



Santa Clara
Family Health Plan
The Spirit of Care

Santa Clara County Health Authority Board Discretionary Fund Ad Hoc Committee

Tuesday, May 29, 2018
1:00 PM - 2:00 PM
210 E. Hacienda Avenue
Campbell CA 95008
Creekside

Via Teleconference
Residence
2060 Bryant Street
Palo Alto, CA 94301

AGENDA

- | | | | |
|--|-------------|------|--------|
| 1. Roll Call | Ms. Tomcala | 1:00 | 5 min |
| 2. Public Comment
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Board Discretionary Fund Subcommittee reserves the right to limit the duration of the public comment period to 30 minutes. | | 1:05 | 5 min |
| 3. Background and Donation History
Review mission, past and current approach to donations and sponsorships, and SCFHP strategic objectives. | Ms. Tomcala | 1:10 | 5 min |
| 4. Availability of Funds
Consider source of potential Board Discretionary Fund dollars.
Possible Action: Recommend Board approval for establishment of a Board Discretionary Fund | Mr. Cameron | 1:15 | 10 min |
| 5. Proposed Special Project Funding
Discuss potential criteria for Special Project Funding.
Possible Action: Recommend Board approval of the proposed criteria for funding special projects from the Board Discretionary Fund | Ms. Tomcala | 1:25 | 25 min |

<p>6. Project Selection and Administration Discuss process for identification, selection, and oversight of potential Special Projects. Possible Action: Recommend Board approval of the proposed process for selection and administration of Special Projects</p>	<p>Ms. Tomcala</p>	<p>1:50</p>	<p>5 min</p>
<p>7. Requests for Support Identify recently received requests for funding.</p>	<p>Ms. Tomcala</p>	<p>1:55</p>	<p>5 min</p>
<p>8. Adjournment</p>		<p>2:00</p>	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee 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 Board Discretionary Fund Subcommittee 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 Caroline Alexander 48 hours prior to the meeting at 408-874-1835.
- To obtain a copy of any supporting document that is available, contact Caroline Alexander at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 210 E. Hacienda Avenue, Campbell.
- This agenda and meeting documents are available at www.scfhp.com



BACKGROUND AND DONATION HISTORY

Organizational Mission and Purpose

The Santa Clara County Board of Supervisors established the Santa Clara County Health Authority (Plan) to address the problems of delivery of publicly assisted medical care in Santa Clara County, and to demonstrate ways of promoting quality care and cost efficiency. (Santa Clara County, CA Code of Ordinances, Ord. No. NS-300.576, §1; Bylaws of Santa Clara County Health Authority §1.2).

The Plan and its Governing Board is committed to a health care system that seeks to improve access to quality health care for persons served by the Plan, and to maintaining and preserving a health care safety net for the medically indigent and uninsured populations of Santa Clara County. (Bylaws of Santa Clara County Health Authority, § 2.3)

The Plan's mission is to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price. (Excerpted from Santa Clara County Health Authority, Donations and Scholarships Policy).

Previous Donations and Sponsorships

By Resolution dated November 4, 2010, the Governing Board established a policy detailing the process by which the Plan, through Board action, could make donations to carry out its mission, and setting forth the criteria for the use of Plan funds for such purpose. [See attached Donations and Scholarships Policy (Exhibit A to November 4, 2010 Board Resolution)]. The Policy was revised in 2016 to clarify, consistent with the Board's original intent, that the CEO was authorized to make individual donations in amounts not to exceed \$5,000, up to a total of \$120,000 in donations per year, and to provide an annual report on such donations to the Board.

Pursuant to the Policy, for the fiscal years 2016 - 2018, the Health Authority made donations to over 30 community organizations. (See attached SCFHP Donations/Sponsorships.) In the current fiscal year, donations and sponsorships total \$85,915.

Funding for Special Projects

From time to time, the Board has been approached by community organizations seeking financial support for special projects and initiatives focused on serving the health care needs of the safety net population. Subject to the availability of discretionary funding, the Board has provided such support in select cases, where its support would strengthen access to health care that is vitally important to vulnerable populations in the community, and where such support was consistent with the need to achieve and maintain health, and with the Plan's mission and strategic plan.

