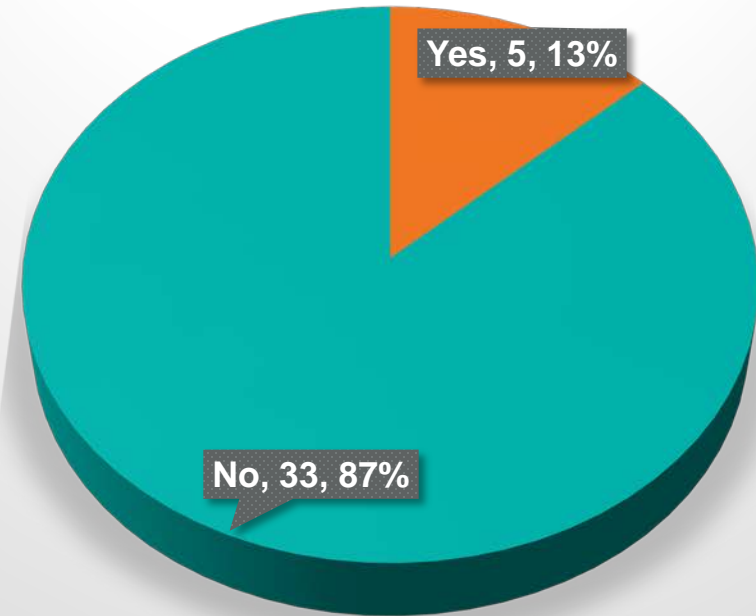
Q4 2020 CMC Appeals by Case Type

Pre-Service Part D, 38, 14%

Pre-Service Part C, 50, 18%

Post-Service Part D, 2, 1%

Post-Service Part C, 188, 67%

- Pre-Service Part C
- Post-Service Part C
- Pre-Service Part D
- Post-Service Part D
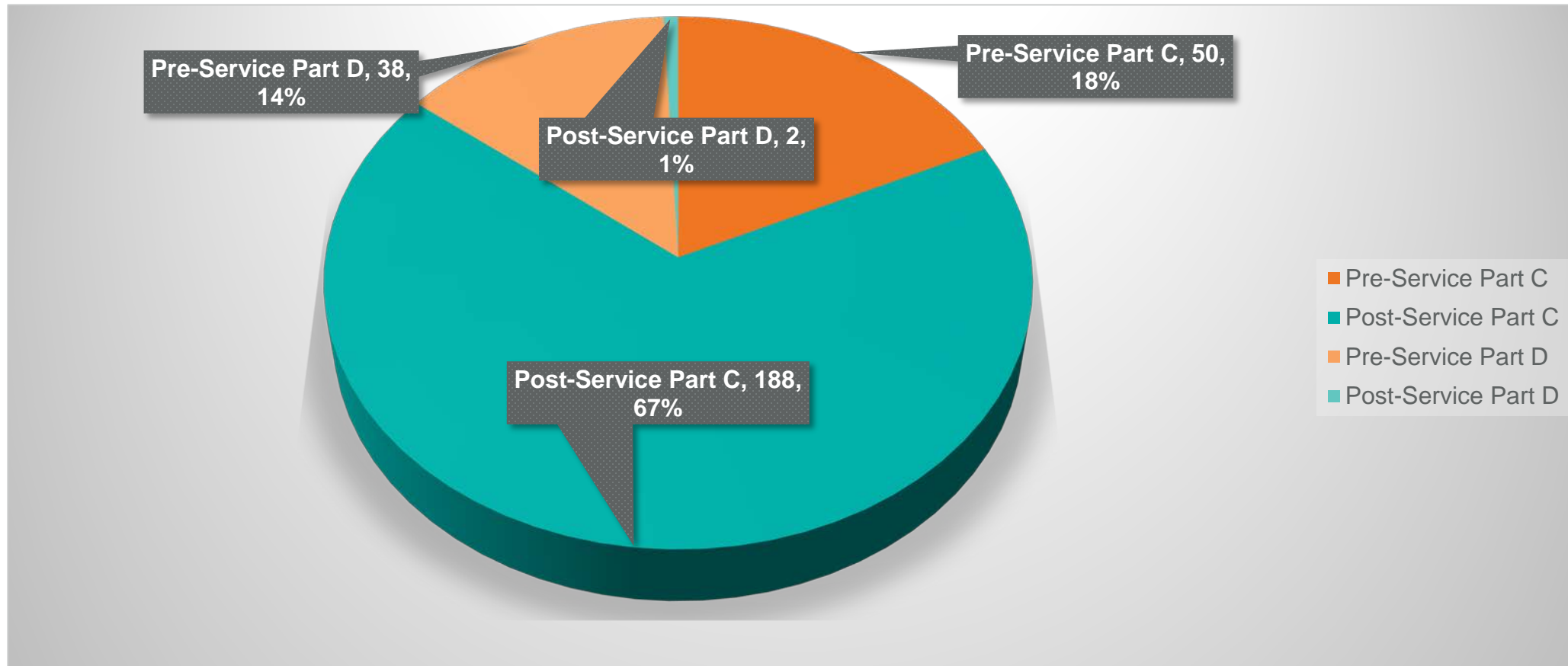
Q4 2020 CMC Appeals by Disposition
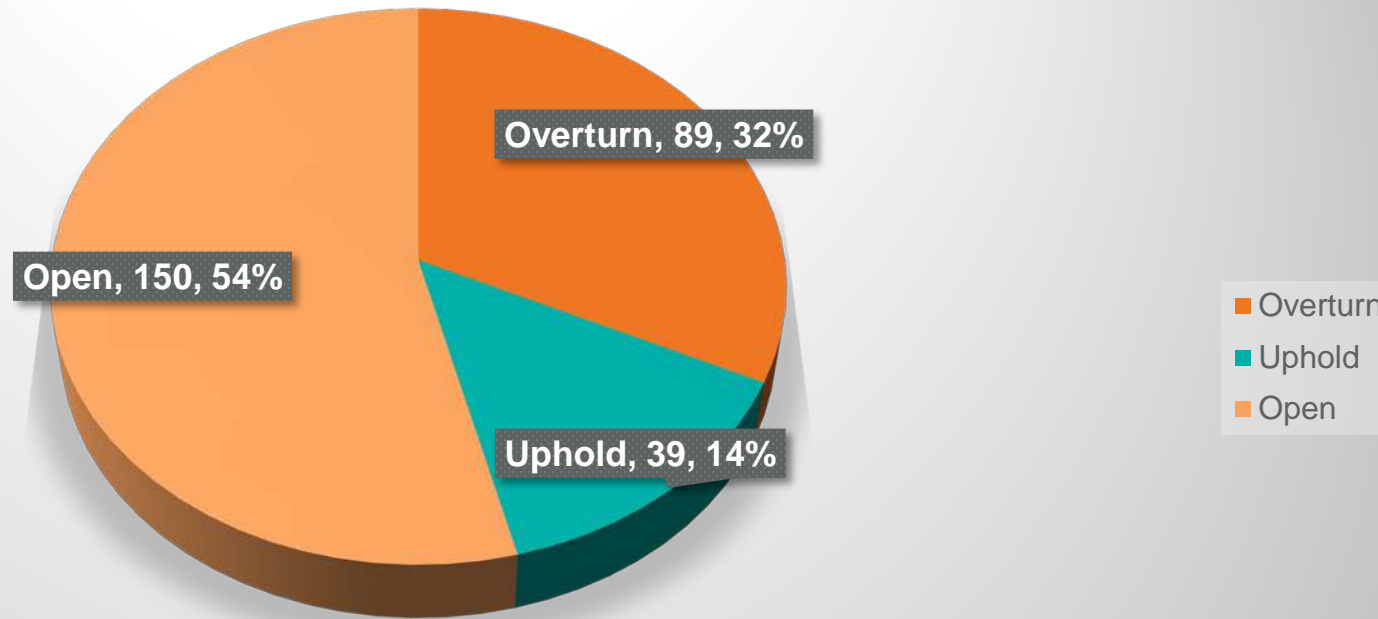
Q4 2020 CMC Appeal: Overturn Rationale
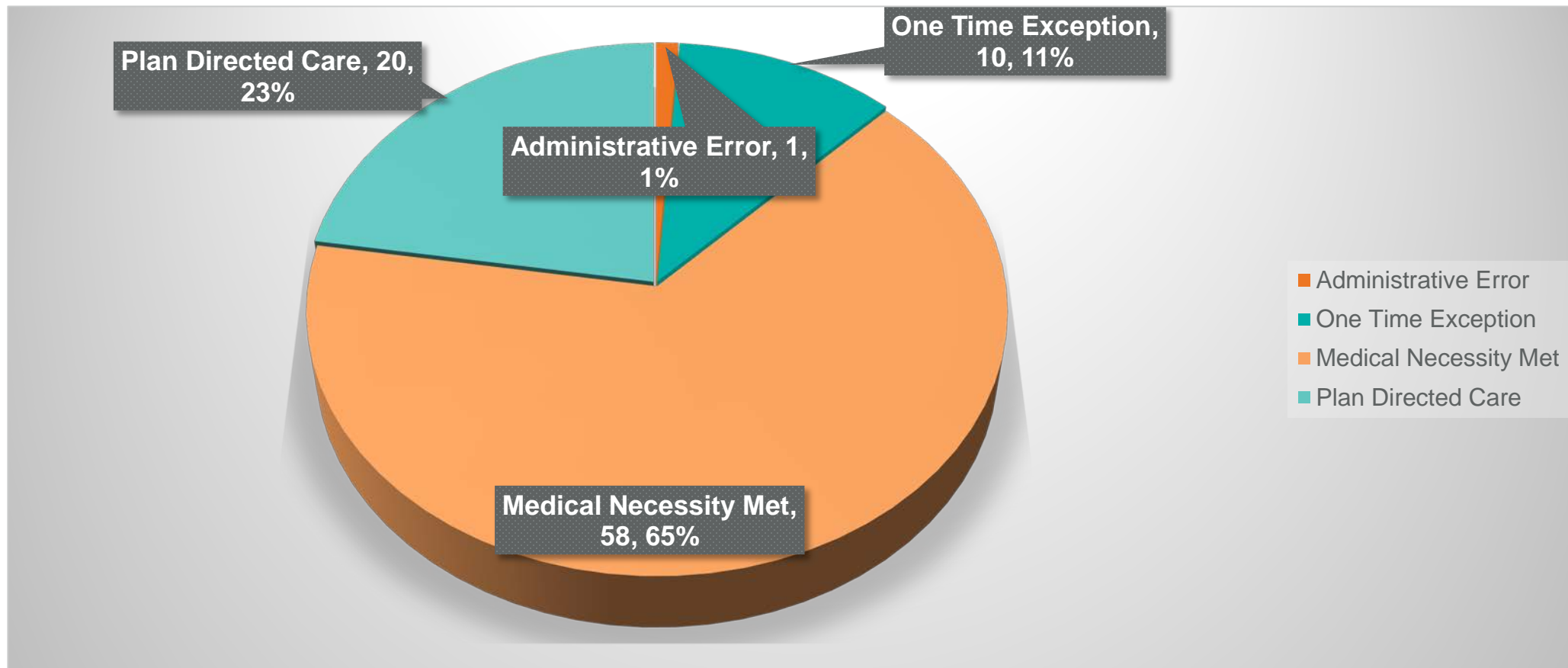
Q4 2020 CMC Appeal: Upheld Rationale
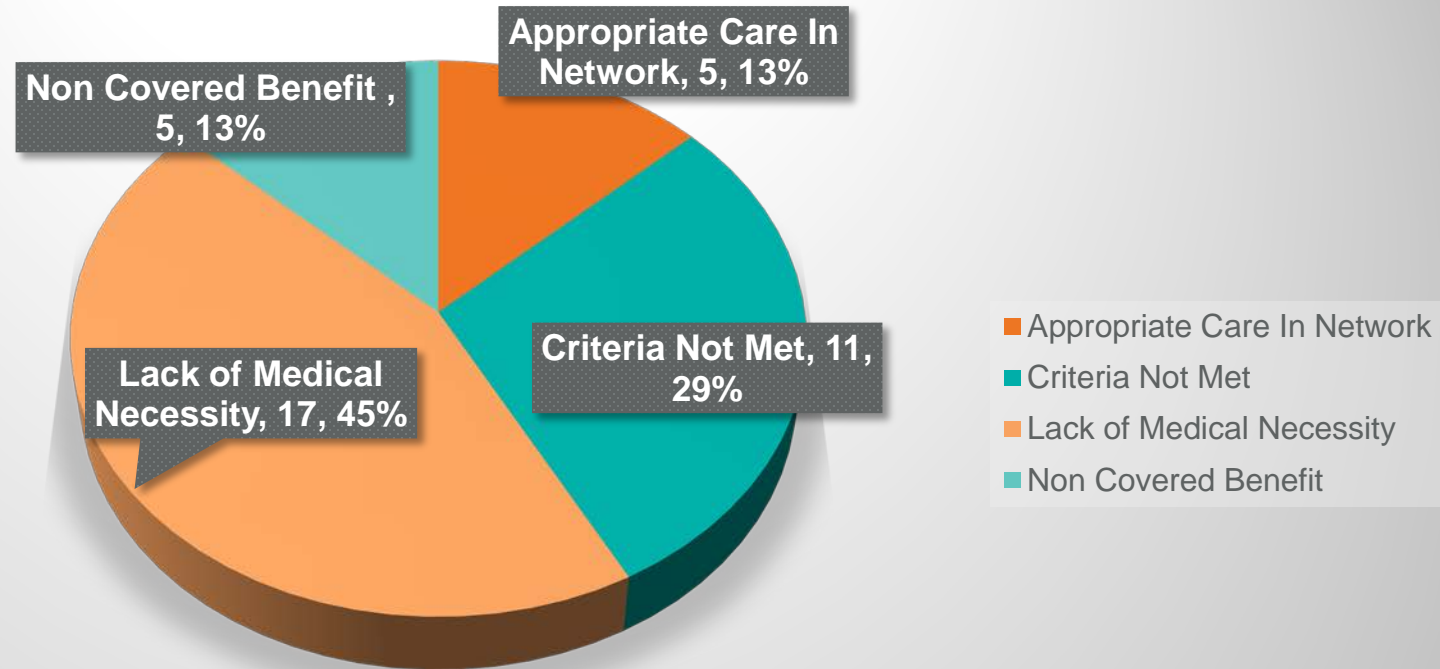
Quality Improvement Committee

February 9, 2021

Regular Meeting of the

Santa Clara County Health Authority

Pharmacy & Therapeutics Committee

Thursday, September 17, 2020, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Approved

Members Present
Ali Alkoraishi, MD
Amara Balakrishnan, MD
Hao Bui, BS, RPh
Xuan Cung, PharmD
Dang Huynh, PharmD, Director of Pharmacy and UM
Jimmy Lin, MD, Chair
Laurie Nakahira, DO, Chief Medical Officer
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD
Narinder Singh, PharmD

Members Absent
Dolly Goel, MD

Staff Present
Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Jayne Giangreco, Manager, Administrative
    Services

Others Present
Amy McCarty, PharmD

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:09 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The 2Q2020 P&T Committee Open meeting minutes were reviewed.

   It was moved, seconded and the open minutes of the June 18, 2020 P&T meeting were **unanimously approved.**

   Motion: Dr. Nguyen
   Second: Dr. Alkoraishi
   Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Cung, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

Absent: Dr. Goel

4. **Standing Agenda Items**

   a. **Chief Medical Officer Health Plan Updates**
   Dr. Nakahira provided an update on the Plan's response to the two state of emergency orders for the wildfires and COVID-19. The Plan continues with outreach calls calls to our vulnerable population, which includes high-risk members and members over the age of 65 with comorbidities. The Plan also worked with Santa Clara County to ensure our vulnerable population is on the County's list for evacuation orders and power outages. The majority of SCFHP's staff continues to work from home, and it is anticipated this will continue until sometime in 2021, pending updates from the County and the state.

   Dr. Nakahira continued with staff updates. She announced that Lucille Baxter is the new Manager of Quality and Health Education, Raman Singh is the new Case Management Director; and Dang Huynh accepted the position as Pharmacy and Utilization Management (UM) Director.

   Dr. Nakahira provided an update on the Community Resource Center (CRC), which is projected to open in mid-October 2020. The CRC is located at North Capital and McKee. The CRC will offer health education classes. There will be some SCFHP staff working there. Members will be also be able to meet with Case Managers there if it is more convenient.

   b. **Medi-Cal Rx Update**
   Dr. Huynh presented an update on Medi-Cal Rx. Beginning January 1, 2021, the pharmacy benefit for Medi-Cal will be carved back into the state. Their claims processor will be Magellan. The Plan will continue to manage the clinical aspects of pharmacy adherence and providing disease and medication management. The call script was finalized and rolled out by the state, and Customer Service will receive training on how to answer member and provider questions. DHCS will be sending out 90 and 60 day notices before the transition. The Plan will be sending out the 30 day notice.

   SCFHP will identify members who may require more assistance during this transition and will offer help with prescription transfers. This includes assisting members who receive mail order prescriptions from pharmacies outside of California to transition them to a pharmacy enrolled in Medi-Cal Rx . Members will need to take their new SCFHP ID card and their Medi-Cal Benefits Identification Card (BIC) to the pharmacy. Members can locate network pharmacies on the state's website. Dr. Huynh explained that if the state does not cover a medication that a member is currently taking, there will be a 180 day transition period for the member to continue getting that drug. The state will also honor active prior authorizations for up to one year; they are discussing the potential for extending those authorizations.

   The Plan is updating all member and provider material with Medi-Cal Rx information. SCFHP will also be conducting additional provider and member communication. Training for providers is available on the Medi-Cal Rx website, and the Plan will be sending out a fax blast to providers to notify them of this training. Dr. Huynh explained that there are ongoing discussions to clarify coverage of certain items in the state's scope document. The Plan is evaluating care coordination strategies for items that may be partially carved out. SCFHP continues to work with plan partners and delegates to ensure that information from DHCS and Magellan is communicated in a timely manner.

   c. **Plan/Global Medi-Cal Drug Use Review (DUR)**
   Dr. Otomo stated that SCFHP participates in the state's Global Drug Use Review (DUR) Board quarterly meetings, then assesses DUR activities that need to be implemented at the plan. There were no actions for SCFHP from the last DUR meeting.

   For the Plan's Drug Use Evaluation (DUE) program for 3rd quarter, the Plan targeted members who may have persistent asthma based on claims history and did not receive an asthma controller medication in a recent 12 month period. SCFHP will send out letters to impacted providers within our Cal MediConnect and Medi-Cal lines of business.

d. NCQA Member Portal Evaluation

Dr. Nguyen presented an overview of the NCQA Member Portal Evaluation, which is required by NCQA on an annual basis to ensure accuracy and quality of our website for our Cal MediConnect members. The 2020 analysis was just completed and the website met 100% of the NCQA criteria.

e. 2019 2ⁿᵈ and 3ʳᵈ Quarter Report Emergency Supply Reports

i. 2019 2ⁿᵈ Quarter Report

Dr. Nguyen discussed the Emergency Prescription Access Report for 2Q2019, and there were no issues identified.

ii. 2019 3ʳᵈ Quarter Report

Dr. Nguyen reviewed the results for 3Q2019. There was one issue identified regarding a member's prescription for cefpodoxime, which is a non-formulary drug. The member went to three different pharmacies to try to fill the prescription and did not receive the drug. The member was referred to Case Management for follow-up. To remedy this gap, SCFHP will implement a point-of-sale (POS) message on cefpodoxime informing pharmacies that cefdinir is our formulary alternative. Dr. Huynh stated the Plan will send out a fax blast to the pharmacy network reminding them that for our Medi-Cal patients, they can input an override to provide an emergency 3-day supply. Dr. Nguyen will provide an update on this case at the next meeting.

f. Appeals & Grievances Pharmacy Report

i. 2020 1ˢᵗ Quarter Report

ii. 2020 2ⁿᵈ Quarter Report

Dr. Huynh presented the Appeals & Grievances Pharmacy Reports on behalf of Ms. Luong. Data and descriptions in slide deck required additional clarification. Dr. Huynh stated that he would validate the information with the G&A team and send out the updated slides or provide an update at the next meeting.

Dr. Lin inquired if appeals are mainly submitted by members or providers, and Dr. Huynh replied that the majority of appeals are submitted by providers.

Adjourned to Closed Session at 6:38 p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 2Q2020 P&T Committee Closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the June 18, 2020 P&T meeting were **unanimously approved**.

6. Metrics and Financial Updates

a. Membership Report

Dr. Nakahira presented the Plan's membership.

b. Pharmacy Dashboard

Dr. Otomo reviewed the Pharmacy Dashboard for April 2020 through August 2020.

c. Drug Utilization and Spend

Dr. McCarty presented the Drug Utilization and Spend.

7. **Discussion and Recommendations for Changes to SCFHP's Cal MediConnect (CMC) Formulary & Coverage Determination Criteria**

   a. **Pharmacy Benefit Manager 2Q2020 P&T Minutes**
      Dr. McCarty reviewed the Pharmacy Benefit Manager 2Q2020 P&T Minutes.

   b. **Pharmacy Benefit Manager 3Q2020 P&T Part D Actions**
      Dr. McCarty reviewed the Pharmacy Benefit Manager 3Q2020 P&T Part D Actions.

      It was moved, seconded and the Pharmacy Benefit Manager 2Q2020 and 3Q2020 Part D Actions were **unanimously approved**.

8. **Discussion and Recommendations for Changes to SCFHP's Medi-Cal and Prior Authorization Criteria**

   a. **Old Business/Follow-Up**
      i. **Dapagliflozin combinations**
         Dr. Huynh provided a follow-up from the last meeting regarding adding Farxiga and its combinations.

   b. **Formulary Modifications**
      Dr. Otomo presented the formulary changes made since the June 2020 meeting to the Committee.

      It was moved, seconded and the Medi-Cal Formulary Modifications were **unanimously approved**.

   c. **Fee-for-Service Contract Drug List Comparability**
      Dr. McCarty reviewed the Fee-for-Service Contract Drug List (CDL) Comparability for Medi-Cal.

      It was moved, seconded and the Fee-for-Service Contract Drug List Comparability recommendations were **unanimously approved**.

   d. **Prior Authorization Criteria**
      i. New or Revised Criteria
         1. Enablex – *revised*
         2. Myrbetriq - *revised*
         3. Retacrit - *revised*
         4. Penlac - *revised*
      ii. Annual Review
         1. Brand Name – *no changes*
         2. Compounded Medications – *no changes*
         3. Duragesic – *no changes*
         4. Emend – *no changes*
         5. Enbrel – *no changes*
         6. Humira – *no changes*
         7. Insulin Pens – *no changes*
         8. Nicotrol – *no changes*
         9. Off-label – *no changes*
         10. Opioid Safety Edits – *no changes*
         11. Quantity Limit – *no changes*

12. Taltz – *no changes*
13. Trintellix – *no changes*
14. Xelpros – *no changes*
15. Zyvox – *no changes*

Dr. Nguyen reviewed the revised PA criteria.

It was moved, seconded and the Prior Authorization Criteria was **unanimously approved.**

9. **New Drugs and Class Reviews**
   a. New and Expanded Indications
   Dr. McCarty presented an overview of the following drugs with new and expanded indications: Taltz, Cosentyx, Lynparza, Rubraca, Crysvita, Ilaris.

   It was moved, seconded and the New and Expanded Indications recommendations were **unanimously approved.**

   b. Oriahnn (elagolix, estradiol, norethindrone) – Uterine fibroids
   Dr. McCarty gave an overview of uterine fibroids and a new drug, Oriahnn.

   It was moved, seconded and recommendation for Oriahnn was **unanimously approved.**

 Reconvene in Open Session at 7:18 p.m.

10. **Discussion Items**

   a. New and Generic Pipeline
   Dr. McCarty reviewed the New and Generic Pipeline. She noted that the major drug of interest in 3Q2020 is ofatumumab (Kesimpta), which is for multiple sclerosis and can be self-administered. In 4Q2020, a drug of interest is roxadustat, an oral agent for the treatment of anemia in chronic kidney disease. In 1Q2021, a drug of interest is aducanumab, a monoclonal antibody treatment for early stage Alzheimer's disease, which would make it the first biologic for this condition.

   Dr. McCarty stated that drugs of interest in the generic pipeline are Nexium packets for oral suspension and Kuvan powder for oral suspension and tablet. Dr. Lin inquired as to whether or not Oxytrol or Humalog Mix 75/25 have been released as generics. Dr. McCarty replied that neither are available as generic products yet.

11. **Adjournment**
   The meeting adjourned at 7:25 p.m. The next P&T Committee meeting will be on Thursday, December 17, 2020.

_____   _____

Jimmy Lin, MD, Chair   Date

Regular Meeting of the

Santa Clara County Health Authority
Pharmacy & Therapeutics Committee

Thursday, December 17, 2020, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Amara Balakrishnan, MD
Hao Bui, BS, RPh
Xuan Cung, PharmD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Peter Nguyen, DO

Members Absent
Dolly Goel, MD
Jesse Parashar-Rokicki, MD
Narinder Singh, PharmD

Staff Present
Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Kristine Zhang, PharmD, Clinical Pharmacist
Jayne Giangreco, Manager, Administrative
 Services
Nancy Aguirre, Administrative Assistant

Others Present
Amy McCarty, PharmD
Shelly Tausing, Pharmacy Student

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:09 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The 3Q2020 P&T Committee Open meeting minutes were reviewed.

   It was moved, seconded and the open minutes of the September 17, 2020 P&T meeting were **unanimously approved.**

Motion:	Dr. Lin
Second:	Dr. Cung
Ayes:	Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Nakahira,
Absent:	Dr. Goel, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira D.O., Chief Medical Officer (CMO), shared Santa Clara Family Health Plan (SCFHP) and Anthem Blue Cross collaborated to host 10 flu shot clinics. The clinics were free to everyone, including those without health insurance. Further information is available on the SCFHP website.

The current Plan membership is at a total of 250,000 members. Numbers have been increasing due to not disenrolling some of the Medi-Cal (MC) and Cal MediConnect (CMC) members.

Dr. Nakahira announced the DHCS and DMHC audits will be taking place in March, 2021. Touching base on the previously mentioned CalAIM, Dr. Nakahira was pleased to announce CalAIM will be brought back after being put on hold due to COVID-19 and the budget. The new start date for CalAIM with enhanced Case Management and In Liu of Services is January 2022.

Dr. Nakahira briefly mentioned MediCal's Pharmacy Carve Out was due to start on 01/01/2021, but has now been postponed to 04/01/2021. This postponement will allow the Plan to better prepare for the transition.

Dr. Nakahira reported, as of yesterday, SCFHP has approximately 3,400 members that are positive with COVID-19 and about 1,300 of those members have been hospitalized. Ninety-five (95) members have passed away from COVID-19; 50 of them have been at a Skilled Nursing Facility (SNF) and 45 have been outside of a hospital. This represents about 17% of deaths within the county.

Dr. Nakahira updated the committee with the latest news regarding the recently approved Pfizer vaccine. The county started to vaccinate, beginning with Phase 1A. Phase 1A includes frontline workers and long term care residents and workers. The State estimates California will receive approximately 1.8 million vaccines by the end of this year (2021). This reflect approximately 4.5% of the state's population. There are about 1.7 million healthcare workers in California and about 640,000 nursing home residents and workers.

Dr. Nakahira added SCFHP is working with the Public Health Department as well as the State to develop ways to message the population and the community about risks involved in taking/not taking the vaccine.

b. Medi-Cal Rx Update

Dang Huynh, PharmD, Director, Pharmacy & Therapeutics, presented the Medi-Cal Rx update. As mentioned by Dr. Nakahira, MediCal's Pharmacy Carve Out has been delayed to start on 04/01/2021. DHCS will communicate the delay with all beneficiaries, including our Managed Care members. There are minor formulary changes, in terms of SCFHP's authorization process, that will be discussed later in this meeting.

c. Policy Review

i. PH10 CMC Part D Transition

Dr. Huynh reviewed the Pharmacy Policy PH10 CMC Part D Transition (2021), specific to CMC. CMS requires annual submission of this policy.

It was moved, seconded and the Pharmacy Policy PH10 CMC Part D Transition was **unanimously approved**.

Motion: Dr. Lin
Second: Dr. Balakrishnan
Ayes: Dr. Alkoraishi, Ms. Bui, Dr. Cung, Dr. Huynh, Dr. Nakahira
Absent: Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

5. **Plan/Global Medi-Cal Drug Use Review**

   a. **Drug Use Evaluation Update**

   Tami Otomo, PharmD, Clinical Pharmacist, shared the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE). The clinical topics and data are chosen and provided by MedImpact. The first program reviewed was Asthma DUE. The success rate for Medi-Cal was 61% and 57% for CMC. The second program reviewed was the Polypharmacy DUE. This program was only made available for CMC, not Medi-Cal.

   Dr. Otomo noted program letters for both Asthma DUE and Polypharmacy DUE were mailed on 11/03/2020. Follow up results will be shared next year. No questions were asked.

   b. **2019 4ᵀᴴ Quarter Emergency Supply Report**

   Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the 2019 4th Quarter Emergency Supply Report. Dr. Nguyen noted the key diagnosis used was urinary tract infection (UTI) due to clinical determination that such a diagnosis will require a prescription. No readmissions for the same diagnosis were found for the sampled members from the previous quarter, 2019Q3.

   Dr. Nguyen added SCFHP will continue the quarterly assessments of emergency prescription access with medical and pharmacy data.

   c. **Grievance & Appeals Pharmacy Report: 2020 1ˢᵗ – 3ʳᵈ Quarter Reports**

   Dr. Huynh presented the G&A Pharmacy Report: 2020 1ˢᵗ – 3ʳᵈ Quarter Reports in Charlene Luong's absence. While presenting this information at the previous P&T Committee meeting, two inconsistencies in reporting numbers were identified.

   Dr. Huynh reviewed the updated data. For Q1 Medi-Cal February Overturns, the total number of overturns was changed from 18 to 19. For Q2 CMC, there was a rationale that was missing, which was non-covered benefit.

   Dr. Huynh reviewed the Q3 2020 Medi-Cal Appeals Volume, Appeals by Decision, and Appeals by Rationale. Dr. Huynh also reviewed the Q3 2020 CMC Appeals Volume, Appeals by Decision, and Appeals by Rationale. No questions were asked.

Adjourned to Closed Session at 6:36 p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

6. **Closed Meeting Minutes**

   The 3Q2020 P&T Committee Closed meeting minutes were reviewed.

   It was moved, seconded and the closed minutes of the September 17, 2020 P&T meeting were **unanimously approved**.

7. **Metrics and Financial Updates**

   a. **Membership Report**

   Dr. Nakahira presented the membership report during the CMO Health Plan Updates.

   b. **Pharmacy Dashboard**

   Dr. Otomo reviewed the Pharmacy Dashboard for August 2020 through November 2020.

   c. **Pharmacy Member Portal Stats**

   Dr. Huynh presented the Pharmacy Member Portal Stats.

d. **Drug Utilization & Spend**
    Dr. McCarty presented the Drug Utilization and Spend for Q3 2020.

8. **Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria**

    a. **Pharmacy Benefit Manager 3Q2020 P&T Minutes**
        Dr. McCarty reviewed the Pharmacy Benefit Manager 3Q2020 P&T Minutes.

    b. **Pharmacy Benefit Manager 4Q2020 P&T Part D Actions**
        Dr. McCarty reviewed the Pharmacy Benefit Manager 4Q2020 P&T Part D Actions.

        It was moved, seconded and the Pharmacy Benefit Manager 3Q2020 and 4Q2020 Part D Actions were **unanimously approved**.

    c. **2021 Medical Benefit Drug Prior Authorization Grid**
        Dr. Otomo reviewed the 2021 Medical Benefit Drug Prior Authorization Grid.

        It was moved, seconded and the 2021 Medical Benefit Drug Prior Authorization Grid was **unanimously approved**.

9. **Discussion and Recommendations for Changes to SCFHP's Medi-Cal and Prior Authorization Criteria**

    a. **Old Business/Follow-Up**

        i. **Cefdinir Point-of-sale Message Update**
            Dr. Nguyen provided a follow-up from the last meeting regarding the Q3 Emergency Supply Report.

    b. **Formulary Modifications**
        Dr. Otomo presented the changes made to the Medi-Cal formulary since the September 2020 P&T Committee meeting.

        It was moved, seconded and the Medi-Cal Formulary Additions and Modifications were **unanimously approved**.

    c. **Fee-for-Service Contract Drug List Comparability**
        Dr. McCarty reviewed the Fee-for-Service Contract Drug List (CDL) Comparability for Medi-Cal.

        It was moved, seconded and the Fee-for-Service CDL Comparability proposed actions were **unanimously approved**.

    d. **2021 Medical Benefit Drug Prior Authorization Grid**
        Dr. Otomo presented the 2021 Medical Benefit Drug Prior Authorization Grid.

        It was moved, seconded and the Medi-Cal 2021 Medical Benefit Drug Prior Authorization Grid was **unanimously approved**.

    e. **Prior Authorization Criteria**
        Dr. Nguyen reviewed the Prior Authorization Criteria.

        i. **New or Revised Criteria**
            1. Protopic ointment – *revised*
            2. Non-Formulary – *revised*

        ii. **Annual Review**
            1. Norditropin Flexpro – *no changes*
            2. Zarxio – *no changes*

        It was moved, seconded and the Prior Authorization Criteria was **unanimously approved.**

Peter Nguyen joined the meeting at approximately 7:21 p.m.

10. **New Drugs and Class Reviews**
    Kristine Zhang, PharmD, PGY-2 Administration Pharmacy Resident, presented the new drugs and class reviews.

    a. **Tardive Dyskinesia Review**.
    Dr. Zhang recommended to leave both drugs as non-formulary, as they are both very expensive. A review of patient's specific clinical data will be required.

    b. **COVID-19 Vaccines**.
    Ms. Bui asked which COVID-9 vaccine will be ordered. Dr. Zhang noted Pfizer is currently the only approved COVID-19 vaccine. Ms. Bui asked which vaccine would be most cost effective. Dr. Zhang explained the federal government is purchasing the vaccines, and SCFHP will be responsible for distribution, allocation, and administration of the vaccines. At this moment, there is not a fee associated with obtaining the vaccines.

    Dr. McCarty asked if there is any data revealing the efficacy with 1 dose. Dr. Zhang replied the efficacy of 1 dose is about 52%, based on a study done.

    c. **Asthma Review**
    Dr. McCarty announced the Global Initiative for Asthma (GINA) no longer recommends treatment of asthma in adolescents and adults with SABA alone. Instead, to reduce their risk of serious exacerbations, all adults and adolescents with asthma should receive either symptom-driven or daily inhaled corticosteroid containing treatment. Dr. McCarty further reviewed this asthma treatment in depth, including the comparison of reliever treatments and inhalers.

    Dr. McCarty noted the utilization for budesonide/formoterol (Symbicort) isn't truly reflected in the 3Q20 Utilization, as it was added to the formulary near the end of October.

    d. **Hereditary Angioedema (HAE) – Orladeyo**
    Dr. McCarty noted Orladeyo was recently approved in December, to treat long-term Hereditary Angioedema (HAE) prophylaxis. Dr. McCarty reviewed the epidemiology, clinical presentation, and diagnosis of HAE, as well as its pathophysiology. An overview of treatment options reflect Orladeyo as the only oral form of treatment.

    Dr. McCarty noted the pricing for Orladeyo was just made available this week. The cost for a 28 day supply is $45,000/month. Although it is potentially not as effective as the other products, it is less expensive and it is oral. Experts expect Orladeyo to have about 1/3 of the market share by the end of 2021.

    Dr. McCarty reviewed the proposed actions to remain as non-formulary and approve by exception only.

    e. **New & Expanded Indications – Epidiolex, Spravato, Tremfya, and Simponi Aria**
    Dr. McCarty reviewed the new & expanded indications – Expidiolex, Spravato, Tremfya, and Simponi Aria.

    It was moved, seconded and the New & Expanded Indications were **unanimously approved.**

    f. **Informational Only**
        i. Anemia Chronic Kidney Disease – Roxadustat
        ii. Systemic Lupus Erythematosus – Anifrolumab and Voclosporin
        iii. Acne – Winlevi
        iv. Duchenne Muscular Dystrophy – Viltepso
        v. Pain from Osteoarthritis – Tanezumab
        vi. Schizophrenia – Olanzapine/Samidorphan
        vii. Fatty Acid Metabolism – Dojolvi
        viii. Attention Deficit Hyperactivity Disorder – Viloxazine
        ix. Overactive Bladder – Vibegron

    x.   Heart Failure – Vericiguat
    xi.   Chemo-induced Neutropenia – Rolontis
    xii.   Hyperlipidemia – Inclisiran
    xiii. Ophthalmic NSAIDs

Reconvene in Open Session at 7:41 p.m.

11. Discussion Items

a. New and Generic Pipeline

Ms. McCarty reviewed the new and generic pipeline. Roxadustat, an oral for anemia of CKD, released in 4Q2020, will compete with the injectable drugs. Dr. McCarty noted teplizumab, a development designed to delay Type 1 Diabetes, is to be released in 3Q2021.

Dr. McCarty noted a generic product made available in 4Q2020, Vascepa.

Dr. Huynh noted a member from the public, Shelly Tausing, a Pharmacy student, joined the Open Session.

Dr. Balakrishnan announced her retirement from the Pharmacy & Therapeutics Committee.

12. Adjournment

The meeting adjourned at 7:58 p.m. The next P&T Committee meeting will be on Thursday, March 18, 2021.

_____   _____
Jimmy Lin, MD, Chair   Date

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QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

</div>

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

    Credentialing Committee   12/02/2020

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	42	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	41	
Number practitioners recredentialed within 36-month timeline	41	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 09/30/2020	231	

(For Quality of Care ONLY)	Stanford	LPCH	VHP	PAMF	PMG	PCNC
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1094	965	689	831	328	71

 Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, October 14, 2020, 6:00 – 7:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Approved

Members Present
Jimmy Lin, MD, Internal Medicine, Chair
Ali Alkoraishi, MD, Psychiatry
Dung Van Cai, DO, Head & Neck
Ngon Hoang Dinh, OB/GYN
Laurie Nakahira, D.O., Chief Medical Officer
Indira Vemuri, Pediatric Specialist

Staff Present
Dang Huynh, Director, Utilization Management
  & Pharmacy
Lily Boris, MD, Medical Director
Natalie McKelvey, Manager, Behavioral
  Health
Amy O'Brien, Administrative Assistant

Members Absent
Habib Tobbagi, PCP, Nephrology

Staff Absent
Christine Tomcala, Chief Executive Officer
Angela Chen, Manager, Utilization
  Management
Luis Perez, Supervisor, Utilization
  Management

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the July 15, 2020 Utilization Management Committee (UMC) meeting were reviewed.

   It was moved, seconded, and the minutes of the July 15, 2020 Utilization Management
   Committee meeting were **unanimously approved.**

   Motion: Dr. Cai
   Seconded: Dr. Dinh
   Ayes: Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
   Absent: Dr. Tobbagi

4. Chief Executive Officer Update

This item was combined with the Chief Medical Officer Update.

5. Chief Medical Officer Update

a. General Update

Laurie Nakahira, D.O., Chief Medical Officer (CMO), Santa Clara Family Health Plan (SCFHP), delivered the Chief Executive Officer update on behalf of Christine Tomcala. Dr. Nakahira began with an update on the Plan's membership. The Plan's October 2020 membership for the Cal MediConnect line of business is 9,570 members, which is an increase of approximately 1,200 members over the last 12 months. The Plan's membership for the Medi-Cal line of business is 256,490 members, which is an increase over the last 12 months of approximately 20,000 members. This is largely attributable to the temporary disenrollment suspensions by the DHCS due to COVID.

Dr. Nakahira continued with an update on Santa Clara County's response to COVID and the impact on SCFHP. The County has now moved from the purple tier into the orange tier, and further information on the criteria and mandates under the orange tier is available on the Santa Clara County Public Health website. At this time, the majority of SCFHP's staff continues to work from home, and it is anticipated this will continue until approximately mid-2021, pending updates from the CDC and Public Health. Dr. Nakahira continued her update with the Plan's COVID statistics. The Plan's member population includes 2,343 members who tested positive for COVID, and 897 members hospitalized due to COVID. Approximately 63 members, or 17% of the Plan's member population, have died from COVID. As of October 5, 2020, SCFHP's overall call volume has decreased. Our nurse advice line has received over 333 members calling in for advice regarding COVID. Approximately, 924 members have created an MD Live account, and 775 members have completed an MD Live telehealth visit. Approximately, 54 members have filed grievances related to COVID. Hospitalizations have increased due to COVID, which includes skilled nursing homes. This situation is being closely monitored by Public Health. Dr. Nakahira continued with an overview of the Plan's member outreach calls which includes robo calls to our vulnerable population and high-risk members, as well as members over the age of 65 with co-morbidities.

Dr. Nakahira continued with an update on the Blanca Alvarado Community Resource Center (CRC), which is projected to open between late October and mid-November 2020. The CRC will offer virtual health education classes. There will be some SCFHP staff working there, such as Customer Service representatives, and members will be also be able to meet with Case Managers there if it is more convenient for them to do so.

b. Provider Relief Funds Information

Dr. Nakahira provided the committee with an update on the Department of Health and Human Services CARES Act for the provider relief fund. We are in phase 3 of the relief fund. The application period is from October 5, 2020 until November 6, 2020. Eligible providers include those who were in practice from January 1, 2020 through March 31, 2020, and who were seeing patients with Medi-Cal, Medicare, and CHIP insurance plans. Behavioral health providers and providers who treat patients in assisted living facilities and skilled nursing homes are also eligible for relief funds. Eligible providers may apply online, and Dr. Nakahira will send Committee members a link to the CARES Act website.

Dr. Dinh asked Dr. Nakahira if a provider who qualified for the first 2 rounds of relief funds will also qualify for the 3rd round. Dr. Nakahira referred Dr. Dinh to the CARES Act website for further details. Dr. Dinh asked about billing modifiers, and Dr. Nakahira advised she will research this and provide clarification of this along with the link to the CARES Act website. Dr. Lin inquired as to whether telehealth will continue in 2021. Dr. Nakahira responded that CMS would like to extend telehealth, however, she has no further details.

6. **Old Business/Follow-Up Items**

   a. **General Old Business**
   Dr. Boris reminded the Committee that the Pharmacy Benefit Manager for the Medi-Cal line of business will transition to DHCS from Managed Care applicable to services received after January 1, 2021. Enterals and supplies are included as part of this transition. Dr. Boris referred Committee members to the website for further details. Dr. Dinh expressed concerns with next steps for providers. Dr. Huynh gave an overview of the Medi-Cal Rx program and when training for providers, as well as additional program details, will be made available on the provider portal on the Medi-Cal Rx website.

7. **Medical Covered Services Prior Authorization (PA) Grid**
   Dr. Boris advised the Committee that the Medical Covered Services PA Grid is brought to the Committee on an annual basis for review and approval. The PA Grid pertains to both the Medi-Cal and Cal MediConnect lines of business. Dr. Boris reviewed the minor changes that were made to the grid since the last annual review in 2019. Once the Committee has approved it, the grid will be published and forwarded to CMS. Dr. Boris highlighted the most significant changes to the Grid. For example, all forms of non-emergency transportation will now require prior authorization, with the exception of ground transportation from facility to facility. In addition, prior authorizations are no longer required for colonoscopies but continue to be required for endoscopies. Dr. Lin requested clarification in regards to prior authorizations for colonoscopies, and Dr. Boris clarified that no prior authorization is needed for colonoscopies. Dr. Dinh requested clarification on prior authorization for ground transportation, and Dr. Boris clarified that emergency transportation does not require prior authorization.

   It was moved, seconded and the Medical Covered Services Prior Authorization (PA) Grid was **unanimously approved**.

Motion:	Dr. Cai
Second:	Dr. Lin
Ayes:	Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira
Absent*:*	Dr. Tobbagi, Dr. Vemuri

Dr. Vemuri left the meeting at 6:35 pm.

8. **2021 CMC List of Durable Medical Equipment (DME) List**
   Dr. Boris presented an overview of the items on the 2021 CMC List of DME to the Committee. Dr. Boris advised the DME List is updated on an annual basis, and it is published on the SCFHP website.

   It was moved, seconded and the 2021 CMC List of Durable Medical Equipment (DME) was **unanimously approved**.

Motion:	Dr. Cai
Second:	Dr. Dinh
Ayes:	Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira
Absent*:*	Dr. Tobbagi, Dr. Vemuri

9. **UM Policies and Procedures**

   a. **HS. 02 Medical Necessity Criteria**
   b. **HS. 09 Inter-Rater Reliability**
   Dr. Huynh presented the Committee with an overview of the relatively minor changes to the HS.02 Medical Necessity Criteria and HS.09 Inter-Rater Reliability policies.

It was moved, seconded and the UM Policies and Procedures HS.02 Medical Necessity Criteria and HS.09 Inter-Rater Reliability were **unanimously approved**.

Motion: Dr. Lin
Second: Dr. Cai
Ayes: Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira
Absent*:*   Dr. Tobbagi, Dr. Vemuri

10. **Reports**
    a. Membership
       Dr. Boris gave a brief summary of the Membership Report from January 2020 through September 2020. The majority of our members are delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Premier Care, and Kaiser Care.

    b. Over/Under Utilization by Procedure Type/Standard UM Metrics
       Dr. Boris presented the Committee with the UM objectives and goals. Dr. Boris summarized the results of the Medi-Cal SPD and non-SPD lines of business for the Q3 2020 12 month lookback period. Dr. Boris also summarized the Q3 2020 results of the Cal MediConnect line of business. These results resemble, but are typically higher than, the SPD results, and are attributable to a temporary claims lag. The number of discharges per thousand for the Medi-Cal population, including the SPD and non-SPD Medi-Cal population, is approximately 4-4.5 days, with the average length of stay approximately 4 days. The SPD population consists of approximately 30,000 members, and the rest are comprised of the non-SPD population. Dr. Lin asked if the average length of stay is normal, and Dr. Boris confirmed the average length of stay is normal, as is the number of discharges per thousand for the Medi-Cal population.