Special Projects supported by the Health Authority include:

- In May 2014, the Board approved the allocation of \$1 million from Plan surplus funds for equal distribution to four Community Health Centers (Gardner Family Health Network, Indian Health Center in Santa Clara Valley, Planned Parenthood Mar Monte, and Asian Americans for Community Involvement). These four clinics had absorbed the majority of the recent increase in enrollment of Plan membership, and each had significant financial needs that would have to be addressed in order for them to continue to provide essential services to Plan enrollees.
- A commitment to provide \$160,000.00 to The Health Trust during the period May 2018 – June 2019, to support The Health Trust’s health insurance enrollment efforts, plus exploration of a space-sharing arrangement at the Health Trust’s site in East San Jose, and planning efforts to pursue longer-term co-location of staff and collaboration between the two organizations.
- On May 24, 2018, the Executive/Finance Committee approved funding up to \$10,000 per agency and \$100,000 total to support Primary Care Medical Home (PCMH) certification survey fees and authorized practice transformation initiatives at Community Clinics which are consistent with NCQA accreditation requirements or other Plan goals.

Temporary, Ad-Hoc Board Discretionary Fund Committee

The Bylaws provide for the Board’s establishment of certain advisory committees. (Bylaws of Santa Clara County Health Authority, §5.7). Pursuant to that authority, on December 14, 2017, the Board appointed a temporary ad-hoc committee to consider development of guidelines for a Board discretionary fund for improving the community safety net, consistent with the Plan’s mission, strategic plan and fiscal year objectives. (See attached.)

The Board Discretionary Fund Ad-Hoc Committee is convening on May 29, 2018, to establish a designated fund for use in support of Special Projects and to establish Project selection criteria and processes.

Exhibit A

DONATIONS AND SPONSORSHOPS POLICY

This policy establishes criteria and procedures to follow when the Santa Clara County Health Authority ("the Health Authority") seeks to make a donation and/or sponsorship (hereinafter referred to as "donation") using Health Authority funds. The Health Authority's mission is to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price. From time to time, the Health Authority wishes to make a donation to support this mission.

1. Applications

This policy applies to any donation made by the Health Authority.

2. Criteria

Any donation made in accordance with this policy will meet all of the following criteria:

- (A) The donation fulfills an overriding public purpose to carry out the Health Authority's mission to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price.
- (B) The donation will be made with surplus and unexpended funds.
- (C) The donation will not adversely impact the ability of the Health Authority to operate and to deliver services and programs.
- (D) The donation will not be used to support or oppose a candidate for public office and/or a ballot measure.
- (E) The donation will not financially benefit any Health Authority official or employee.

3. Procedures

The Health Authority Governing Board may approve any donation after finding that all of the criteria in Section 2 (A)-(E) are met. The CEO will make a written determination that all the criteria are met. The Health Authority Governing Board will adopt a resolution approving the donation.

4. Single Donations Not to Exceed \$5,000

The Health Authority Governing Board delegates authority to the Chief Executive Officer ("CEO") to make single donations, on behalf of the Health Authority, not to exceed \$5,000,