       Dr. Boris next summarized the results for Medi-Cal and Cal MediConnect inpatient readmissions, which is an area of focus for the UM team for 2020. The lookback period ran from January through August 2020. The August numbers may be impacted by a claims lag. For our Medi-Cal population, there was a 30 day readmission rate at approximately 16% which is an area of improvement for the UM team. For our Cal MediConnect population, there was also a 30 day readmission rate at approximately 16%. These results align with the NCQA MediCare 50th percentile. Dr. Boris concluded with a summary of the ADHD Medi-Cal Behavioral Health metrics, and there are no significant changes from our July 2020 meeting.

    c. Dashboard Metrics
       - Turn-Around Time – Q3 2020
         Dr. Boris presented the Turn-Around Time metrics for Q3 2020 on behalf of Luis Perez. Approximately 100% of the UM staff continues to work from home. Dr. Boris summarized the Medi-Cal turn-around time results for the Committee. For July, August, and September of 2020, the turn-around times were compliant in all categories. Dr. Boris next summarized the results for the Cal MediConnect line of business. For July, August, and September of 2020, the turn-around times were also compliant in all categories.
       - Call Center – Q3 2020
         Dr. Boris presented the Call Center metrics for Q3 2020 on behalf of Luis Perez. Dr. Boris reminded the Committee members these are provider calls, not member calls. The results for July, August, and September of 2020 for both the Medi-Cal and Cal MediConnect lines of business were compliant in all categories. Dr. Boris agreed with Dr. Lin that the team is very efficient.

    d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q3 2020
       Dr. Boris presented the Cal MediConnect and Medi-Cal Quarterly Referral Tracking report to the Committee. Dr. Boris explained that the UM team tracks the cycle of prior authorizations from the time the

prior authorization is issued through to claims payment. For the Cal MediConnect line of business, out of 2,700 authorization requests, 1,500 were paid within the first 90 days, and 1,200 outstanding claims remain. There are none that were received outside the 90 day period. This means approximately 44% received the service within the 90 day period. Overall, Cal MediConnect is at 60%. Dr. Lin advised that these numbers are low due to COVID-19 and Dr. Boris agreed.

For the Medi-Cal line of business, out of 4,000 authorization requests, 2,600 received services or were paid within 90 days, or 35%. There are none that were received outside the 90 day period. The UM team will call the 50 patients to find out why they did not get the authorized service.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q3 2020
Dr. Boris presented the Committee with the results of the Q3 2020 Quality Monitoring of Plan Authorizations and Denial Letters.

Dr. Vemuri rejoined the meeting at approximately 6:35 pm.

f. Behavioral Health UM
Ms. McKelvey gave the Behavioral Health UM presentation to the Committee. Ms. McKelvey highlighted the new behavioral health vendors currently under contract or pending contract. Ms. McKelvey also highlighted the fact that the Behavioral Health team implemented the new ACES and PEARLS trauma screenings, and 1,460 screenings have been completed, largely at Valley Health Plan. Dr. Vemuri asked if SCFHP pays for these screenings. Ms. McKelvey responded that the Plan does pay for these screenings. Ms. McKelvey explained the process for providers to receive reimbursement for ACES and PEARLS trauma screenings. Dr. Vemuri expressed concern that SCFHP does not pay their providers for these screenings. A discussion ensued amongst Dr. Vemuri, Dr. Nakahira, and Dr. Boris in regards to claims reimbursements and provider incentives. Dr. Boris advised the Committee there was an issue with the billing modifier, and she and Dr. Nakahira will research this issue and report back to the Committee. Dr. Alkoraishi asked Ms. McKelvey if the trauma screenings can be broken down by age group. Ms. McKelvey replied that the reimbursement is the same no matter the age. Members under 21 are eligible for an annual screening, and providers will receive an annual provider reimbursement. Providers who screen members over the age of 21 are eligible for a once a lifetime, per provider, reimbursement. Dr. Boris assured the Committee that Ms. McKelvey will forward all pertinent information on the ACES and PEARLS trauma screenings to all Committee members.

11. UMC Meeting Calendar – 2021
Dr. Boris reviewed the 2021 UMC meeting dates and times with the Committee members.

12. Adjournment
The meeting adjourned at 6:50 p.m. The next meeting of the Utilization Management Commitment is on January 20, 2021 at 6:00 p.m.

_____   _____
Jimmy Lin, MD, Chair   Date

Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council (PAC)

Wednesday, February 10, 2020, 12:15 – 1:45 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Draft

Committee Members Present	**Staff Present**
Thad Padua, MD, Chair	Christine Tomcala, Chief Executive Officer
Clara Adams, LCSW	Laurie Nakahira, DO, Chief Medical Officer
Dolly Goel, MD	Dang Huynh, PharmD, Director, Pharmacy &
Bridget Harrison, MD	Utilization Management
Jimmy Lin, MD	Janet Gambatese, Director, Provider Network
Peter L. Nguyen, DO	Operations
Sherri Sager	Johanna Liu, PharmD, Director, Quality &
Meg Tabaka, MD	Process Improvement
	Brandon Engelbert, Manager, Provider Network
Committee Members Absent	Operations
Michael Griffis, MD	Stephanie Vielma, Provider Performance Program
David Mineta	Manager
Pedro Alvarez, MD	Jayne Giangreco, Manager, Administrative Services
	Robyn Esparza, Administrative Assistant

Additional Staff
Tyler Haskell, Director, Government Relations
Tami Otomo, Clinical Pharmacist, Pharmacy
Angela Chen, Manager, Utilization Management

1. **Roll Call/Establish Quorum**

   Thad Padua, MD, Chair, called the meeting to order at 12:21 pm. Roll call was taken and a quorum was established.

2. **Meeting Minutes**

   The minutes of the February 10, 2020 Provider Advisory Council (PAC) meeting were reviewed.

   It was moved, seconded, and the February 10, 2020 Provider Advisory Council (PAC) were **unanimously approved.**

   Motion: Dr. Padua
   Second: Dr. Lin
   Ayes: Ms. Adams, LCSW, Dr. Goel, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Ms. Sager, Dr. Padua

3. **Public Comment**

There was no public comment.

4. **Chief Executive Officer Update**

Christine Tomcala, CEO, presented the January 2021 Enrollment Summary, noting total enrollment of 272,900, with 9,807 members in Cal MediConnect and 263,093 members in Medi-Cal. She further updated on February data with approximately 275,000 members or which 265,000 are Medi-Cal members and 10,000 Cal MediConnect members.

Ms. Tomcala noted the health plan is focusing on COVID vaccination and also what the health plan can do to make sure that all of our members are receiving all the quality care and preventative care they need.

Dr. Padua inquired as to an update of the upcoming pharmacy carve-out. Ms. Tomcala noted all systems are a go for April 1st. Dr. Dang Huynh noted we are still prepping for transition, ensuring that we're going to have the least amount of disruption as possible, ensuring that members are going to have no issues getting the medication.

Mr. Haskell noted that there is late breaking news today about a possible delay on the pharmacy carve out.

5. **Quality**

Health Disparities by Race/Ethnicity Updates:

Dr. Johanna Liu, Director, Quality and Process Improvement, presented an update on the Health Disparities by Race Ethnicity analysis that was presented at the last meeting on November 10, 2020. Dr. Liu noted that a closer look was made of our calendar year 2019 HEDIS results and studied them for any disparities by race, ethnicity and by language spoken in our population to make sure that these are being addressed. Mainly focused more on the language spoken. Dr. Liu reviewed the general observations, noting the following: Caucasian group performed statistically significantly lower than the rest of the population in 6 measures, followed by African American group in 4 measures; English speaking group performed statistically significantly lower than the rest of the population in 9 measures; Preventive Care and Chronic Disease Measure Observations: Vietnamese, African American and Caucasian groups performed statistically significantly lower than the rest of the population in 3 out of 6 children's measures; Hispanic, African American and Caucasian groups performed statistically significantly lower in the diabetes measures than the rest of the population; Hispanic group performed statistically significantly lower in the anti-depressant medication measure.

Dr. Liu noted the work underway involves the following: Meet with cultural champions in our community to identify additional barriers and opportunities; Targeted Member Phone Outreach to over 2,500 members per month in groups that did not perform above MPL to offer health education classes and materials and increase awareness of member incentives; Planning Diabetes Care Project targeting Hispanic members with poor diabetes control and offering them a glucose testing machine that speaks Spanish to be filled at a pharmacy that provides counseling and automatic refill reminders targeted to launch by 2Q21; Collaborating with SCC Public Health on Black Infant Health Program and sending data monthly on eligible African American women for program referral and outreach and Assessing gaps by end of FY21 to achieve NCQA Distinction of Multicultural Healthcare

CAHPS Strategies:

Dr. Johanna Liu, Director, Quality and Process Improvement, gave a presentation on the CAHPS 2020 Results and 2021 Strategy. Dr. Liu noted the plan had a difficult year due to COVID. CMS ended up actually declining to admit our data. Nonetheless, we wanted to study it for the top three performing measures, rating of health plan, and/or opportunity to improve customer services. Dr. Liu provided an overview, noting CAHPS is a required member satisfaction survey by the Centers for Medicare and Medicaid Services (CMS). It is administered to CMC members. The results impact NCQA accreditation and health plan ratings, and that COVID 19 has had a significant impact on CAHPS survey methodology and reporting for 2020. She reported the top three performing measures are related to Rating the Drug Plan, Rating the Health Plan and Rating of Specialists. The bottom three performing measures were related to Customer Service, Getting Needed Care, and How Well Doctors Communicate. Dr. Liu noted there has been a statically significant increase over prior year(s). With regard to the Estimated 2021 CMS Medicare Star Ratings, Dr. Liu noted there was an overlap with low performing measures from NCQA health plan ratings. With regarding to the demographic segments,

it was noted that White survey respondents rate statistically significantly higher satisfaction in key measures than survey respondents in the Other race category (95% Asian). Dr. Lieu noted the CMC CAHPS 20201 Strategy Focus Areas include the following: Opportunities to improve (lowest scores + highest impact on Medicare Stars & NCQA by (1). Getting Needed Care & Care Quickly; (2) Care Coordination and (3) Customer Service and that other considerations include member experience disparities between White and Asian health plan members. The 2021 strategy will include focusing on getting appointments and care quickly, service recovery and customer service.

DHCS MCAS Measures for 2021:
Dr. Johanna Liu provided a presentation on the DHCS MCAS Measures for 2021, reviewing some of the changes from last year's measures. She noted that DHCS was anticipating Rx carve-out. Dr. Liu noted child and adolescent well care measures were married. The closed the measure and bridged the whole gap.

SCFHP Screening Workgroup Update:
Ms. Gaya Amirthavasar provided the council with a Screening Workgroup Update. She reviewed the FY 2020-21 Company Screening Objective. She informed the council that screenings are an important preventative action that can help to detect problems early on and find patients treatment to reduce or eliminate negative impacts. She reviewed the objective, which is to meet or exceed the company screening goals for FY 2020: 11,000 Developmental Screenings (child members under 6) completed; 9,500 Lead Screenings (child members under 3); and 5,000 Trauma Screenings (members under 65) completed. She noted about 5,300 Developmental Screenings and 3,200 Trauma Screenings completed. She noted we are meeting the Developmental Screening metric, but there is opportunity to improve. Difficult to address Lead Screening due to pandemic. There are overall challenges impacted by COVID. The PNO Department really good at posting newsletter articles on website. The team is developing a list of resources so providers are aware of what is available and can use themselves or pass on to their patients.

Ms. Amirthavasar noted the Screening Work Group includes representation from the following departments: Provider Network Operations; Health Education; Quality; Behavioral Health; and Health Economics. She reviewed the interventions for Providers, including: Screening Tips sheet with guidelines and billing information; Provider E-Newsletter Articles; Developmental screening workflow sheet; Incentives for completing ACEs training; Tele-health visit info sheet; Trauma resources and training (Q1 2021); and GIC Report (Q1 2021). Member Interventions include: Facebook posts; Member Newsletter Articles; QNXT reminders for development and lead screening; Preventative Care resources on SCFHP website; and Limited incentives through PIP (Q2 2021. Ms. Amirthavasar went on to review to the challenges and mitigation strategies.

6. **Pharmacy**
   Standing Reports:
   On behalf of Dr. Dang Huynh, Director, Pharmacy and Utilization Management, Tami Otomo presented the drug utilization reports for the '2020 Q4 Top 10 Drugs by Total Cost' and 'Top 10 Drug Classes by Prior Authorization Volume' for reporting period of October 1, 2020 – December 31, 2020

   Pharmacy Updates:
   Ms. Otomo noted the following pharmacy updates: (1) The Global Initiative for Asthma (GINA) now recommends ICS-formoterol over short-acting beta-agonists (SABA). Symbicort is on SCFHP's formularies; (2) Pfizer and Moderna FDA Emergency Use Authorization (EUA) approved COVID-19 vaccines are covered through Medi-Cal and Medicare Fee-For-Service; (3) Centene acquires Magellan for $2.2 Billion. This does not affect DHCS's Medi-Cal Rx carve out scheduled for 4/1/2021; (4) Semglee is a new insulin glargine that has been added to SCFHP's Medi-Cal formulary. Basaglar remains formulary as well. Lantus is not on formulary. Ms. Otomo noted Magellan was selected for MC carve-out. Once the carve-out does occur, we would not be receiving / handling the Prior Authorizations, and any grievances and appeals will also be handled by state.

7. **Utilization Management:**

Ms. Angela Chen provided the council with operational updates related to Utilization Management. She noted the following updates: (1) Reducing hospital administrative burdens by doing weekly rounds with contracted hospitals' care management team and proactive operational Prior Authorizations on a weekly basis; (2) Treatment and services for COVID-19 by approving treatment and services related to COVID-19 positive members; and (3) Difficult Placement of Members in Skilled Nursing Facilities (SNF) involves collaboration with internal Long Term Services & Support team and external/community case managers for placement to home, SNF, and congregate living facilities.

8. **Provider Network Operation (PNO) Updates**

Ms. Stephanie Vielma, Provider Performance Program Management, Provider Network Operations, reviewed presentation on Provider Performance Program 2021.

9. **Old Business**
CME Update:

Dr. Laurie Nakahira, Chief Medical Officer, advised the council on the previously discussed Continuing Medical Education (CME) planning. She briefly noted that we were having some challenges with the planning due to COVID. She stressed the importance for respecting that and noted that she has reached out to Behavioral Health to do a CME related to COVID impact.

10. **New Business**

Chief Medical Office Update:

Dr. Laurie Nakahira, CMO, provided an update related to COVID-19. She reviewed Corona virus Disease (COVID-19), including the symptoms of respiratory illness and that asymptomatic (no symptoms but a carrier. She noted it is transmitted by respiratory droplets. She also reviewed prevention of disease include: social distancing (6' apart), Wearing Masks, hand washing, and getting vaccinated. She reviewed the testing for the disease, including viral testing and antibody testing which evaluates for past infection of the disease. Dr. Nakahira advised of the two vaccines available, which currently include Pfizer and Moderna. The Pfizer vaccine involves 2 doses IM, at least 21 days apart and may be given to those 16 years and older. It is 95% effective against COVID-19. The Moderna vaccine also involves 2 doses, at least 28 days apart. It can be administered to those 18 years and older and is 94% effective again COVID-19. She also reviewed FAQs related to the vaccines. In addition, she related information related to COVID-19 vaccination phases, vaccination sites, and distribution of the vaccines.

Governmental Affairs

California State Budget Implications:

Mr. Tyler Haskell, Director, Government Relations, briefed the council on the state budget. He noted the big picture involves Uses one-time surplus to replenish reserves and restore cuts; no new cuts; and structural deficits remain forecasted in out-years.

With regard to Medi-Cal, he noted the following: $122B total funding; Assumes 12% caseload growth; Restores CalAIM funding proposals from Jan '20 budget, which includes carve-in of major organ transplants; Proposes to cover remote patient monitoring and continuous glucose monitors; Continues Prop 56 payments and optional benefits set to be suspended July 1; and no proposal to provide full scope coverage to undocumented immigrants

With regard to the process, he noted the following: February/March: legislative budget committee hearings March/April: legislative policy committee hearings; May: Governor issues revised budget proposal; June: final legislative committee hearings; Legislature approves and sends budget to Governor by June 15; and Governor signs budget into law by July 1.

2021 Confidentiality Statements:

The council was advised they need to complete the annual 2021 Confidentiality Statement. Robyn Esparza, Administrative Assistant, will email said statement to each member for their completion and return.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 1:35 p.m. The next meeting is scheduled for Wednesday, May 12, 2021.

_____   _____
Dr. Thad Padua, Chair   Date

Regular Meeting of the
Santa Clara County Health Authority
Consumer Advisory Committee

Tuesday, March 9, 2021, 6:00 PM – 7:00 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave., San Jose, CA 95119

MINUTES - Draft

Members Present
Debra Porchia-Usher, Chair
Barifara (Bebe) Barife
Rebecca Everett
Rachel Hart
Tran Vu

Members Absent
Blanca Ezquerro
Vishnu Karnataki
Maria Cristela Trejo Ramirez

Guest
Ishendra Sinha

Staff Present
Christine Tomcala, Chief Executive Officer
Chris Turner, Chief Operating Officer
Laura Watkins, Vice-President, Marketing & Enrollment
Dr. Lily Boris, Medical Director
Chelsea Byom, Director, Marketing & Communications
Lucille Baxter, Manager, Quality & Health Education
Mike Gonzalez, Manager, Community Resource Center
Theresa Zhang, Manager, Communications
Cristina Hernandez, Marketing Project Manager
Divya Shah, Health Educator
Zara Hernandez, Health Educator
Lan Tran, Quality Improvement RN
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Debra Porchia-Usher, Chair, called the meeting to order at 6:13 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the December 8, 2020 Consumer Advisory Committee meeting were reviewed.

   It was moved, seconded, and the minutes of the December 8, 2020 Consumer Advisory Committee meeting were **unanimously approved.**

   Motion: Mr. Vu
   Seconded: Ms. Hart
   Ayes: Ms. Barife, Ms. Everett, Ms. Hart, Ms. Porchia-Usher, Mr. Vu
   Absent: Ms. Ezquerro, Mr. Karnataki, Ms. Ramirez

4. Health Plan Update

Christine Tomcala, Chief Executive Officer, presented the enrollment update. The Plan's enrollment continues to grow. As of March 1, 2021, total enrollment is 276,842 members, a 14.5% increase since March 2020, with 266,962 Medi-Cal members and 9,880 Cal MediConnect members.

Ms. Tomcala noted strategic planning is underway, which will provide organizational direction for the next three years. The plan will focus on three goals: (1) SCFHP will be a recognized local leader and collaborator in improving the health of vulnerable communities; (2) SCFHP will deliver exceptional quality outcomes and health equity for all Plan members; and (3) SCFHP will consistently demonstrate administrative and service excellence. Ms. Tomcala hopes to share a further update on the strategic plan at the June 8, 2021 Committee meeting.

As part of the strategic planning process, the Plan will refresh its mission statement and values, and will develop a vision statement for SCFHP. Ms. Porchia-Usher asked if there is an opportunity for the Committee to participate in the strategic planning process. Ms. Tomcala advised that by the time the Committee meets again, the strategic plan will likely have been approved by the Governing Board. Ms. Tomcala shared that, as part of the strategic planning process, input was solicited from a number of stakeholders in the community.

Ms. Tomcala provided an update on the Medi-Cal Rx transition, which has been delayed until further notice. The State intends to move forward with the Medi-Cal Rx transition; however, there is no current implementation date.

Ms. Tomcala concluded with a recap of the March audits, which include the recently completed HEDIS audit, as well as the upcoming DHCS and DMHC audits from March 8 through March 19, 2021. Ms. Tomcala assured the committee that these are routine oversight audits.

5. COVID-19 Update and Vaccine Outreach

Chelsea Byom, Director, Marketing & Communications, presented the Committee with an update on the Plan's key messages on COVID-19. SCFHP offers transportation services to and from vaccine appointments at no cost to members. The Plan encourages all members to stay safe, wear a mask, continue to practice social distancing, and stay home as much as possible until members of your community are also vaccinated. SCFHP will continue to update their guidance to our members as additional information is received from public health officials.

Ms. Byom introduced Dr. Lily Boris, Medical Director, to answer members' questions and address their concerns. Mr. Vu was pleasantly surprised with how well organized the vaccination process was, although some members of his community experienced hiccups with the process. Mr. Vu did not suffer from any unusual side effects. Mr. Sinha also had a well-organized vaccination experience, and he did not suffer from any unusual side effects. Dr. Boris explained the CDC post-vaccination guidelines to the Committee. Dr. Boris emphasized the importance of the 2nd dose of the vaccine for those who received either the Pfizer or Moderna vaccines. The CDC recommends that individuals who are fully vaccinated should wait 2 weeks after their 2nd dose to gather with small groups of people who are also fully vaccinated. Masks and social-distancing are still recommended to protect unvaccinated individuals. There are no travel guidelines issued yet.

Approximately 18% of California's population is vaccinated, with approximately 10% of individuals who have received their 2nd doses. The vaccine is most effective 2 weeks after the 2nd dose. The feedback as to side effects is consistent, with a sore arm the most commonly reported side effect. Santa Clara County is running short on vaccines, with no new vaccine appointments offered between March 7 and March 14. Shipments are received on a weekly basis, and only 2nd vaccines will be offered during this time. As of March 15, the next tier of individuals will qualify, which includes individuals 16-65 years of age, with proof of concurrent medical conditions. California has administered 10 million more vaccinations than any other state. President Biden announced that by the end of May 2021 there will be enough vaccines available for every eligible individual in the United States. Mr. Vu asked if, once you are fully vaccinated, it is possible to contract and spread the virus.

Dr. Boris replied that some of this information is still unknown. The recommendation is to continue to mask and practice social-distancing, particularly among non-vaccinated individuals. It is also recommended to quarantine for 2 weeks if you feel you have been exposed.

Ms. Byom continued with SCFHP's vaccine outreach efforts. The Plan's outreach efforts are in sync with Santa Clara County's vaccination supply and availability of appointments. Ms. Byom highlighted the Plan's multimodal outreach strategies. Ms. Porchia-Usher asked what the Plan has done to support members who are homebound or experience mobility issues. Ms. Byom replied that she would need to reach out to Case Management for details. SCFHP is part of the County stakeholder collaborative workgroup of community partners, and a number of organizations are in discussion on how to reach individuals who are homebound. Mr. Vu suggested that no cost transportation to and from vaccine appointments should be included in all member communications, and Ms. Byom agreed with this suggestion. Ms. Everett asked if wheelchair transportation vehicles are available. Ms. Turner explained that the Plan offers non-emergency transportation and non-emergency medical transportation. Medical transportation accommodates wheelchairs, bariatric transport, stretchers, et. al. State policy requires an authorization form from the member's physician in order to approve medical transportation.

6. **Community Resource Center (CRC)**

Mike Gonzalez, Manager, Community Resource Center, presented the Committee with an update on the CRC. Mr. Gonzalez highlighted the work in progress over the next few months to ensure the CRC is operational and will meet the needs of our members and community residents. Mr. Gonzalez defined the Plan's key populations, and he discussed the mission of the CRC. Mr. Gonzalez outlined the goals of the CRC Strategic Planning process. During this strategic planning process, the CRC will have a phased opening following strict COVID guidelines. In-person services will be limited; however, virtual programming services via Zoom and social media will be available. Health and wellness classes will be offered in English and Spanish and classes in other threshold languages will be offered in the future.

Ms. Porchia-Usher asked if there any opportunities for Plan members to become involved in the strategic planning process. Mr. Gonzalez affirmed that input on the strategic planning process is welcome. Ms. Hart asked if the homeless population can access the CRC as a "safe space". Mr. Gonzalez clarified that the CRC will not function as a shelter; however, it will be a good resource to link all populations to the appropriate services. Ms. Hart asked if this means the staff working there will have actual "lived" experience, and Mr. Gonzalez agreed this is a key element to the appropriate staffing of the Center.

7. **Preventive Care Campaign**

Cristina Hernandez, Marketing Project Manager, introduced the Plan's Preventive Care Campaign and explained the concept of 'Your health, your call'. The Plan will be running a series of digital display ads and social media ads. These ads will link to www.StayHealthySCC.com for preventive care resources.

Ms. Shah facilitated the field test of images and texts that will be used in online advertisements, in particular Facebook. Ms. Shah asked Committee members to review the images and provide feedback as to whether or not they can relate to the people represented in the images, and if the images make them think about their own health. Feedback was also solicited as to whether or not the accompanying text was clear and concise. Mr. Vu noticed that there was no image of families with older people. Ms. Hart felt the text is easy to understand, but was alarmed by the image with the boy receiving a shot. Ms. Porchia-Usher agreed with Mr. Vu that there was no clear sense of family in the images, nor were there any images of multi-generational households. Ms. Hart asked if the campaign will be in other languages. Ms. Hernandez confirmed the ad campaign will be presented in English, Spanish, and Vietnamese.

8. **Advertising Campaigns**

Ms. Hernandez shared additional advertising campaigns that are in the works. Ms. Hernandez outlined the Brand Awareness Campaign Strategy objectives and desired outcomes. In conjunction with the Plan's COVID-19 vaccine efforts, Marketing is running the 'Roll up your sleeve against COVID-19' campaign. Mr. Vu asked if there is any truth to the rumor

that you should only get the vaccine in your right arm. Dr. Boris explained it is safe to get the vaccine in either arm.

9. **SCFHP Member Communications**

Theresa Zhang, Manager, Communications, gave an overview of the member communications completed since the December 2020 CAC meeting. Mailings included the winter newsletter, which was mailed out at the end of January, with a reminder to begin 2021 with a wellness check as well as instructional infographics. The newsletter also included articles on anti-depressants, asthma medications, sleep, taking care of your heart, the importance of pre-natal and post-partum visits, and how to enroll in the Black Infant Health program. Flu shot reminder postcards were mailed to members. The Plan sent letters on how to join our rewards program for completion of certain health checks. The Plan continues to call our vulnerable, high risk members to check in on their welfare during COVID and to help with vaccine appointments. Ms. Zhang highlighted the SCFHP website which is updated with meeting materials, member materials such as the Formulary, Provider directory, and newsletters, Coronavirus information, and a dedicated flu webpage to find flu shots near you. Ms. Zhang continued with a list of the events the Plan sent outreach materials to since our December 2020 meeting. The Plan has not attended any events in person since April.

10. **Future Agenda Items**

Ms. Porchia-Usher asked for feedback as to future agenda items. Ms. Everett suggested a discussion and overview on the Adverse Childhood Experiences (ACES) caregiver training program. Ms. Tomcala thanked Ms. Everett for suggesting this topic, as SCFHP is doing its utmost to get ACES screening for our members. Ms. Tomcala stated this is a worthy topic, and some of the Committee members may, or may not be, familiar with the ACES training program. Ms. Zhang discussed the Provider communications that the Marketing department has mailed out to our Provider groups in regards to ACES training and screenings. The Committee also agreed that a discussion about COVID-19 and mental health would be beneficial, with a focus on the impact of the lock down on relationships with spouses and children.

11. **Adjournment**

The meeting adjourned at 7:10 p.m. The next Cal MediConnect Consumer Advisory Committee meeting is scheduled for Tuesday, June 8, 2021 at 6:00 p.m.

Debra Porchia-Usher, Chairperson
Consumer Advisory Committee

Santa Clara County Health Authority
Updates to Pay Schedule
March 25, 2021

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Director, IT Compliance and Data Quality Assurance	Annually	126,783	161,649	196,514
Director, Marketing, Communications and Outreach	Annually	146,106	189,937	233,769
Manager, Community Based Case Management	Annually	107,901	137,573	167,246
Manager, Information Systems Data Quality	Annually	107,901	137,573	167,246
Manager, IT Operations	Annually	126,783	161,649	196,514
Medical Management Personal Care Coordinator Lead	Annually	61,588	76,984	92,381
Quality Outreach Coordinator	Annually	49,655	60,827	72,000

Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
March 25, 2021

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Director, Marketing & Communications	Annually	146,106	189,937	233,769

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Santa Clara Family Health Plan
Quarterly Investment Compliance Report
for the Quarter Ended December 31, 2020

</div>

1. OVERVIEW

The California Government Code (the Code), Section 53646, which governs Santa Clara Family Health Plan's (the Plan's) investments, states that the Chief Financial Officer may render a quarterly report on the status of investment portfolio and excess cash to its Governing Board.

This quarterly report contains a listing of investments, fund balances, activity, and return on investments made by the Plan. Quarterly reports also reflect the current positions and past performance of a portfolio of investments for the period of time under consideration.

This quarterly report also includes 1) a statement of compliance with the investment policy or an explanation for non-compliance; and 2) a statement of SCFHP's ability to meet its expenditure requirements for the next six months (and an explanation of why sufficient money would not be available, if that were the case).

The Plan's investments and excess cash accounts currently include:

1. County of Santa Clara Comingled Investment Pool (County Pool)

2. Wells Fargo Investment Management Portfolio (Portfolio)

3. Wells Fargo Stagecoach Money Market Fund (Sweep)

2. COMPLIANCE WITH ANNUAL INVESTMENT POLICY

Based upon our independent compliance review of the quarterly investment reports prepared for the County Pool, and Portfolio investments and the Sweep account, all investments were in compliance with the Santa Clara Family Health Plan's 2020 Annual Investment Policy adopted April 23, 2020. Investments made by Wells Fargo Asset Management are made in keeping with the Annual Investment Policy and the California Government Code.

As required by the Code, the quarter end listing of the portfolio holdings is attached to this report.

3. PORTFOLIO SUMMARY

As of December 31, 2020, the market values of the investments of the SCFHP in the County Pool, the Wells' managed portfolio and the Wells' Stagecoach Money Market Fund (Sweep Account) are as follows:

County Commingled Investment Pool (County Pool)	Wells Fargo Asset Management Portfolio (Portfolio)	Wells Fargo Stagecoach Money Market Fund (Sweep Account)	Total
$156,597,196	$149,782,160	$33,829,358	$340,208,714

4. SIX MONTH CASH SUFFICIENCY

The Plan's CFO confirmed to Sperry Capital that as of the quarter ending December 31, 2020, the Plan has sufficient cash on-hand plus projected revenues to meet its operating expenditure requirements for at least the next six months.

5. DIVERSIFICATION COMPLIANCE

As of December 31, 2020, the investment composition of the Wells Portfolio and Sweep accounts is compliant with the SCFHP Annual Investment Policy 2020.

The published Quarterly Investment Report as of December 31, 2020 for the Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. There is no maximum percentage requirement for investment in the Commingled Investment Pool.

6. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

Investment Type	Maximum Maturity	Maximum Specified % of Portfolio	Minimum Quality Requirements	Portfolio As of 12-31-2020	Compliance
Wells Stagecoach MMF	N/A	20%	**	33,829,358	Yes
Wells Govt MMF	N/A	20%	**	92,437	Yes
Commingled Investment Pool	N/A	None	None	156,597,196	Yes
U.S. Treasury Obligations	5 years	None	None	97,219,446	Yes
U.S. Agency Obligations	5 years	None	None	28,141,477	Yes
Commercial Paper	270 days	25% of the agency's money	Highest letter & number rating by a national rating agency	7,998,892	Yes
CA Local Agency Obligations	5 years	None	None	2,108,896	Yes
Medium-Term Notes	5 years	30% (with not more than 20% in any 1 institution)	"A" rating or better	14,221,007	Yes
Cash		None		5	Yes

**A money market mutual fund must receive the highest ranking by not less than two nationally recognized statistical rating organizations or retain an investment advisor registered with the SEC or exempt from registration and who has not less than five years' experience investing in money market instruments with assets under management in excess of $500 million.

7. PERFORMANCE

For the quarter ended December 31, 2020

Wells Fargo Asset Managed Portfolio
Annualized Yield = 0.04%* (0.01% = quarter-end; net of fees)
Primary Benchmark: ICE BofA Merrill Lynch 3-Month T-Bill: 0.03%
Average Duration: 0.155 years*
Average Effective Maturity: 0.163 years*
   provided by Wells Fargo Asset Management

Santa Clara County Commingled Investment Pool
Annualized Yield = 1.04%
Weighted average life = 1.65 years (604 days)
Benchmark: LAIF = 0.58%; weighted average life = 0.47 years (171 days)
Benchmark: 2-year T-Note = 0.14% (730 days)

Stagecoach Sweep Account (Wells Money Market Mutual Fund)
Annualized Yield = 0.01%
Benchmark: Fidelity AAA MMF = 0.01%

ATTACHMENT

Portfolio listing of the Wells Fargo Asset Managed Portfolio as of December 31, 3020

WC-Santa Clara Family HealthPl
Account: XXXX5000
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

Cash

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
CCYUSD	0.06	0.00	12/31/2020	0.06	1.0000	0.00	0.06
Cash	0.06	AAA	12/31/2020		0.00	0.00	0.06
CCYUSD	4.81	0.00	12/31/2020	4.81	1.0000	0.00	4.81
Receivable	4.81	AAA	12/31/2020		0.00	0.00	4.81
CCYUSD	**4.87**	**0.00**	**12/31/2020**	**4.87**	**1.0000**	**0.00**	**4.87**
---	**4.87**	**AAA**	**12/31/2020**		**0.00**	**0.00**	**4.87**

MMFund

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
94975P405	92,437.31	0.01	12/31/2020	92,437.31	1.0000	0.00	92,437.31
WELLSFARGO:GOVT MM I	92,437.31	AAA	12/31/2020		0.01	0.00	92,437.31
94975P405	**92,437.31**	**0.01**	**12/31/2020**	**92,437.31**	**1.0000**	**0.00**	**92,437.31**
WELLSFARGO:GOVT MM I	**92,437.31**	**AAA**	**12/31/2020**		**0.01**	**0.00**	**92,437.31**

Fixed Income

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
06051GEM7	2,215,000.00	5.70	01/24/2022	2,342,264.82	105.6856	55,061.21	2,340,935.04
BANK OF AMERICA CORP	2,215,000.00	A	01/24/2022		0.34	-1,329.78	2,395,996.25
06406FAA1	760,000.00	2.50	04/15/2021	763,061.85	100.4506	4,011.11	763,424.63
BANK OF NEW YORK MELLON CORP	760,000.00	A+	03/15/2021		0.30	362.77	767,435.74
06406FAB9	1,500,000.00	2.05	05/03/2021	1,507,144.81	100.4450	4,954.17	1,506,675.00
BANK OF NEW YORK MELLON CORP	1,500,000.00	A+	04/03/2021		0.30	-469.81	1,511,629.17
14913Q2W8	1,102,000.00	2.65	05/17/2021	1,111,999.66	100.8753	3,569.26	1,111,646.16
CATERPILLAR FINANCIAL SERVICES CORP	1,102,000.00	A	05/17/2021		0.33	-353.50	1,115,215.41
22550L2A8	2,100,000.00	2.10	11/12/2021	2,132,880.36	101.5441	6,002.50	2,132,425.76
CREDIT SUISSE AG (NEW YORK BRANCH)	2,100,000.00	A+	11/12/2021		0.31	-454.59	2,138,428.26
30229AP37	2,000,000.00	0.00	02/03/2021	1,999,725.00	99.9892	0.00	1,999,784.66
Exxon Mobil Corporation	2,000,000.00	A-1+	02/03/2021		0.12	59.66	1,999,784.66
313313DU9	1,000,000.00	0.00	04/01/2021	999,249.14	99.9783	0.00	999,782.50
FEDERAL FARM CREDIT BANKS FUNDING CORP	1,000,000.00	A-1+	04/01/2021		0.09	533.36	999,782.50
313313NF1	2,000,000.00	0.00	10/21/2021	1,997,883.64	99.9114	0.00	1,998,227.78
FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00	A-1+	10/21/2021		0.11	344.14	1,998,227.78
3130AF5B9	5,000,000.00	3.00	10/12/2021	5,111,209.62	102.2180	32,916.67	5,110,900.30
FEDERAL HOME LOAN BANKS	5,000,000.00	AAA	10/12/2021		0.15	-309.32	5,143,816.97
313385AN6	20,000,000.00	0.00	01/13/2021	19,999,500.00	99.9982	0.00	19,999,650.00
FEDERAL HOME LOAN BANKS	20,000,000.00	A-1+	01/13/2021		0.05	150.00	19,999,650.00

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 31 December 2020

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
38346LP26 Gotham Funding Corporation	3,000,000.00 3,000,000.00	0.00 A-1	02/02/2021 02/02/2021	2,999,520.00	99.9812 ---	0.00 -83.76	2,999,436.24 2,999,436.24
24422ESL4 JOHN DEERE CAPITAL CORP	500,000.00 500,000.00	2.80 A	03/04/2021 03/04/2021	500,889.38	100.4138 0.42	4,550.00 1,179.55	502,068.93 506,618.93
24422EUV9 JOHN DEERE CAPITAL CORP	1,500,000.00 1,500,000.00	2.30 A	06/07/2021 06/07/2021	1,512,892.33	100.8956 0.23	2,300.00 541.46	1,513,433.79 1,515,733.79
50000DNU6 Koch Industries, Inc.	3,000,000.00 3,000,000.00	0.00 A-1+	01/28/2021 01/28/2021	2,999,662.50	99.9890 0.14	0.00 8.49	2,999,670.99 2,999,670.99
542424WH5 LONG BEACH CALIF HBR REV	1,500,000.00 1,500,000.00	4.00 AA	07/15/2021 07/15/2021	1,524,470.56	102.0300 0.23	27,666.67 5,979.44	1,530,450.00 1,558,116.67
752147HE1 RANCHO SANTIAGO CALIF CMNTY COLLEGE DIST	550,000.00 550,000.00	0.23 AA	09/01/2021 09/01/2021	550,000.00	100.0640 0.14	427.24 352.00	550,352.00 550,779.24
857477AV5 STATE STREET CORP	2,000,000.00 2,000,000.00	1.95 A+	05/19/2021 05/19/2021	2,012,606.32	100.6659 0.21	4,550.00 712.54	2,013,318.86 2,017,868.86
89236TGS8 TOYOTA MOTOR CREDIT CORP	2,250,000.00 2,250,000.00	0.35 A+	08/13/2021 08/13/2021	2,251,385.47	100.0454 0.24	1,058.49 -363.18	2,251,022.29 2,252,080.78
912828B58 UNITED STATES TREASURY	1,700,000.00 1,700,000.00	2.13 AAA	01/31/2021 01/31/2021	1,700,609.66	100.1455 0.39	15,117.53 1,863.84	1,702,473.50 1,717,591.03
9128286V7 UNITED STATES TREASURY	5,900,000.00 5,900,000.00	2.13 AAA	05/31/2021 05/31/2021	5,941,682.67	100.8125 0.16	11,021.98 6,254.83	5,947,937.50 5,958,959.48
912796UC1 UNITED STATES TREASURY	30,000,000.00 30,000,000.00	0.00 A-1+	01/28/2021 01/28/2021	29,998,211.25	99.9962 0.05	0.00 648.75	29,998,860.00 29,998,860.00
9127963T4 UNITED STATES TREASURY	23,950,000.00 23,950,000.00	0.00 A-1+	01/07/2021 01/07/2021	23,949,710.61	99.9997 0.01	0.00 217.54	23,949,928.15 23,949,928.15
9127963V9 UNITED STATES TREASURY	475,000.00 475,000.00	0.00 A-1+	01/21/2021 01/21/2021	474,968.07	99.9979 0.04	0.00 21.96	474,990.03 474,990.03
912796A66 UNITED STATES TREASURY	7,870,000.00 7,870,000.00	0.00 A-1+	01/12/2021 01/12/2021	7,869,853.31	99.9991 0.03	0.00 75.86	7,869,929.17 7,869,929.17
912796A82 UNITED STATES TREASURY	27,000,000.00 27,000,000.00	0.00 A-1+	01/26/2021 01/26/2021	26,998,668.75	99.9971 0.04	0.00 548.25	26,999,217.00 26,999,217.00
9127964F3 UNITED STATES TREASURY	250,000.00 250,000.00	0.00 A-1+	03/04/2021 03/04/2021	249,968.74	99.9885 0.07	0.00 2.51	249,971.25 249,971.25
--- ---	149,122,000.00 149,122,000.00	0.49 AA+	03/01/2021 02/28/2021	149,500,018.52	100.2744 0.08	173,206.82 16,493.00	149,516,511.53 149,689,718.34

Summary

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
--- ---	149,214,442.18 149,214,442.18	0.49 AA+	03/01/2021 02/28/2021	149,592,460.70	100.2131 0.08	173,206.82 16,493.00	149,608,953.71 149,782,160.52

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Portfolio Holdings

US Dollar

As of 31 December 2020

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO | Asset Management

* Grouped by: Asset Class.   * Groups Sorted by: Asset Class.   * Weighted by: Base Market Value + Accrued.   * Holdings Displayed by: Position.

Board Feedback Themes

- Clear commitment to and accountability for **equity** as addressed in vision, mission, values and strategic plan

- Emphasis on proactively engaging, listening to and responding to the **member perspective**

- Explicit focus on **children** and **behavioral health** as part of the strategic plan

- Multiple recommendations on how to assert greater **visibility and community leadership**

- Clarification of plan role as both **leading** community health initiatives and **serving as a community ally/partner** with other initiatives and organizations

- Emphasis on **accountability** for raising **quality/access outcomes** and reducing **disparities** (by network, race/ethnicity, geography, age)

- Keep in mind the effectiveness of **concise** statements, and organizational **bandwidth**

Vision
Health for all—a fair and just community where everyone has access to opportunities to be healthy.

Mission
To improve the well-being of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations committed to the health of our community.

Values

- **Members First:** We proactively engage, listen to, and focus on the welfare of our members.

- **Excellence:** We strive to deliver the highest quality experience to our members and partners.

- **Better Together:** We collaborate with and invest in our partners and each other to benefit the community.

- **Integrity:** We do the right things for the right reasons to earn and keep our members' and partners' trust.

- **Equity:** We are committed to eliminating the ways that institutional racism and other societal and individual barriers contribute to health disparities.

- **Diversity and Inclusion:** We value the richness of the diverse identities in our community and commit to integrating many perspectives in our actions.

- **Culture of Caring:** Together, we create a work culture that supports, develops, and recognizes team members.

- **Accountability and Stewardship:** We are accountable to each other and the community we serve, and are prudent financial stewards of our resources.

Santa Clara Family Health Plan™

Mission
To improve the well-being of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community.

Vision
Health for all—a fair and just community where everyone has access to opportunities to be healthy.

Values

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Santa Clara Family Health Plan™

2021-2023 STRATEGIC PLAN

Goals	Strategies	Success Measures
Community Health Leadership *Be a recognized local leader and collaborator in improving the health of vulnerable communities*	• As an essential partner in the safety net system, l**ead** improvement in the health of vulnerable communities • Raise Plan **visibility** among members and the community • Deepen **partnerships** with local officials and agencies, health systems, and Community Based Organizations • Provide culturally appropriate and responsive member and community **education** to improve health literacy and navigation, and promote connection to community resources	• Be a recognized and visible leader and community ally in improving and advocating for the health of vulnerable communities • Increase brand awareness among the targeted demographic from 54% to 65% who are at least moderately familiar with SCFHP • Partner with CBOs and system partners on programming for the Blanca Alvarado Community Resource Center (CRC) to address the health and social needs of members and the community
Quality, Access, & Equity *Deliver exceptional quality outcomes and health equity for all Plan members*	• Increase overall Plan **quality** across all networks, and close disparity gaps • Continue to invest in programs and collaborations to elevate the health and well-being of **children** enrolled in SCFHP • Meet National Committee for Quality Assurance (**NCQA**) **Medicaid Module** standards • Seek **NCQA Distinction in Multicultural Health Care** • Reduce **health and access disparities** among Plan membership, including strategies that address **social determinants of health** • Implement programs and benefits to serve populations with complex **medical, behavioral health, and social needs**	• Increase HEDIS average performance score for CMC & Medi-Cal across networks, ethnic groups, and age groups • Increase childhood screenings (blood lead, developmental and trauma) and referrals for identified needs • Achieve Medi-Cal NCQA Accreditation • Develop a roadmap for NCQA Distinction in Multicultural Health Care • Implement CalAIM population health management (PHM) programs, including Enhanced Care Management (ECM) and In Lieu of Services (ILOS) • Increase behavioral health awareness, prevention, and treatment across populations, including through telehealth and school-based programs
Organizational Excellence *Consistently demonstrate administrative and service excellence*	• Enhance and streamline the **member experience** • Develop a Dual Eligible Special Needs Plan (**D-SNP**) Medicare product • Deliver a responsive and timely **provider relations experience** • Promote **staff development,** a **cohesive organizational identity,** and an **equitable and inclusive workplace** • Foster a **culture of compliance** across the Plan and delegated entities • Ensure sustainable **financial health**	• Improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores • Increase market share in both lines of business • Improve provider and delegate net promoter score between 2022 and 2023 • Achieve overall ratings on employee satisfaction survey that exceed the norm of California health plans surveyed • Successfully launch a D-SNP effective Jan. 2023 • $\geq$ 95% of dashboard metrics in compliance • Achieve positive net income and maintain at least two months of expenses in reserve