SCFHP DONATIONS/SPONSORSHIPS

Organization	Event Name	FY 2016			FY 2017			FY 2018		
		Check Date	Event Date	Amount	Check Date	Event Date	Amount	Check Date	Event Date	Amount
Aging Services Collaborative	Annual Caregivers Conference	3/28/2016	4/16/2016	\$ 200	2/10/2017	5/6/2017	\$ 200	3/2/2018	5/19/2018	\$ 200
Alum Rock Counseling Center	Annual Luncheon	12/10/2015	4/7/2016	\$ 500	12/2/2016	3/29/2017	\$ 500	2/16/2018	3/27/2018	\$ 1,000
Silicon Valley Leadership Group	Silicon Valley Turkey Trot				11/3/2016	11/24/2016	\$ 2,000	2/2/2018	11/23/2017	\$ 5,000
Asian Americans for Community Involvement	Annual Event	5/14/2015	10/10/2015	\$ 5,000	6/22/2016	9/10/2016	\$ 5,000	8/24/2017	10/7/2017	\$ 5,000
	Annual Event							TBD	9/8/2018	\$ 5,000
California Association for Adult Day Services	Donation - Med Homes for Duals	7/1/2015		\$ 5,000						
California Association for Adult Day Services	Northern California Spring Conference: The Quality Imperative	3/17/2016	5/11/2016	\$ 250	1/30/2017	4/25/2017	\$ 350	3/2/2018	5/1/2018	\$ 350
City of Mountain View	Senior Center 10th Anniversary				9/30/2016	10/26/2016	\$ 500			
Community Health Partnership	21st Anniversary Celebration							5/11/2018	9/20/2018	\$ 5,000
Gardner Family Health	Annual Event	3/17/2016	4/16/2016	\$ 2,000				5/11/2018	9/15/2018	\$ 5,000
	SCFHP 20th Anniversary community benefit - Dental equipment donation				7/13/2017		\$ 5,000			
Gilroy Downtown Business Association	South County Health Fair							3/23/2018	4/28/2018	\$ 500
Health Plan Alliance	Support of Health Care Leadership Speaker Series							3/26/2018	3/26/2018	\$ 1,000
The Health Trust	Donation - San Jose Flood Relief				3/6/2017	3/6/2017	\$ 2,575			
	World AIDS Day Benefit Dinner							11/9/2017	11/30/2017	\$ 5,000
Healthier Kids Foundation	Annual Symposium on Status of Children's Health in Santa Clara County	5/12/2016	5/13/2016	\$ 5,000				3/30/2018	4/11/2018	\$ 150
	Wine Tasting Benefit				8/11/2016	9/16/2016	\$ 5,000	8/11/2017	9/29/2017	\$ 5,000
Hospice of the Valley	Compassion in Action Conference	2/25/2016	3/24/2016	\$ 1,000						
	Annual Gala									
Indian Health Center Santa Clara Valley	Annual Event	8/21/2015	10/17/2015	\$ 5,000						
	20th Anniversary community benefit - Wellness Center equipment				5/11/2017		\$ 5,000			
Justice In Aging	Take a Stand Against Senior Poverty - Event	3/3/2016	4/7/2016	\$ 2,500				2/16/2018	4/26/2018	\$ 2,500
March of Dimes	March for Babies	12/10/2015	5/1/2016	\$ 5,000	1/20/2017	4/30/2017	\$ 5,000	1/26/2018	4/28/2018	\$ 5,000
Momentum for Mental Health	Annual Shining Stars Benefit	10/22/2015	11/23/2016	\$ 1,500	9/29/2016	10/21/2016	\$ 5,000	10/6/2017	10/20/2017	\$ 5,000
PACT	Leadership Luncheon							7/13/2017	11/9/2017	\$ 5,000
Parents Helping Parents	Annual Gala							4/13/2018	4/28/2018	\$ 1,000
Planned Parenthood	Contribution	6/16/2016		\$ 5,000						
Philippine Medical Society of Northern California	Health Fair							9/15/2017	10/15/2017	\$ 1,000
Recovery Café	Closing the Gap Breakfast				4/21/2017	5/5/2017	\$ 2,500	4/13/2018	5/4/2018	\$ 2,500
Santa Clara County Board of Supervisors	Day on the Bay							5/11/2017	10/8/2017	\$ 2,000
Santa Clara County Social Services - Friends of Human Relations	Senior Resource and Wellness Fair							10/18/2017	10/16/2017	\$ 25
Silicon Valley Council of Non Profits	Be Our Guest Annual Luncheon; Housing Summit	7/1/2015	11/16/2015	\$ 5,000	8/18/2016	10/27/2016	\$ 5,000	10/6/2017	10/26/2017	\$ 5,000
Silicon Valley Independent Living Center	Disability Pride Parade									
	CCT Program Presentation									
	40th Anniversary Event				9/16/2016	9/24/2016	\$ 500			
Teatro Vision	Annual Play (tickets)				10/11/2016	10/15/2016	\$ 400	10/27/2017	10/15/2017	\$ 240
Uplift Family Services	Silicon Valley Community Awards Luncheon				3/16/2017	4/28/2017	\$ 1,500	3/19/2018	4/27/2018	\$ 5,000
Veggielution	Feast San Jose				4/28/2017	6/11/2017	\$ 2,500	TBD	6/10/2018	\$ 5,000
VMC Foundation	Annual Gala	5/19/2016	9/24/2016	\$ 5,000	4/21/2017	9/23/2017	\$ 5,000	5/11/2018	10/6/2018	\$ 5,000
Working Partnerships USA	20 Years In Action (tickets)	12/3/2015	12/10/2015	\$ 300						
	Champions for Change (tickets)							9/29/2017	9/27/2017	\$ 450
YWCA Silicon Valley	Walk a Mile in Her Shoes							2/16/2018	6/20/2018	\$ 3,000
TOTAL							\$ 48,250			\$ 53,525
										\$ 85,915