Santa Clara Family Health Plan™

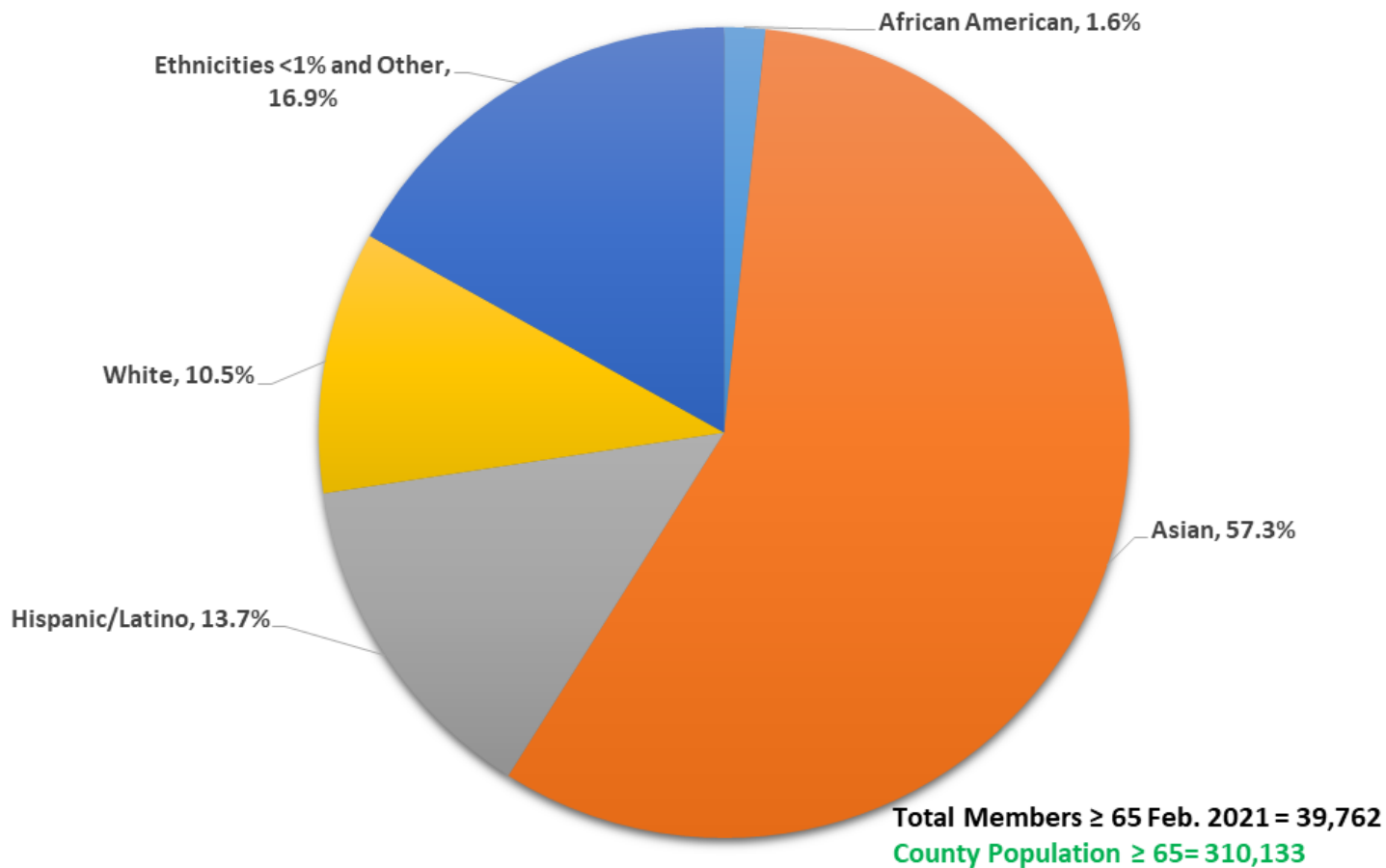# 2021-2023 STRATEGIC PLAN

Goals	Strategies	Success Measures
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SCFHP COVID-19 Summary – March 19, 2021

Group	Focus Area	Activities and Metrics
Members	Statistics	• 5,344 members positive • Cumulatively 1,753 members hospitalized • 184 deceased (94 SNF and 90 non-SNF), representing 9% of County-reported total (total membership equals about 12% of the County population)
	Vaccinations	• 16,423 members partially vaccinated; 23,556 members fully vaccinated • Ready to mail flier cobranded with County Public Health Department to members 65+ with information about how to get vaccinated, including how to access transportation • Planning mid-April robocall campaign to members 16-64 with underlying conditions to provide vaccine appointment URL and phone number and offer transportation • Planning late April letter to members 16-64 with underlying conditions with information on how to schedule a vaccine appointment, vaccine safety, and transportation
	Skilled Nursing Facilities	<table><tr><td>SNF</td><td># Positive</td><td>Expired</td><td>Total Beds</td><td>STAR Rating</td></tr><tr><td>Cedar Crest</td><td>1</td><td>6</td><td>99</td><td>5</td></tr><tr><td>The Ridge (Mt. Pleasant)</td><td>0</td><td>2</td><td>54</td><td>5</td></tr><tr><td>White Blossom</td><td>0</td><td>0</td><td>153</td><td>4</td></tr><tr><td>Amberwood (Westwood)</td><td>0</td><td>8</td><td>258</td><td>2</td></tr></table>

Santa Clara Family Health Plan™

SCFHP Members ≥ 65 by Ethnicity

African American, 1.6%

Ethnicities <1% and Other, 16.9%

White, 10.5%

Hispanic/Latino, 13.7%

Asian, 57.3%

Total Members ≥ 65 Feb. 2021 = 39,762
County Population ≥ 65= 310,133

Board Dashboard

March 2021

Santa Clara Family
Health Plan™

Membership

Market Share 78.8%

Medi-Cal

Jun-20	Sep-20	Dec-20	Mar-21
244,888	253,252	261,287	261,287

Market Share 83.7%

Cal MediConnect

Jun-20	Sep-20	Dec-20	Mar-21
8,987	9,428	9,820	9,820

Medi-Cal Membership Gain/Loss

3,941 → 3,227

-1,647 → -1,590

May-20 Jul-20 Sep-20 Nov-20 Jan-21 Mar-21

—— New   —— Reinstated   —— Termed   —— Net

Cal MediConnect Membership Gain/Loss

252 → 101

-100 → -92

May-20 Jul-20 Sep-20 Nov-20 Jan-21 Mar-21

—— New   —— Reinstated   —— Termed   —— Net

Medi-Cal Membership by Network

	FY20	FY21 Mar YTD
PAMF	3%	3%
PREMIER CARE	6%	6%
INDEPENDENT	6%	6%
MEDICARE PRIMARY	7%	6%
KAISER	11%	11%
PMG	18%	17%
VHP	50%	50%
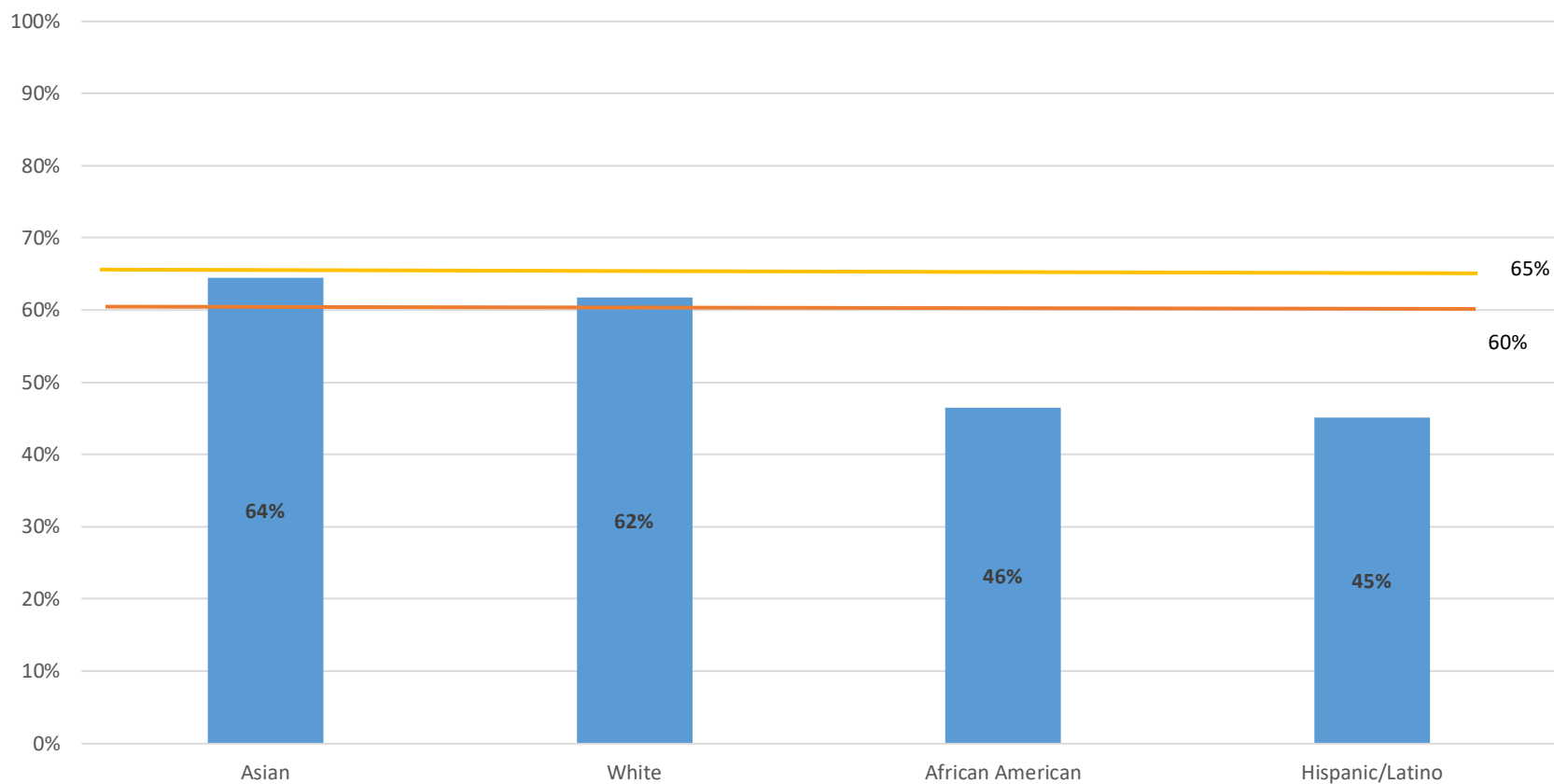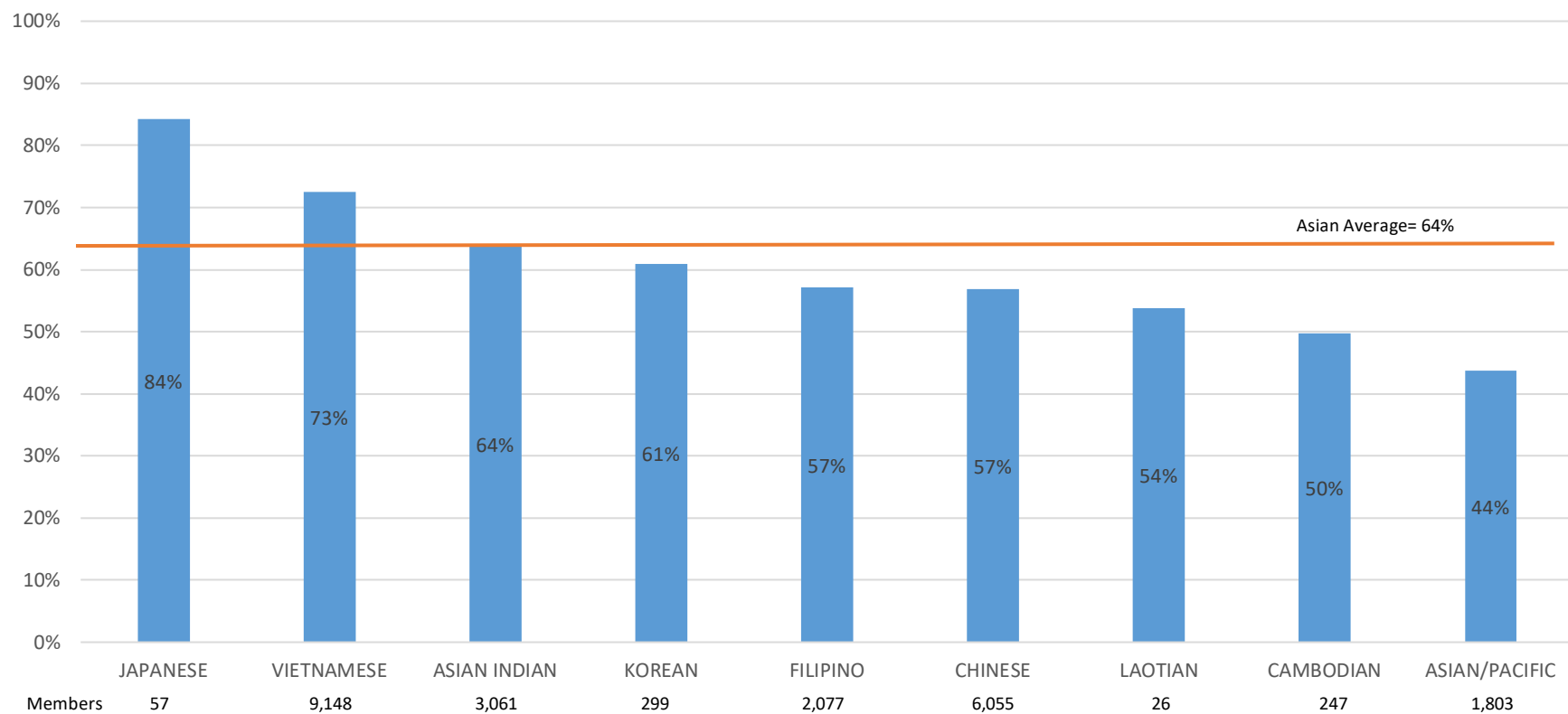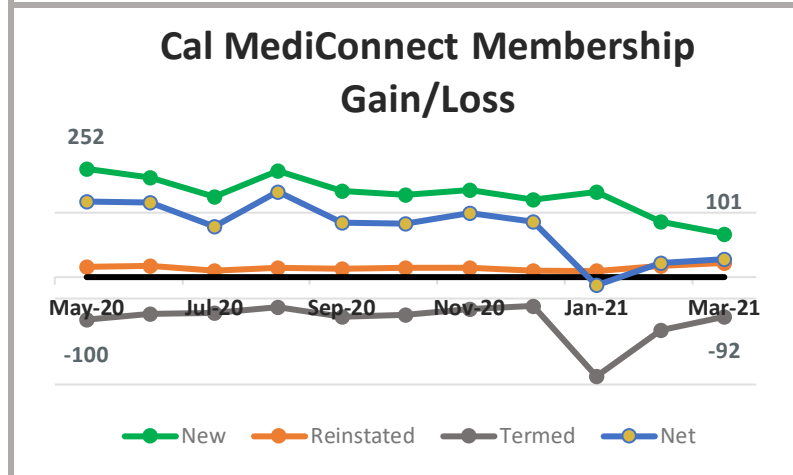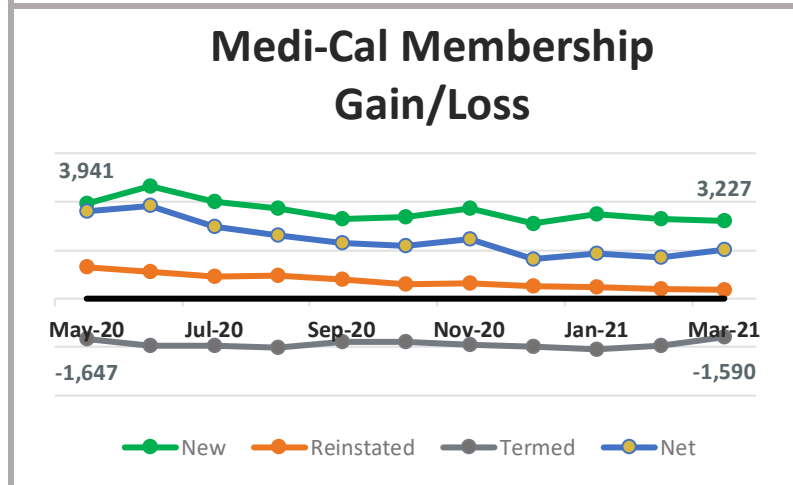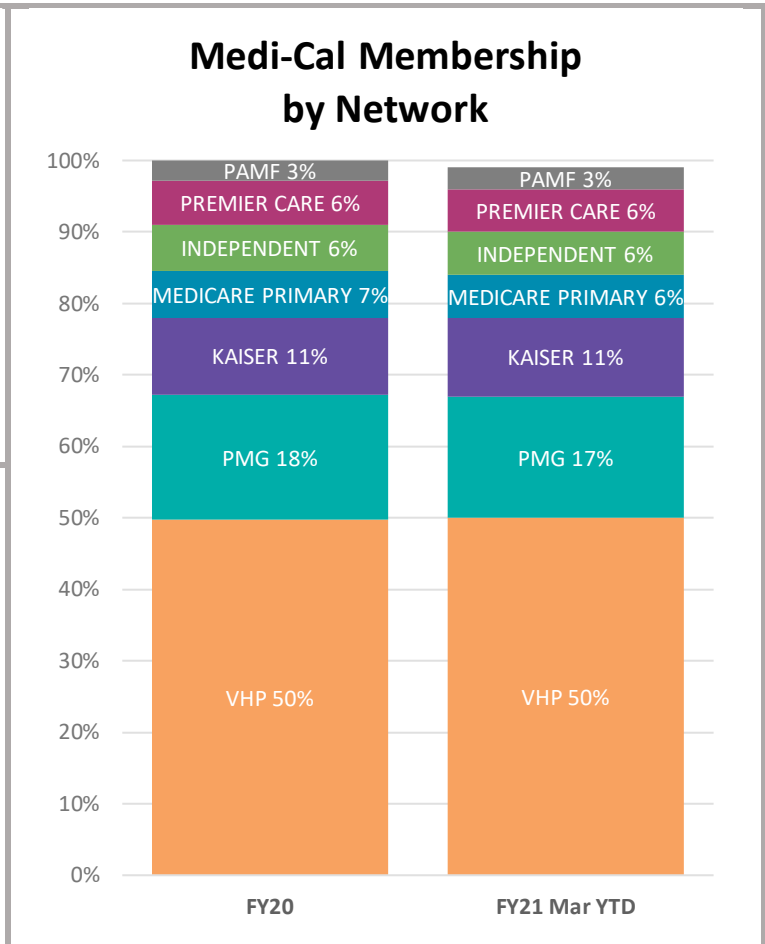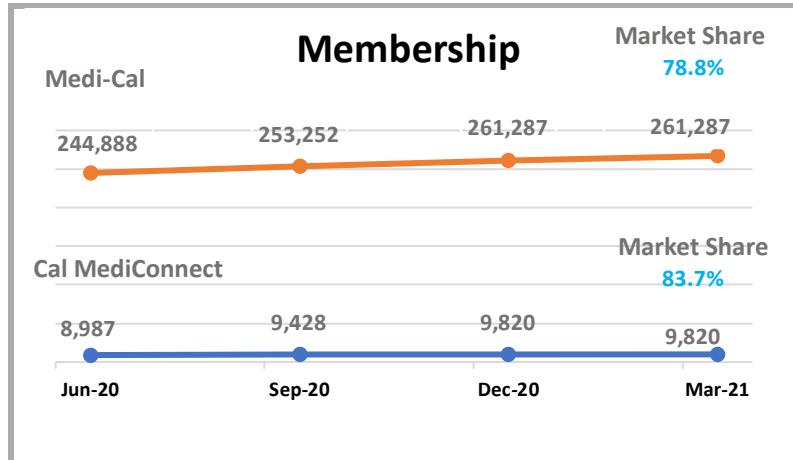
Financial Highlights

	Jan-21	YTD
Revenue	$106.9 M	$726.0 M
Medical Expense (MLR)	92.2%	93.6%
Administrative Expense	5.1%	5.3%
Net Surplus (Loss)	$2.6 M	$7.4 M

favorable variance

unfavorable variance

Human Resource Statistics

Employee
320

Talent acquisition
41
FY21YTD

Vacancy
25

Health Screenings FY21 Feb YTD

Developmental — 55% (6,037) — Goal:11,000

Lead — 33% (3,150) — Goal:9,500

Trauma — 66% (3,294) — Goal:5,000
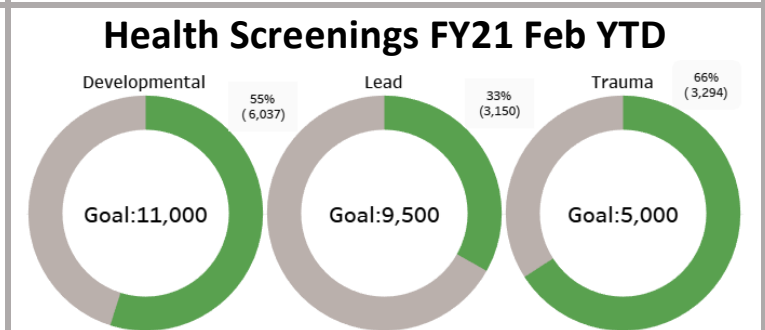
Board Dashboard
March 2021

Medi-Cal Inpatient Discharges by Hospital

	FY20	FY21 Feb YTD
Good Sam	3%	4%
El Camino	5%	6%
Stanford	5%	6%
Other	4%	4%
Kaiser	8%	7%
Regional	14%	10%
SCVMC	60%	63%

FY20: 12,773 — FY21 Feb YTD: 7,058

SCVMC= VMC, OCH, STL
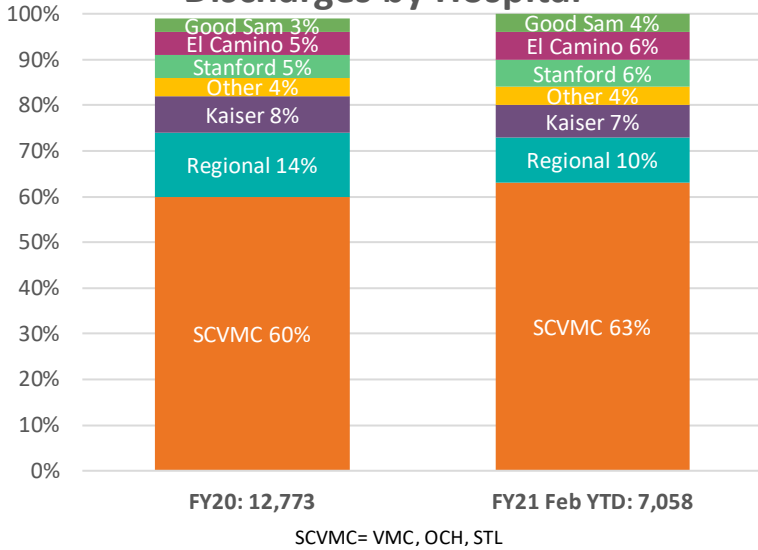
Medi-Cal Emergency Visits by Hospital

	FY20	FY21 Feb YTD
Good Sam	7%	8%
El Camino	8%	8%
Stanford	3%	5%
Other	5%	5%
Kaiser	15%	11%
Regional	27%	24%
SCVMC	35%	39%

FY20: 76,426 — FY21 Feb YTD: 35,493

SCVMC= VMC. OCH. STL
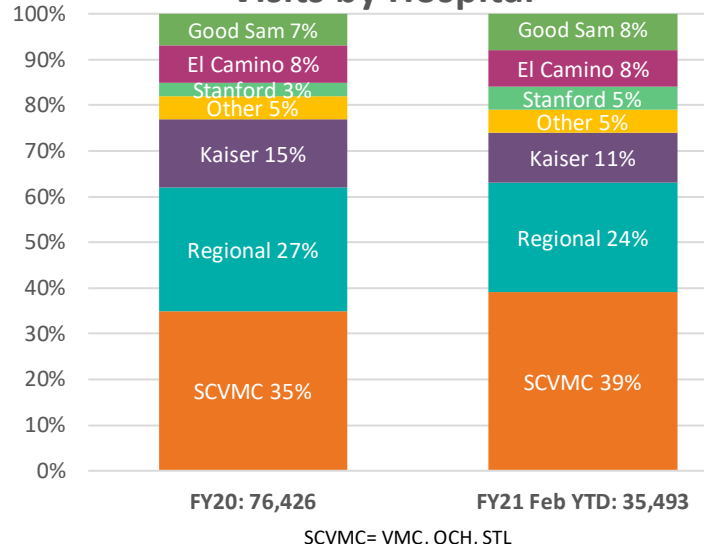
Cal MediConnect Inpatient Discharges by Hospital

	FY20	FY21 Feb YTD
Other	4%	4%
St. Louise	4%	5%
Good Sam	7%	6%
O'Connor	10%	14%
El Camino	14%	14%
Stanford	9%	11%
Regional	19%	17%
SCVMC	33%	29%

FY20: 1,993 — FY21 Feb YTD: 1,314
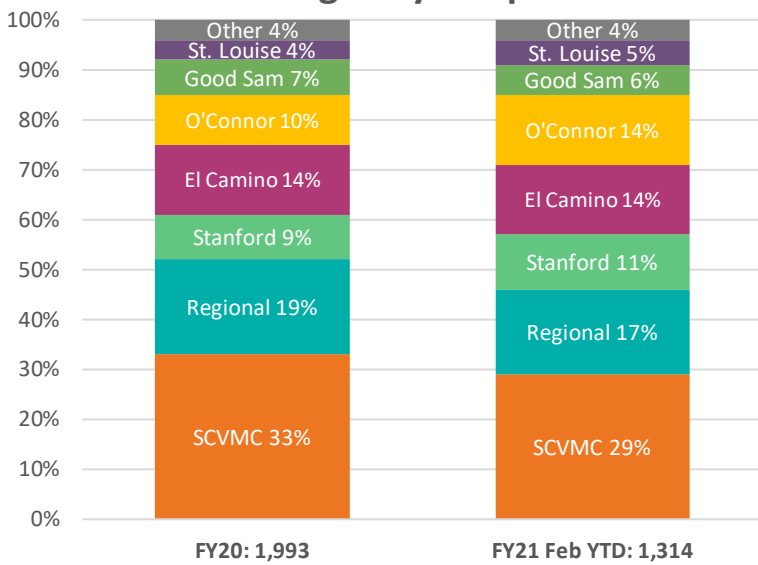
Cal MediConnect Emergency Visits by Hospital

	FY20	FY21 Feb YTD
Other	8%	6%
St. Louise	9%	9%
Good Sam	6%	8%
O'Connor	10%	14%
El Camino	11%	10%
Stanford	5%	6%
Regional	20%	20%
SCVMC	32%	27%

FY20: 3,888 — FY21 Feb YTD: 2,324
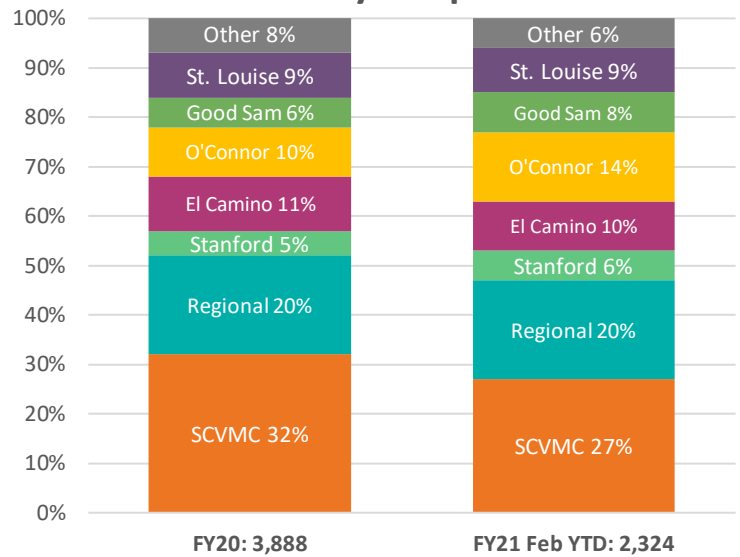
Medi-Cal Inpatient Average Length of Stay (ALOS)

FY20 Average: 4.2

FY20 Q3	FY20 Q4	FY21 Q1	FY21 Q2
4.7	4.0	4.2	4.6
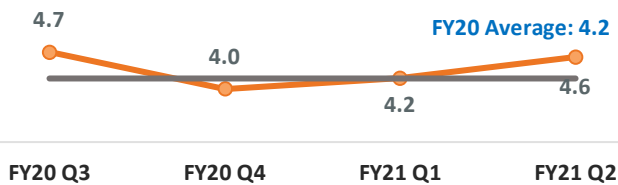
Cal MediConnect Inpatient Average Length of Stay (ALOS)

Medicare Average: 5.4

FY20 Q3	FY20 Q4	FY21 Q1	FY21 Q2
6.5	6.3	5.7	5.3

2

Board Dashboard

March 2021

Santa Clara Family Health Plan™

Medi-Cal Claims Processing

Jun-20 100.0%
Sep-20 99.9%
Dec-20 96.9%
Feb-21 99.7%

Goal ≥ 95% 45 days

— 45 days
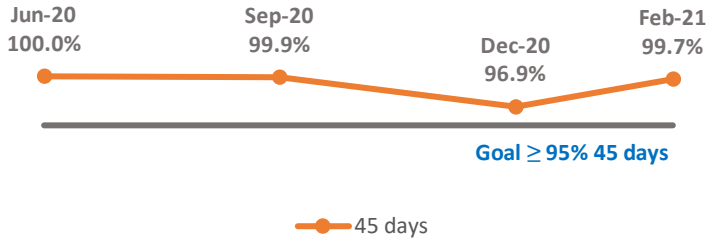
Cal MediConnect Claims Processing

Jun-20 99.9%
Sep-20 97.6%
Goal ≥ 99% 90 days
Goal ≥ 95% 30 days
Dec-20 97.3%
Feb-21 98.3%

— 30 days — 90 days
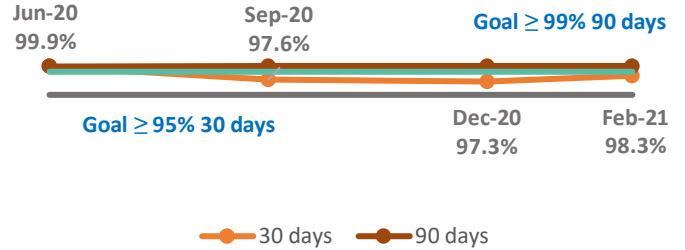
Member Calls Handled per 1,000 Members/Year

CMC FY20	3,545
CMC FY21 Feb YTD	2,802
MC FY20	758
MC FY21 Feb YTD	596

Abandoned Call Data

Goal ≤ 5%

CMC FY20	2.0%
CMC FY21 Feb YTD	2.1%
MC FY20	4.9%
MC FY21 Feb YTD	8.0%
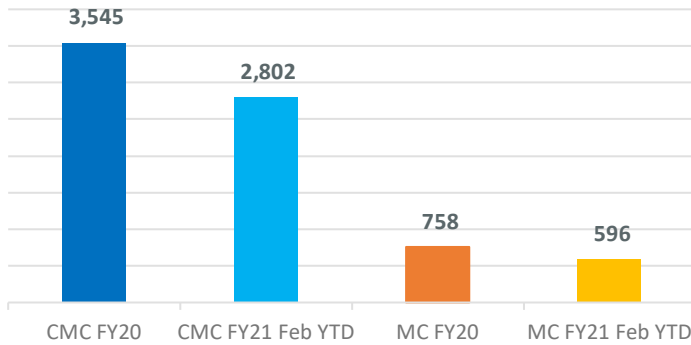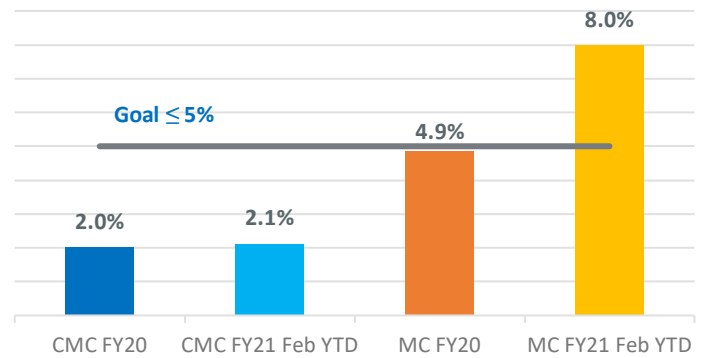
Medi-Cal Member Call Data

Goal ≤ 120

Average Speed of Answer: FY20 = 60, FY21 Feb YTD = 100 (Seconds)
Service Level: FY20 = 83.3%, FY21 Feb YTD = 68.5%

Average Speed of Answer   **Service Level**
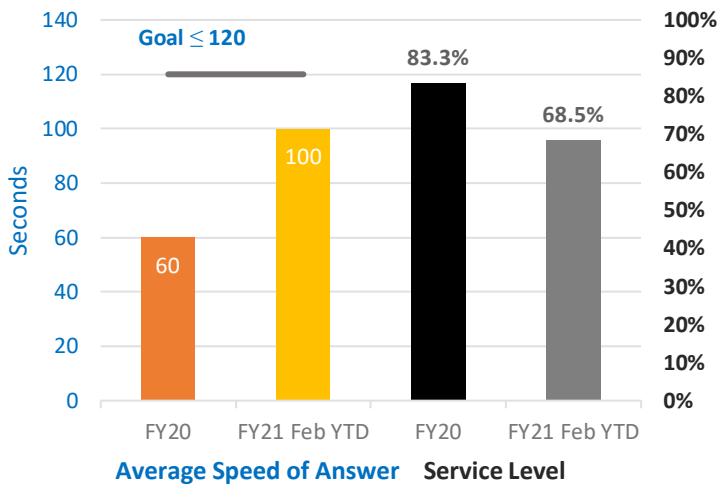
Cal MediConnect Member Call Data

Goal ≤ 30

Average Speed of Answer: FY20 = 27, FY21 Feb YTD = 25 (Seconds)
Service Level: FY20 = 85.3%, FY21 Feb YTD = 85.1%
Goal ≥ 80%

Average Speed of Answer   **Service Level**

3

Board Dashboard

March 2021

Santa Clara Family
Health Plan™
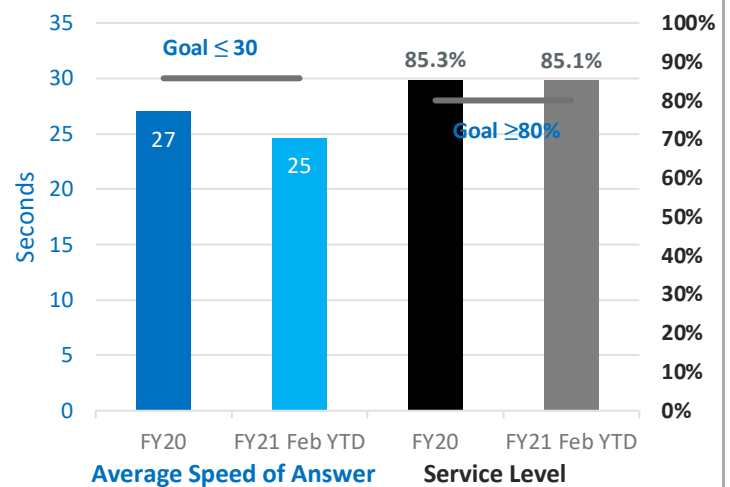
Appeals per 1,000 Members/Year

Appeal: request to change SCFHP coverage decision

	CMC	MC
FY20	57.4	4.5
FY21 Jan YTD	63.8	5.2

- FY20
- FY21 Jan YTD
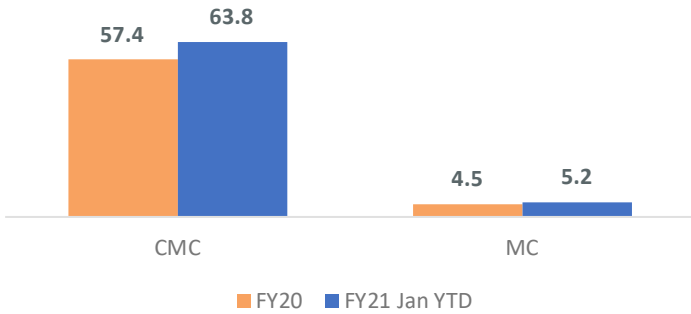
Grievances per 1,000 Members/Year

Grievance: member dissatisfaction with a service

	CMC	MC
FY20	144.2	9.6
FY21 Jan YTD	123.4	9.9

- FY20
- FY21 Jan YTD
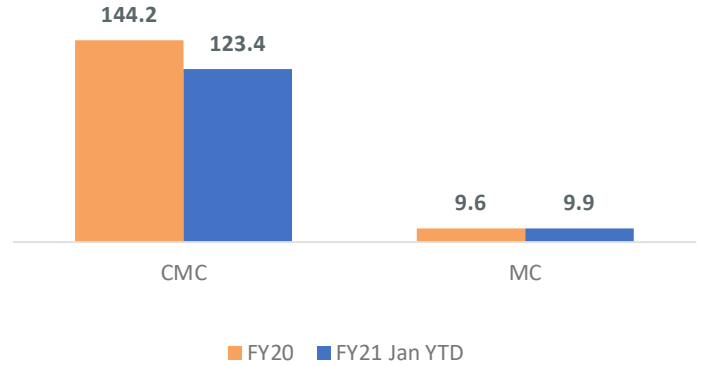
Medi-Cal Appeals by Outcome

FY20: 955
- Overturn 32%
- Uphold 68%

FY21 Jan YTD: 647
- Overturn 27%
- Uphold 73%
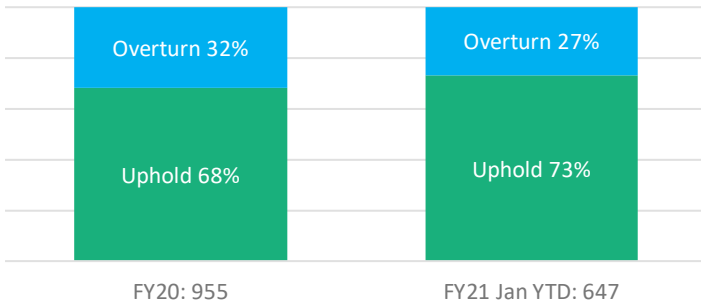
Cal MediConnect Appeals by Outcome

FY20: 485
- Overturn 71%
- Uphold 29%

FY21 Jan YTD: 322
- Overturn 70%
- Uphold 30%
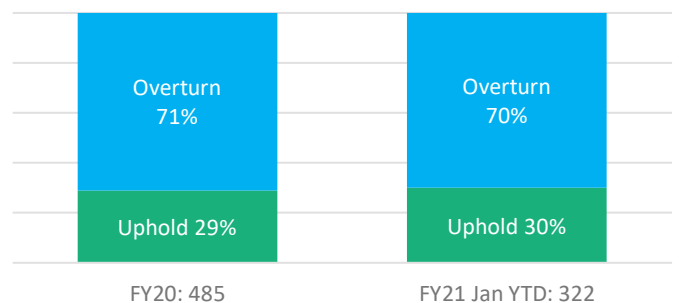
Medi-Cal Top Grievances per 1,000 Members/Year

	FY20	FY21 Jan YTD
Transportation Services (NMT)	2.0	0.9
Inappropriate Provider Care	1.1	1.1
Poor Provider/Staff Attitude	0.7	0.8
Billing Statement		1.0
Customer Service	0.7	0.6
Operation Policy	0.6	

- FY20
- FY21 Jan YTD
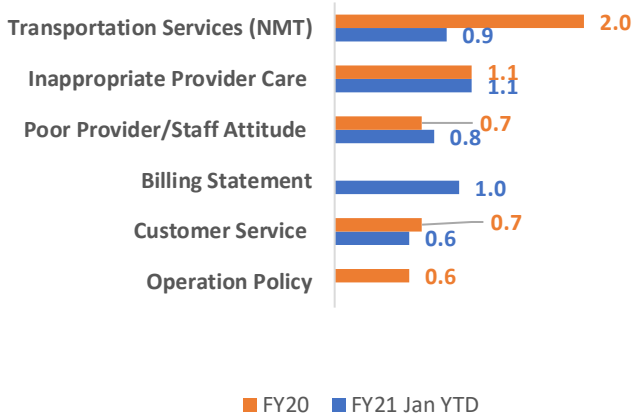
Cal MediConnect Top Grievances per 1,000 Members/ Year

	FY20	FY21 Jan YTD
Balance Billing Statement	55.0	53.0
Transportation Services (NMT)	14.1	8.8
Poor Provider/Staff Attitude	8.2	
Inappropriate Provider Care	5.7	9.7
Operation Policy		4.1
Access-Timely Access to PCP		4.5
Customer Service	5.2	

- FY20
- FY21 Jan YTD

Santa Clara Family Health Plan™

At a Glance
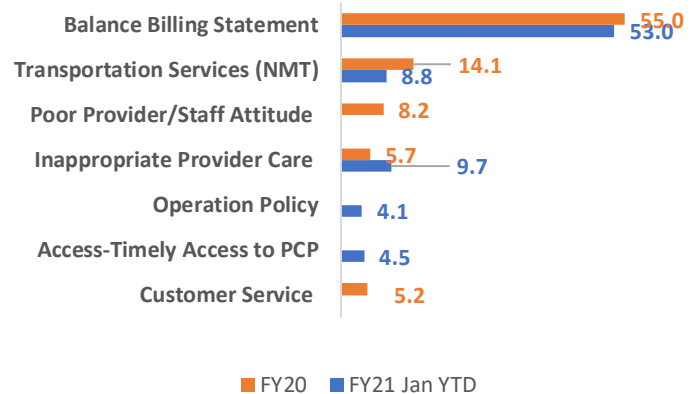
SCFHP is a local, community-based health plan dedicated to improving the health and well-being of Santa Clara County residents. Working in partnership with providers and community organizations, we serve our neighbors through our Medi-Cal and Cal MediConnect (Medicare-Medicaid Plan) health insurance plans.

MEMBER DEMOGRAPHICS

263,093
Medi-Cal Members

32.3%
of our Medi-Cal members are covered through ACA expansion

1.64
average # of kids enrolled with SCFHP per family

- 37% 0-18 years old
- 50% 19-64 years old
- 13% 65 + years old

- 53% ENGLISH
- 24% SPANISH
- 14% VIETNAMESE
- 4% CHINESE
- 1% TAGALOG
- 4% OTHER
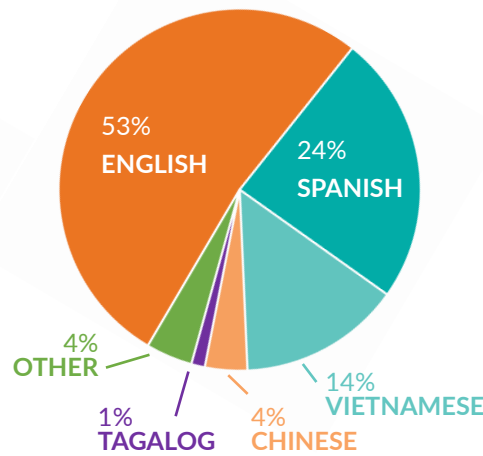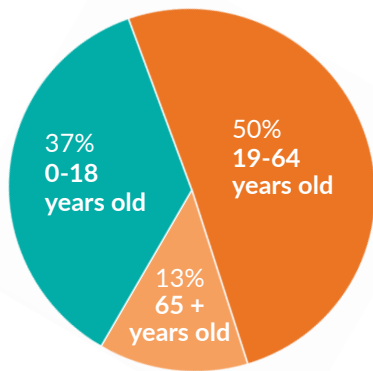
9,807
Cal MediConnect (Medicare-Medicaid Plan) Members

- 12% 85 + years old
- 4% 21 - 44 years old
- 14% 45 - 64 years old
- 28% 75 - 84 years old
- 43% 65 - 74 years old

- 41% ENGLISH
- 18% SPANISH
- 15% VIETNAMESE
- 14% CHINESE
- 4% TAGALOG
- 8% OTHER

Alameda
San Mateo
Stanislaus
Santa Clara
Santa Cruz
Merce
San Benito

Marketshare
79% - Medi-Cal
83% - Cal MediConnect
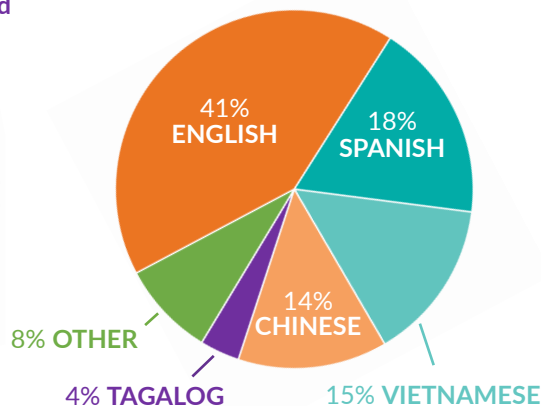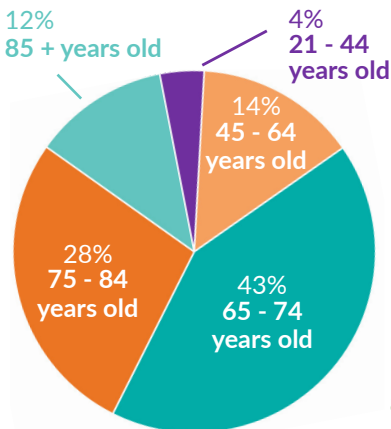
CONTRACTED PROVIDERS

Primary Care Physicians
815 Medi-Cal
537 Cal MediConnect

Specialists
4,456 Medi-Cal
3,131 Cal MediConnect

Ancillaries
875 Medi-Cal
241 Cal MediConnect

SCFHP is contracted with **all hospitals** in Santa Clara County, giving our members access to care that is convenient for them.

94 ¢
of every $1 pays for benefits and services

6 ¢
of every $1 funds administration

>$ 1 B
invested in local economy each year

Budget FY 20-21

Santa Clara Family Health Plan

@scfhp

www.scfhp.com

Compliance Report

March 25, 2021

AUDIT UPDATE

- **Compliance Program Effectiveness (CPE) Audit**
  In accordance with CMS requirements, the Plan recently completed its annual compliance program effectiveness audit, which was conducted by the audit firm, Medicare Compliance Solutions. The purpose of the CPE audit is to test the effectiveness of our Medicare compliance program utilizing CMS audit protocols. The final report included five observations and one finding requiring corrective action. The February Compliance Committee meeting included an in-depth discussion of the audit and Plan responses.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**
  Our 2021 annual DHCS audit, covering only Medi-Cal, occurred between March 8 and March 18, covering a review period of March 2020 through February 2021. A preliminary report is expected within the next few months.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**
  Also in March, the Plan underwent a follow-up audit of our 2019 DMHC audit. The scope of this audit was limited to the outstanding deficiencies in our 2019 audit final report. A preliminary report is expected within 3-4 months.

- **Medicare Data Validation (MDV)**
  The Plan is preparing for its annual Medicare data validation audit, which will take place in April and May. Various CMS-required reports for calendar year 2020 operational activities were submitted in February. Following submission of these reports, CMS requires that the Plan hire an independent entity to conduct a data validation of our reports, using CMS-developed protocols and standards.