FY 2017-18 FOCUS

Improve Infrastructure & Achieve Operational Excellence

	Plan Objectives	Success Measures	Sponsors
1	Enhance compliance program for audit readiness	<ul style="list-style-type: none"> • ≥ 95% of metrics on Compliance Dashboard in compliance • Implement vendor-based Fraud Waste & Abuse and Special Investigations Unit • 90% of routine regulatory reports submitted timely, without rejection • Strengthen staff preparedness for onsite & virtual audit process 	Robin Larmer – Chief Compliance & Regulatory Affairs Officer
2	Optimize technology for operational efficiency	<ul style="list-style-type: none"> • Achieve a 70% Medi-Cal claims auto-adjudication rate • Redesign phone system by 4Q'17 • Implement Credentialing software by 4Q'17 • Implement Customer Service workflow software by 1Q'18 • Implement Grievance & Appeals system solution by 1Q'18 	Jonathan Tamayo – CIO
3	Expand reporting and analytics	<ul style="list-style-type: none"> • Streamline availability & reporting of dashboard metrics • Continue risk adjustment initiatives for accurate, complete, & timely risk scores • Develop an enterprise data warehouse by June 2018 	Dave Cameron – CFO
4	Relocate office	<ul style="list-style-type: none"> • Build out office with employee-friendly design features • Move by June 2018 with minimal business disruption 	Dave Cameron – CFO
5	Foster membership growth and retention	<ul style="list-style-type: none"> • Implement plan to answer 80% of Customer Service calls in ≤ 30 seconds • Implement CMC and Medi-Cal retention activities • Build marketing and outreach program for CMC by September 2017 • Engage Supplemental Security Income vendor • Develop a robust provider network strategy 	Chris Turner – COO
6	Pursue benchmark quality performance	<ul style="list-style-type: none"> • Five Medi-Cal HEDIS measures increase a percentile tier; two achieve 90th percentile benchmark; none below the MPL (25th percentile) • Improve HEDIS auto-assignment measures by 2 percentage points/measure • Develop CMC Quality Withhold initiatives by 3Q'17 	Jeff Robertson, MD – CMO
7	Collaborate with Valley Health Plan and Valley Medical Center	<ul style="list-style-type: none"> • Implement Whole Person Care expansion • Continue joint strategic planning with the County • Transition non-CCHIP Healthy Kids to Valley Kids 	Christine Tomcala – CEO
8	Achieve budgeted financial performance	<ul style="list-style-type: none"> • Achieve FY 2017-18 Net Surplus of \$13.4 million 	Dave Cameron – CFO

Critical Priority



Quality Improvement

Support improved quality outcomes among provider networks and delegated entities

- **Improvement Initiatives** to increase patient access, care coordination, and health promotion.
- **Quality Incentive Programs** and redesigned contract arrangements to promote higher quality and value
- **National Committee Quality Accreditation** to meet the highest standards
- **HEDIS Score Improvement** through targeted initiatives and efforts

Complex Care Delivery

Successfully implement model of care for members with complex conditions

- **Managed Long Term Care Services & Supports** continued program development
- **Enhanced Internal Complex Care Delivery Expertise** to support care for members with complex conditions
- **Strengthened Behavioral Health Program** including enhancing internal capacity and expanding the external provider network
- **Strengthened Community Partnerships** to more effectively address the social determinants of health
- **ACA 2703 Health Homes Implementation** to pilot comprehensive systems of care for most vulnerable members

Growth

Explore opportunities to add new health plan products and grow membership

- **Exploration of Medicare Product Options** for Cal Medi-Connect opt-outs & new Medicare enrollees, such as Medicare Advantage, including Chronic SNP, DSNP, or other products for dual eligibles
- **New Program Options Exploration** such as service area expansions or other new products
- **Marketing and Outreach** to maximize program enrollment and retention

Value-Based Care

Expand contracting, reimbursement, and other arrangements that incentivize value-based care

- **Alternative Reimbursement/Incentive Arrangements and Contracts** that align incentives, promote higher quality, and encourage innovation
- **Pharmacy Contracts and Management** that contain costs and enhance oversight
- **Innovation Pilots** to explore new and emerging models of care
- **Contractual Arrangements & Score Cards** that increase accountability, promote shared savings, and increase capacity

Internal Optimization

Enhance internal systems to support integrated operations and sophisticated business analysis in a value-based care environment

- **Data Analytics and Reporting Functionality** to enable robust analytics, reporting, and compliance
- **Single Claims Operating System** to enable integration with ancillary sub-systems across all departments and lines of business
- **Fraud Waste & Abuse Program** to improve efficiency and quality
- **Risk Adjusted Payment & Quality Withholds** to achieve appropriate levels of revenue
- **Provider Network and Delegated Entity Accountability** for quality, cost, and compliance

BUILDING BLOCKS

Financial Strength

Culture of Compliance

Effective Workforce

Positive County, State and Federal Relationships

Mission

Santa Clara Family Health Plan is dedicated to improving the health and well-being of the residents of our region. Our mission is to provide high quality, comprehensive health care 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 select providers, we act as a bridge between the health care system and those who need coverage.