Unaudited Financial Statements
For The Seven Months Ended January 31, 2021

Agenda

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Financial Highlights

	MTD		YTD	
Revenue	$107 M		$726 M	
Medical Expense (MLR)	$99 M	92.4%	$679 M	93.6%
Administrative Expense (% Rev)	$5.4 M	5.1%	$38.6 M	5.3%
Other Income/(Expense)	($282K)		($741K)	
Net Surplus (Net Loss)	**$2.3 M**		**$7.1 M**	
Cash and Investments			$384 M	
Receivables			$503 M	
Total Current Assets			$898 M	
Current Liabilities			$714 M	
Current Ratio			1.26	
Tangible Net Equity			$216 M	
% of DMHC Requirement			**626.1%**	

Financial Highlights

Net Surplus (Net Loss)	▶ Month: Surplus of $2.3M is $4.2M or 227.5% favorable to budget of $1.8M loss. ▶ YTD: Surplus of $7.1M is $8.1M or 849.6% favorable to budget of $949K loss.
Enrollment	▶ Month: Membership was 272,900 (483 or 0.2% higher than budget of 272,417). ▶ YTD: Member Months YTD was 1,858,934 (25,996 or 1.4% lower than budget of 1,884,930).
Revenue	▶ Month: $106.6M ($15.9M or 17.5% favorable to budget of $90.7M). ▶ YTD: $725.8M ($33.9M or 4.9% favorable to budget of $691.9M).
Medical Expenses	▶ Month: $98.6M ($11.4M or 13.1% unfavorable to budget of $87.1M). ▶ YTD: $679.3M ($24.0M or 3.7% unfavorable to budget of $655.3M).
Administrative Expenses	▶ Month: $5.4M ($256K or 4.5% favorable to budget of $5.7M). ▶ YTD: $38.6M ($689K or 1.8% favorable to budget of $39.3M).
Tangible Net Equity	▶ TNE was $215.8M (represents approximately two months of total expenses).
Capital Expenditures	▶ YTD Capital Investments of $3.3M vs. $6.9M annual budget, primarily Community Resource Center.

Detail Analyses

Enrollment

- Total enrollment of 272,900 members is 483 or 0.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 19,025 members or 7.5%.

- Medi-Cal enrollment has been increasing since January 2020, largely COVID enrollment (beginning in March 2020 annual eligibility redeterminations were suspended).

- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 8.0%, Medi-Cal Dual enrollment has increased 2.5%, and CMC enrollment has grown 9.1% also due largely to the suspension of disenrollments.

	For the Month January 2021				For Seven Months Ending January 31, 2021				Prior Year Actuals	Δ FY20 vs. FY21
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	263,093	263,153	(60)	(0.0%)	1,792,335	1,820,892	(28,557)	(1.6%)	1,654,848	8.3%
Cal Medi-Connect	9,807	9,264	543	5.9%	66,599	64,038	2,561	4.0%	57,755	15.3%
Total	**272,900**	**272,417**	**483**	**0.2%**	**1,858,934**	**1,884,930**	**(25,996)**	**(1.4%)**	**1,712,603**	**8.5%**

Santa Clara Family Health Plan Enrollment By Network
January 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	32,928	13%	9,807	100%	42,735	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	132,096	50%	-	0%	132,096	48%
Palo Alto Medical Foundation	7,065	3%	-	0%	7,065	3%
Physicians Medical Group	45,178	17%	-	0%	45,178	17%
Premier Care	15,695	6%	-	0%	15,695	6%
Kaiser	30,131	11%	-	0%	30,131	11%
Total	**263,093**	**100%**	**9,807**	**100%**	**272,900**	**100%**
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	7.4%		9.1%		7.5%	

[1] SCVHHS = Santa Clara Valley Health & Hospital System
[2] FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY-2021

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
NON DUAL	Adult (over 19)	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	4,451	16.9%
	Child (under 19)	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	2,999	3.1%
	Aged - Medi-Cal Only	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	256	2.3%
	Disabled - Medi-Cal Only	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	-45	(0.4%)
	Adult Expansion	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	9,924	13.3%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	10	-1	(9.1%)
	Long Term Care	379	373	367	380	398	405	402	406	407	409	389	393	388	-17	(4.2%)
	Total Non-Duals	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**237,137**	**17,567**	**8.0%**

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
DUAL	Adult (21 Over)	330	328	320	311	320	321	327	320	337	354	353	353	352	31	9.7%
	SPD (21 Over)	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	391	1.7%
	Adult Expansion	139	130	136	134	190	241	261	289	358	410	498	537	590	349	144.8%
	Long Term Care	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	-133	(10.7%)
	Total Duals	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**25,956**	**638**	**2.5%**

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
Total Medi-Cal	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**263,093**	**18,205**	**7.4%**

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
CMC	CMC Non-Long Term Care	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	839	9.6%
	CMC - Long Term Care	224	225	213	214	212	212	215	211	216	210	209	207	193	-19	(9.0%)
	Total CMC	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**9,807**	**820**	**9.1%**

	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
Total Enrollment	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**272,900**	**19,025**	**7.5%**

Enrollment Trend
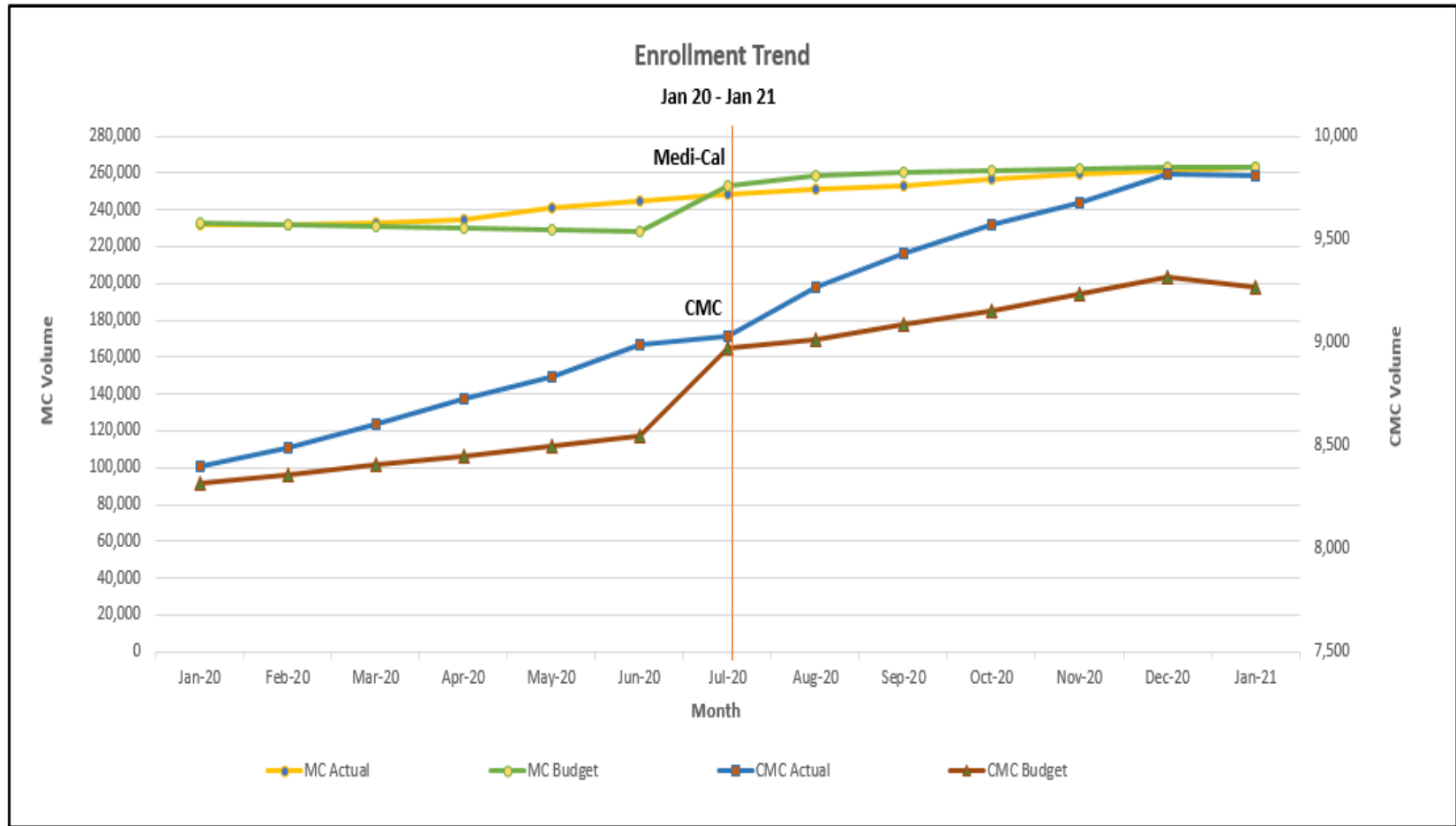
- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.

- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of $106.6M is $15.9M or 17.5% favorable to budget of $90.7M. The current month variance was primarily due to the following:

- MCAL Non-Dual revenue is $15.2M net favorable to budget primarily due to the Rx carve-out suspension coupled with LTC enrollment reconciliation, certain CY21 rates higher than budgeted and favorable enrollment variances in certain categories of aid.

- MCAL Dual MLTSS revenue is $983K favorable to budget due to higher CY20 & CY21 rates and higher enrollment than budgeted.

- MCAL Supplemental Kick revenue is $422K unfavorable to budget due to lower maternity deliveries and BHT utilization.

- CMC revenue is $107K favorable to budget due to higher CMC Medi-Cal rates and favorable enrollment versus budget.

FY20 vs. FY21 YTD Revenue by LOB ($ in MM)
Medi-Cal: FY20 $539.8 M, FY21 $605.0 M
CMC: FY20 $98.4 M, FY21 $120.8 M

FY21 Budget vs. Actuals MTD/YTD Revenue ($ in MM)
Month: Actuals $106.6 M, Budget $90.7 M
YTD: Actuals $725.8 M, Budget $691.9 M
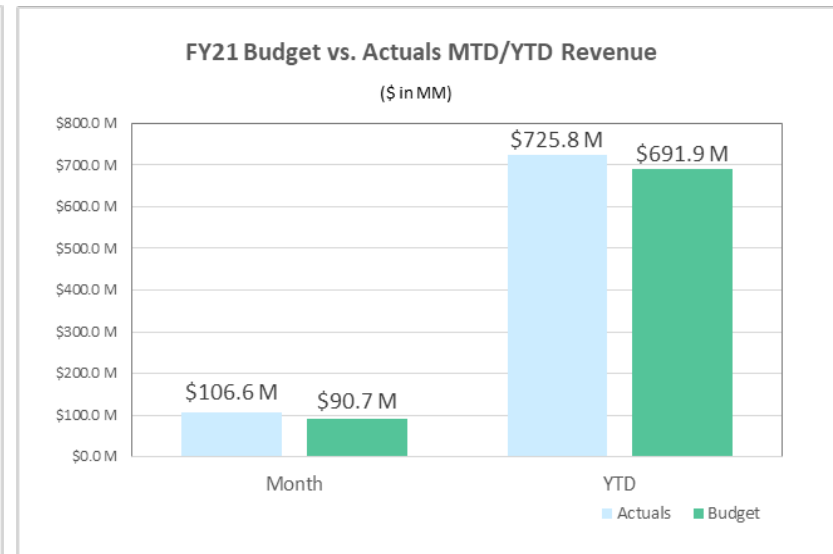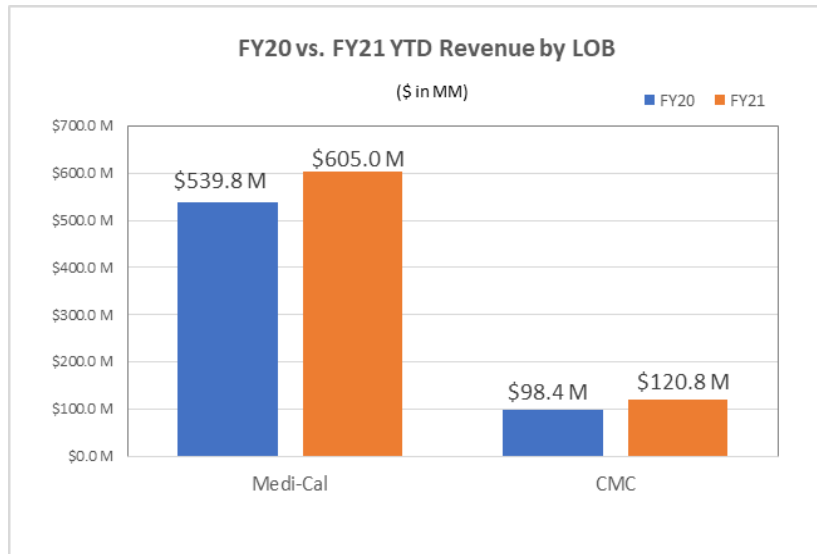
Medical Expense

Current month medical expense of $98.6M is $11.4M or 13.1% unfavorable to budget of $87.1M. The current month variance was due largely to:

- Pharmacy expenses were $11.9M or 330% unfavorable to budget due to postponement of the pharmacy carve-out from managed care (offset with favorable revenue variance).

- Supplemental kick payments are $476K favorable to budget due to lower maternity deliveries and BHT utilization (offsetting unfavorable revenue variance).

- Fee-For-Service expenses reflects a $273K unfavorable variance due to increase utilization in Inpatient Hospital services and a mandated LTC COID rate increase.

FY21 Budget vs. Actuals YTD Med. Exp. By LOB ($ in MM) — Actuals: Network Capitation $241.1, Pharmacy Expense $106.5, Inp., Emerg., & Matern. $89.3, Inst. Ext. Care $115.9, Outpatient & Other $126.5; Budget: Network Capitation $234.0, Pharmacy Expense $93.4, Inp., Emerg., & Matern. $93.4, Inst. Ext. Care $106.9, Outpatient & Other $127.6

FY21 Budget vs. Actuals MTD/YTD Med. Exp. ($ in MM) — Month: Actuals $98.6, Budget $87.1; YTD: Actuals $679.3, Budget $655.3
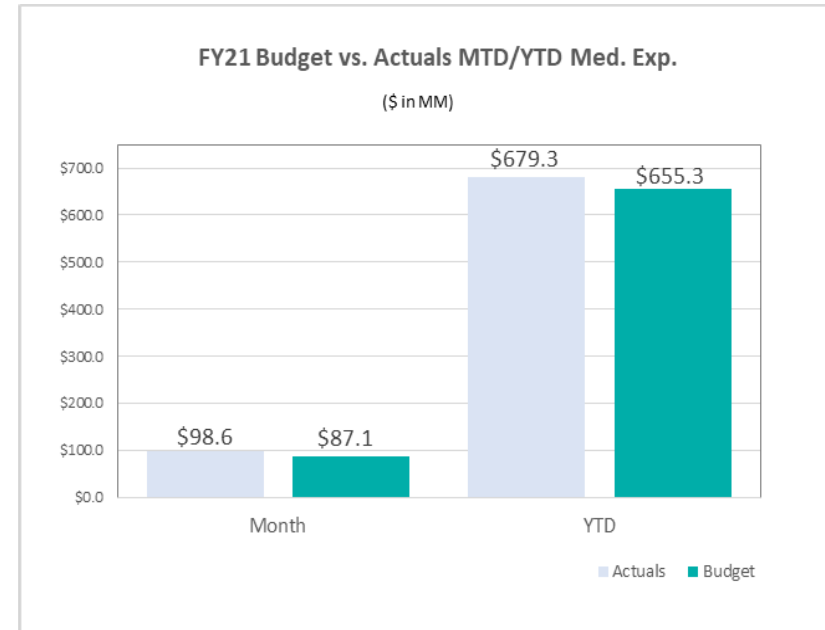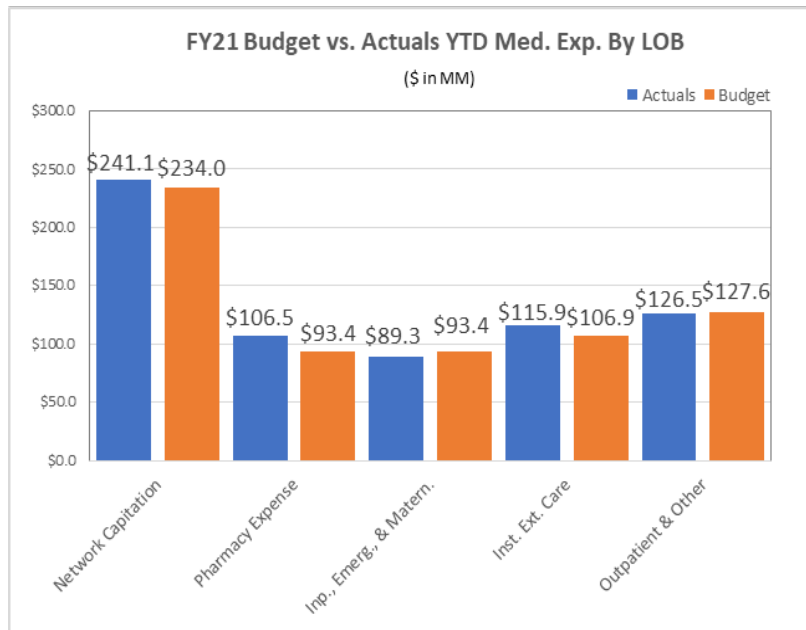
Administrative Expense

Current month expense of $5.4M is $256K or 4.5% favorable to budget of $5.7M. The current month variances were primarily due to the following:

- Personnel expenses were $48K or 1.4% favorable to budget due to savings on salary and benefits from lower headcount than budget, offset by increased CalPERS retirement expense.

- Non-Personnel expenses were $208K or 9.7% favorable to budget due to timing of budgeted spending in professional & contract services, printing & advertising, and software license & maintenance.
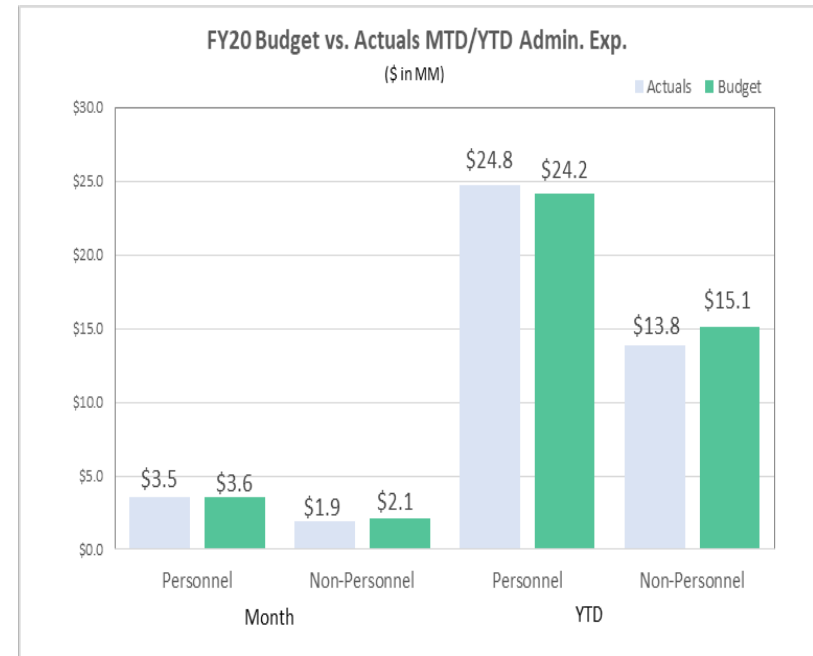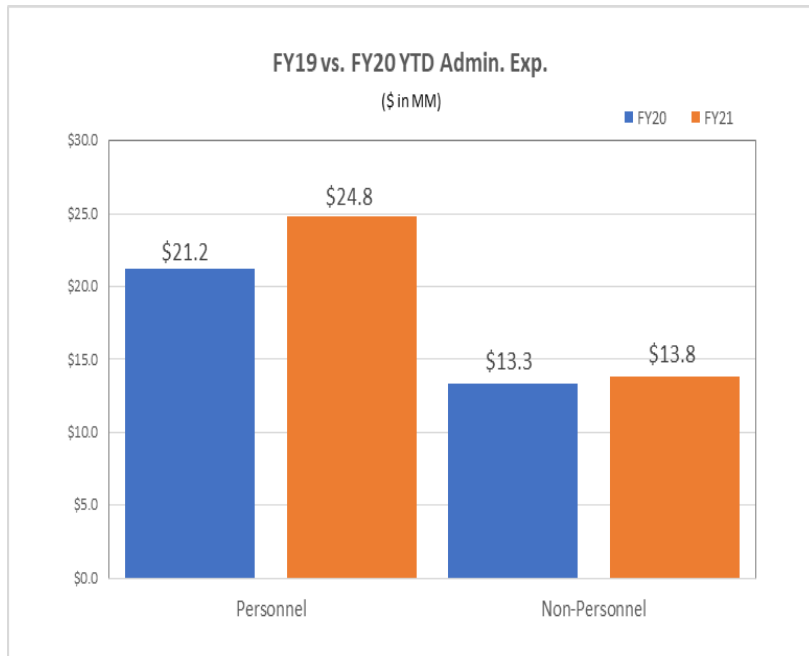
Balance Sheet

- Current assets totaled $897.7M compared to current liabilities of $714.5M, yielding a current ratio (Current Assets/Current Liabilities) of 1.26:1 vs. the DMHC minimum requirement of 1.0:1.

- On a YTD basis, the overall cash balance increased by $50.2M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.

- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$156,597,196	0.92%	$100,000	$804,904
Wells Fargo Investments	$205,120,447	0.13%	$27,056	$207,463
	$361,717,643		$127,056	$1,012,368
Cash & Equivalents				
Bank of the West Money Market	$425,399	0.13%	$2,953	$12,153
Wells Fargo Bank Accounts	$21,493,719	0.01%	$369	$4,181
	$21,919,118		$3,323	$16,334
Assets Pledged to DMHC				
Restricted Cash	$530,350	0.42%	$1,212	$1,212
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$384,167,611**		**$131,591**	**$1,029,914**

- County of Santa Clara Comingled Pool funds have longer-term investments currently with a higher yield than WFB investments.

- Overall cash and investment yield is lower than budget (0.45% actual vs. 1.4% budgeted).

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Tangible Net Equity

- TNE was $215.8M - representing approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of January 31, 2021

	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jan-21
Actual Net Position/Reserves	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$215.8 M
Required Reserves per DMHC	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$34.5 M
200% of Required Reserve	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$68.9 M
Actual as % Required	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	626.1%

Reserves Analysis

SCFHP RESERVES ANALYSIS JANUARY 2021

Financial Reserve Target #1: Tangible Net Equity

	Approved	Expended	Balance
Unrestricted Net Assets			**$170,167,848 ***
Board Designated Funds (Note 1):			
Special Project Funding for CBOs	$4,000,000	$622,727	$3,377,274
Innovation & COVID-19 Fund	$16,000,000	$2,169,999	$13,830,001
Subtotal	$20,000,000	$2,792,726	$17,207,275
Net Book Value of Fixed Assets			$27,850,825
Restricted Under Knox-Keene Agreement			$530,350
Total Tangible Net Equity (TNE)			$215,756,297
Current Required TNE			$34,460,279
TNE %			626.1%
SCFHP Target TNE Range:			
350% of Required TNE (Low)			$120,610,975
500% of Required TNE (High)			$172,301,393
Total TNE Above/(Below) SCFHP Low Target			**$95,145,322**
Total TNE Above/(Below) High Target			**$43,454,904**

Financial Reserve Target #2: Liquidity

	Balance
Cash & Investments	$384,167,611
Less Pass-Through Liabilities:	
Hospital Directed Payments	(37,919,236)
MCO Tax Payable to State of CA	(9,115,391)
Whole Person Care / Prop 56	(47,108,193)
Other Pass-Through Liabilities (Note 2)	(46,003,709)
Total Pass-Through Liabilities	**(140,146,529)**
Net Cash Available to SCFHP	244,021,082
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(139,235,015)
60 Days of Total Operating Expense	(185,646,686)
Liquidity Above/(Below) SCFHP Low Target	104,786,067
Liquidity Above/(Below) High Target	$58,374,396

- **Unrestricted Net Assets represents less than two months of total expenses.**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of $2.2M. In December 2019, the Governing Board also approved additional $1.8M for Special Project fund ($4M total) and $16M for Innovation Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

- Majority of the capital variances are Community Resource Center, hardware, software, and building improvements due to timing of certain projects.

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$2,473,940	$3,507,100
Hardware	$217,920	$1,282,500
Software	$131,703	$1,194,374
Building Improvements	$435,997	$866,500
Furniture & Equipment	$0	$28,000
TOTAL	**$3,259,561**	**$6,878,474**

Financial Statements

Income Statement

Santa Clara County Health Authority
INCOME STATEMENT
For Seven Months Ending January 31, 2021

	Jan-2021 Actuals	% of Rev	Jan-2021 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Jan-2021 Actuals	% of Rev	YTD Jan-2021 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 90,110,511	84.5%	$ 74,327,584	81.9%	$ 15,782,927	21.2%	$ 604,957,500	83.4%	$ 579,290,051	83.7%	$ 25,667,449	4.4%
CMC MEDI-CAL	2,939,007	2.8%	2,876,953	3.2%	62,053	2.2%	25,972,527	3.6%	20,558,459	3.0%	5,414,068	26.3%
CMC MEDICARE	13,574,733	12.7%	13,529,887	14.9%	44,847	0.3%	94,848,953	13.1%	92,041,295	13.3%	2,807,658	3.1%
TOTAL CMC	16,513,740	15.5%	16,406,840	18.1%	106,900	0.7%	120,821,480	16.6%	112,599,754	16.3%	8,221,726	7.3%
TOTAL REVENUE	$ 106,624,251	100.0%	$ 90,734,424	100.0%	$ 15,889,827	17.5%	$ 725,778,981	100.0%	$ 691,889,805	100.0%	$ 33,889,175	4.9%
MEDICAL EXPENSES												
MEDI-CAL	$ 82,370,976	77.3%	$ 71,757,080	79.1%	$ (10,613,897)	-14.8%	$ 571,436,416	78.7%	$ 548,651,704	79.3%	$ (22,784,712)	-4.2%
CMC MEDI-CAL	3,284,346	3.1%	2,994,954	3.3%	(289,392)	-9.7%	20,849,709	2.9%	21,108,057	3.1%	258,347	1.2%
CMC MEDICARE	12,900,277	12.1%	12,374,855	13.6%	(525,422)	-4.2%	87,016,670	12.0%	85,514,704	12.4%	(1,501,965)	-1.8%
TOTAL CMC	16,184,624	15.2%	15,369,809	16.9%	(814,815)	-5.3%	107,866,379	14.9%	106,622,761	15.4%	(1,243,618)	-1.2%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
TOTAL MEDICAL EXPENSES	$ 98,555,600	92.4%	$ 87,126,889	96.0%	$ (11,428,711)	-13.1%	$ 679,310,099	93.6%	$ 655,274,465	94.7%	$ (24,035,634)	-3.7%
MEDICAL OPERATING MARGIN	$ 8,068,651	7.6%	$ 3,607,536	4.0%	$ 4,461,115	123.7%	$ 46,468,882	6.4%	$ 36,615,341	5.3%	$ 9,853,541	26.9%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,511,764	3.3%	$ 3,559,999	3.9%	$ 48,235	1.4%	$ 24,787,114	3.4%	$ 24,176,409	3.5%	$ (610,705)	-2.5%
RENTS AND UTILITIES	37,765	0.0%	43,275	0.0%	5,510	12.7%	278,430	0.0%	250,010	0.0%	(28,420)	-11.4%
PRINTING AND ADVERTISING	33,624	0.0%	77,429	0.1%	43,806	56.6%	152,345	0.0%	513,229	0.1%	360,885	70.3%
INFORMATION SYSTEMS	326,655	0.3%	351,656	0.4%	25,000	7.1%	1,921,890	0.3%	2,365,589	0.3%	443,699	18.8%
PROF FEES/CONSULTING/TEMP STAFFING	780,098	0.7%	1,003,417	1.1%	223,320	22.3%	6,323,002	0.9%	6,823,889	1.0%	500,888	7.3%
DEPRECIATION/INSURANCE/EQUIPMENT	390,593	0.4%	388,307	0.4%	(2,286)	-0.6%	2,430,713	0.3%	2,485,667	0.4%	54,954	2.2%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	143,720	0.1%	90,106	0.1%	(53,614)	-59.5%	532,313	0.1%	453,679	0.1%	(78,634)	-17.3%
MEETINGS/TRAVEL/DUES	86,644	0.1%	102,848	0.1%	16,204	15.8%	559,689	0.1%	771,924	0.1%	212,234	27.5%
OTHER	129,280	0.1%	79,417	0.1%	(49,863)	-62.8%	1,627,256	0.2%	1,461,769	0.2%	(165,487)	-11.3%
TOTAL ADMINISTRATIVE EXPENSES	$ 5,440,143	5.1%	$ 5,696,455	6.3%	$ 256,312	4.5%	$ 38,612,752	5.3%	$ 39,302,165	5.7%	$ 689,413	1.8%
OPERATING SURPLUS (LOSS)	$ 2,628,508	2.5%	$ (2,088,919)	-2.3%	$ 4,717,427	225.8%	$ 7,856,130	1.1%	$ (2,686,825)	-0.4%	$ 10,542,955	392.4%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	$ 84,067	0.1%	$ 60,000	0.1%	$ (24,067)	-40.1%	$ 588,471	0.1%	$ 420,000	0.1%	$ (168,471)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	367,046	0.3%	75,000	0.1%	(292,046)	-389.4%	2,071,958	0.3%	525,000	0.1%	(1,546,958)	-294.7%
NON-OPERATING EXPENSES	$ 451,113	0.4%	$ 135,000	0.1%	$ (316,113)	-234.2%	$ 2,660,429	0.4%	$ 945,000	0.1%	$ (1,715,429)	-181.5%
INTEREST & INVESTMENT INCOME	$ 131,406	0.1%	$ 350,000	0.4%	$ (218,594)	-62.5%	$ 1,029,728	0.1%	$ 2,450,000	0.4%	$ (1,420,272)	-58.0%
OTHER INCOME	37,545	0.0%	33,668	0.0%	3,877	11.5%	890,081	0.1%	232,587	0.0%	657,494	282.7%
NON-OPERATING INCOME	$ 168,950	0.2%	$ 383,668	0.4%	$ (214,718)	-56.0%	$ 1,919,809	0.3%	$ 2,682,587	0.4%	$ (762,778)	-28.4%
NET NON-OPERATING ACTIVITIES	$ (282,163)	-0.3%	$ 248,668	0.3%	$ (530,831)	-213.5%	$ (740,620)	-0.1%	$ 1,737,587	0.3%	$ (2,478,207)	-142.6%
NET SURPLUS (LOSS)	$ 2,346,345	2.2%	$ (1,840,251)	-2.0%	$ 4,186,596	227.5%	$ 7,115,510	1.0%	$ (949,238)	-0.1%	$ 8,064,748	849.6%

Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
As of January 31, 2021

	Jan-2021	Dec-2020	Nov-2020	Jan-2020
Assets				
Current Assets				
Cash and Investments	384,167,611	335,480,779	327,974,253	304,676,729
Receivables	502,763,948	561,944,558	519,117,475	583,760,271
Prepaid Expenses and Other Current Assets	10,789,770	10,139,670	9,277,640	10,492,241
Total Current Assets	**897,721,329**	**907,565,007**	**856,369,368**	**898,929,241**
Long Term Assets				
Property and Equipment	50,645,446	50,627,203	50,329,615	46,053,228
Accumulated Depreciation	(22,794,622)	(22,461,569)	(22,131,437)	(19,453,913)
Total Long Term Assets	27,850,825	28,165,634	28,198,178	26,599,315
Total Assets	**925,572,153**	**935,730,641**	**884,567,546**	**925,528,556**
Deferred Outflow of Resources	**8,402,260**	**8,402,260**	**8,402,260**	**9,237,609**
Total Assets & Deferred Outflows	**933,974,413**	**944,132,901**	**892,969,806**	**934,766,165**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	6,472,762	8,192,320	8,674,019	7,079,550
Deferred Rent	48,414	48,243	48,071	0
Employee Benefits	2,948,693	2,858,642	2,793,372	1,937,233
Retirement Obligation per GASB 75	2,702,368	2,618,301	2,534,233	3,108,894
Deferred Revenue - Medicare	0	0	0	10,728,095
Whole Person Care / Prop 56	47,108,193	44,179,230	45,872,521	30,976,499
Payable to Hospitals (SB90)	37,715,808	37,699,413	534,979	0
Payable to Hospitals (SB208)	203,428	832,942	203,428	0
Pass-Throughs Payable	26,787	26,787	26,787	2,779,072
Due to Santa Clara County Valley Health Plan and Kaiser	22,286,701	22,553,954	19,192,019	35,519,620
MCO Tax Payable - State Board of Equalization	9,115,391	27,346,174	18,230,783	72,467,990
Due to DHCS	45,976,921	45,596,872	46,989,606	39,317,050
Liability for In Home Support Services (IHSS)	419,268,582	419,268,582	419,268,582	416,092,527
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	112,316,256	107,840,726	103,064,639	98,462,988
Total Current Liabilities	**714,484,332**	**727,356,210**	**675,727,065**	**726,763,544**
Non-Current Liabilities				
Net Pension Liability GASB 68	2,071,958	1,704,911.68	1,420,760	500,948
Total Non-Current Liabilities	**2,071,958**	**1,704,911.68**	**1,420,760**	**500,948**
Total Liabilities	**716,556,289**	**729,061,122**	**677,147,825**	**727,264,492**
Deferred Inflow of Resources	**1,661,827**	**1,661,827**	**1,661,827**	**2,994,548**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,377,274	3,419,274	3,439,274	3,840,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,830,001	16,000,000
Invested in Capital Assets (NBV)	27,850,825	28,165,634	28,198,178	26,599,315
Restricted under Knox-Keene agreement	530,350	305,350	305,350	305,350
Unrestricted Net Equity	163,052,338	162,920,529	162,867,984	155,381,088
Current YTD Income (Loss)	7,115,510	4,769,165	5,519,368	2,381,372
Total Net Assets / Reserves	**215,756,297**	**213,409,952**	**214,160,155**	**204,507,125**
Total Liabilities, Deferred Inflows and Net Assets	**933,974,413**	**944,132,901**	**892,969,806**	**934,766,165**

Santa Clara Family Health Plan™

Cash Flow Statement

	Jan-2021	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	147,954,128	984,054,126
Medical Expenses Paid	(94,347,322)	(666,757,366)
Adminstrative Expenses Paid	(5,070,681)	(265,748,866)
Net Cash from Operating Activities	**48,536,125**	**51,547,893**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(18,243)	(3,259,561)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	168,950	1,919,809
Net Increase/(Decrease) in Cash & Cash Equivalents	**48,686,832**	**50,208,141**
Cash & Investments (Beginning)	335,480,779	333,959,470
Cash & Investments (Ending)	**384,167,611**	**384,167,611**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	2,177,395	5,195,701
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	333,053	2,057,824
Changes in Operating Assets/Liabilities		
Premiums Receivable	59,180,610	308,242,768
Prepaids & Other Assets	(650,100)	(926,071)
Accounts Payable & Accrued Liabilities	770,576	(227,679,396)
State Payable	(17,850,733)	(49,967,623)
IGT, HQAF & Other Provider Payables	(267,253)	(12,658,374)
Net Pension Liability	367,046	2,071,958
Medical Cost Reserves & PDR	4,475,531	25,211,106
Total Adjustments	**46,358,730**	**46,352,192**
Net Cash from Operating Activities	**48,536,125**	**51,547,893**

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Statement of Operations by Line of Business - YTD

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Seven Months Ending January 31, 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$604,957,500	$25,972,527	$94,848,953	$120,821,480	**$725,778,981**
MEDICAL EXPENSE	$571,436,416	$20,849,709	$87,016,670	$107,866,379	**$679,310,099**
(MLR)	94.5%	80.3%	91.7%	89.3%	93.6%
GROSS MARGIN	$33,521,084	$5,122,818	$7,832,283	$12,955,101	**$46,468,882**
ADMINISTRATIVE EXPENSE	$32,184,831	$1,381,785	$5,046,135	$6,427,921	**$38,612,752**
(% of Revenue Allocation)					
OPERATING INCOME/(LOSS)	$1,336,253	$3,741,033	$2,786,148	$6,527,180	**$7,856,130**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	($617,328)	($26,504)	($96,788)	($123,292)	**($740,620)**
(% of Revenue Allocation)					
NET INCOME/(LOSS)	$718,925	$3,714,529	$2,689,359	$6,403,888	**$7,115,510**
PMPM (ALLOCATED BASIS)					
REVENUE	$337.52	$389.98	$1,424.18	$1,814.16	**$390.43**
MEDICAL EXPENSES	$318.82	$313.06	$1,306.58	$1,619.64	**$365.43**
GROSS MARGIN	$18.70	$76.92	$117.60	$194.52	**$25.00**
ADMINISTRATIVE EXPENSES	$17.96	$20.75	$75.77	$96.52	**$20.77**
OPERATING INCOME/(LOSS)	$0.75	$56.17	$41.83	$98.01	**$4.23**
OTHER INCOME/(EXPENSE)	($0.34)	($0.40)	($1.45)	($1.85)	**($0.40)**
NET INCOME/(LOSS)	$0.40	$55.77	$40.38	$96.16	**$3.83**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,792,335	66,599	66,599	66,599	1,858,934
REVENUE BY LOB	83.4%	3.6%	13.1%	16.6%	100.0%

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD FEBRUARY-2021

		2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	FYTD var	%
NON DUAL	Adult (over 19)	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	31,307	5,008	19.0%
	Child (under 19)	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	99,377	3,204	3.3%
	Aged - Medi-Cal Only	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	11,451	244	2.2%
	Disabled - Medi-Cal Only	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	10,847	-75	(0.7%)
	Adult Expansion	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	85,477	10,924	14.7%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	10	10	-1	(9.1%)
	Long Term Care	373	367	380	398	405	402	406	407	409	389	393	388	380	-25	(6.2%)
	Total Non-Duals	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**237,137**	**238,849**	**19,279**	**8.8%**

		2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	FYTD var	%
DUAL	Adult (21 Over)	328	320	311	320	321	327	320	337	354	353	353	352	355	34	10.6%
	SPD (21 Over)	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	647	2.8%
	Adult Expansion	130	136	134	190	241	261	289	358	410	498	537	590	662	421	174.7%
	Long Term Care	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	1,074	-174	(13.9%)
	Total Duals	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**25,956**	**26,246**	**928**	**3.7%**

	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	FYTD var	%
Total Medi-Cal	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**263,093**	**265,095**	**20,207**	**8.3%**

		2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	FYTD var	%
CMC	CMC Non-Long Term Care	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	9,706	931	10.6%
	CMC - Long Term Care	225	213	214	212	212	215	211	216	210	209	207	193	187	-25	(11.8%)
	Total CMC	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**9,807**	**9,893**	**906**	**10.1%**

	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	FYTD var	%
Total Enrollment	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**272,900**	**274,988**	**21,113**	**8.3%**

Fiscal Year 2020-2021 Budget Update
Governing Board Meeting of March 25, 2021

Key Updates to FY21 Budget

- Introduction
  - The FY21 budget was developed during the initial months of COVID
  - As COVID continues to unfold, we continue to adjust our estimates
  - Certain periods of reduced FFS utilization have occurred during the pandemic
  - This forecast incorporates fiscal YTD results through January 2021
- Enrollment:
  - Enrollment continues to grow largely due to disenrollments suspended until the end of the public health emergency (forecasted through calendar year-end)
- Revenue Rates:
  - Medi-Cal Non-Dual Rates:
    - The 8-month retroactive 1.5% rate adjustment ended 12/31/20
    - Revised CY 2021 Medi-Cal rates from DHCS
  - Full Dual Rates: revised CY20 & CY21 full dual for CMC & Dual MLTSS
  - Medicare Rates: incorporated forecasted reduction to CY21 Medicare rates

Key Updates to FY21 Budget, continued

- Medical Expense:
    - Pharmacy carve-out from managed care has been delayed
    - Increased certain PMPM estimates for projected COVID increases
    - Increased Medi-Cal LTC fee-for-service rates by 10%
- Administrative Expense:
    - Administrative expenses held largely flat
    - Added funds for D-SNP preliminary bid development in CY21
- Overall:
    - The FY21 budget deficit of $13.9M is now forecasted to be a surplus of $5.9M
        - Forecasted MLR of 94.4% (budget = 95.6%)
        - Forecasted ALR of 5.2% (budget = 5.8%)
- **Significant uncertainties continue**

Enrollment Trends
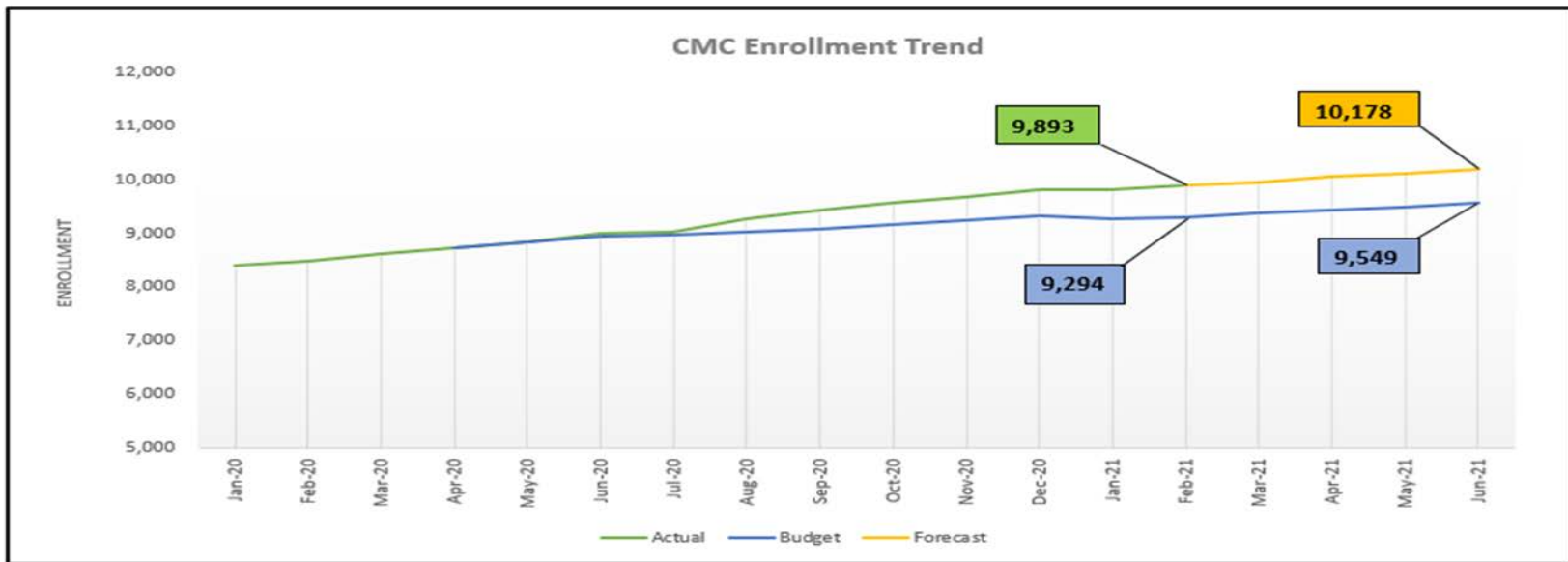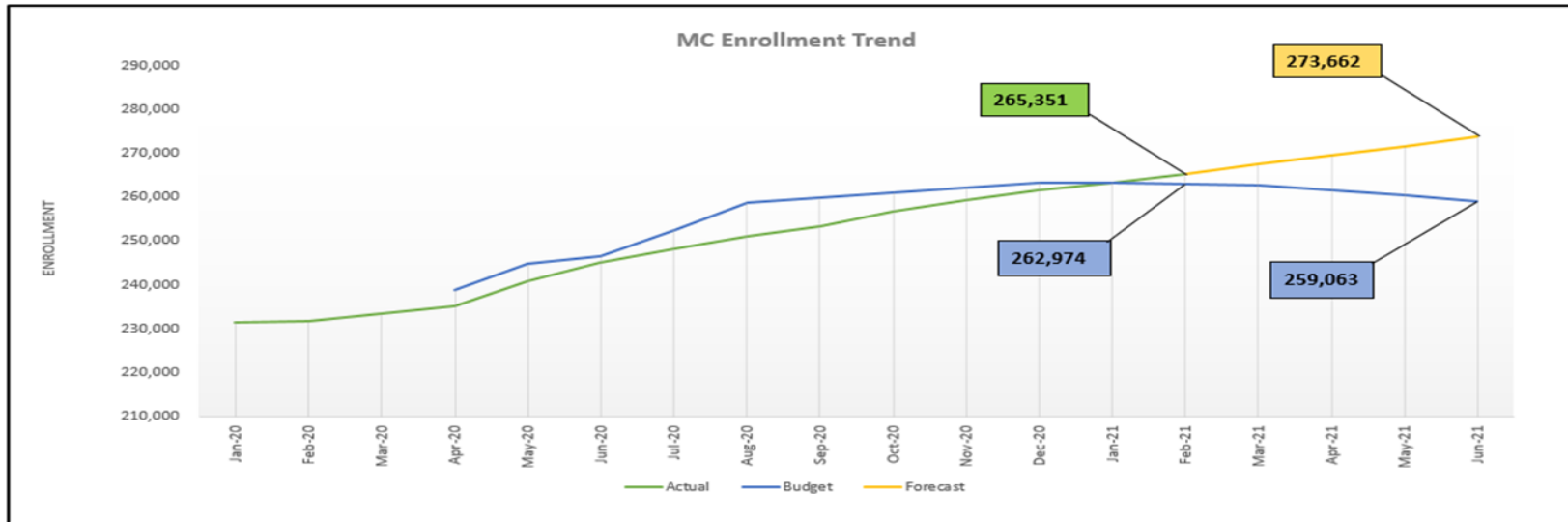
FY21 Forecast of January 2021

Santa Clara Family
Health Plan™

	APPROVED BUDGET	FORECAST BUDGET	Variance	Var %
MC - ND	2,818,781	2,824,961	6,180	0.2%
MC - DUAL	308,784	315,717	6,933	2.2%
TOTAL MC	**3,127,565**	**3,140,678**	**13,113**	0.4%
CMC	111,163	116,794	5,631	5.1%
ALL LOB ENROLLMENT	**3,238,728**	**3,257,472**	**18,744**	0.6%
REVENUE	$ 1,146,101,190	$ 1,276,959,872	$ 130,858,682	11.4%
MEDICAL EXPENSE	$ 1,096,073,498	$ 1,205,407,855	$ 109,334,356	10.0%
MLR %	95.6%	94.4%		
MEDICAL OPERATING MARGIN	$ 50,027,691	$ 71,552,017	$ 21,524,326	43.0%
ADMINISTRATIVE EXPENSES	$ 66,895,196	$ 66,255,784	$ (639,412)	-1.0%
ACR %	5.8%	5.2%		
Net Non-Operating Income	$ 2,980,928	$ 653,130	$ (2,327,798)	-78.1%
NET SURPLUS (LOSS)	$ (13,886,577)	$ 5,949,363	$ 19,835,939	-142.8%
NET SURPLUS (LOSS) %	-1.2%	0.5%		