The Spirit of Care

The Spirit of Care is the guiding principle of Santa Clara Family Health Plan. It is our commitment that our members will receive the care they need and the respect they deserve. It goes beyond the specific medical need of an individual and takes into account the mental, spiritual, and cultural implications of health-care decisions.

Core Values

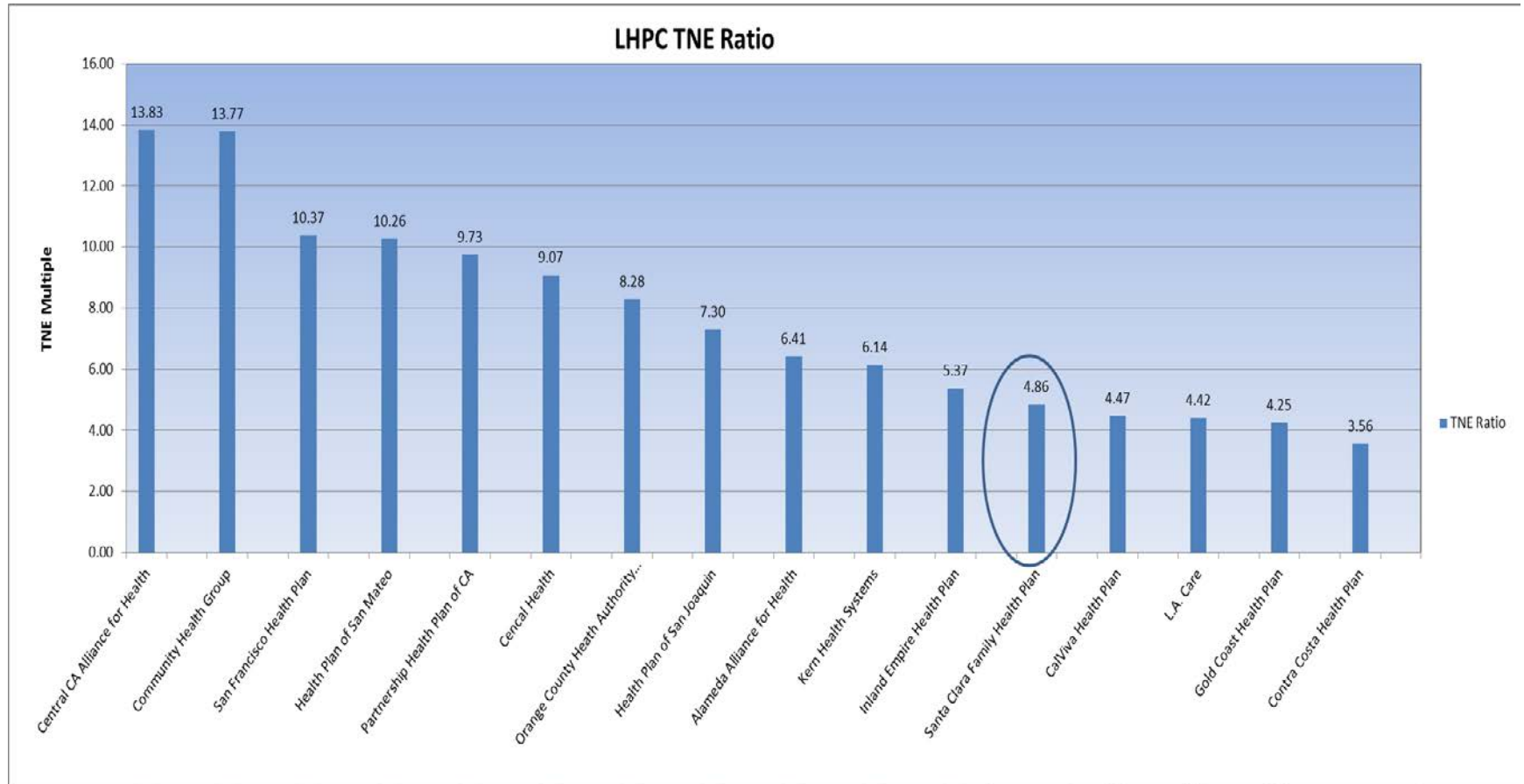
- We believe that health status cannot improve without parallel improvements in economic opportunities and social status.
- Economic status is the single greatest determinant of community health.
- We believe that as a publicly-funded, local health plan, we have a unique responsibility to work toward improving the health status of our community.
- We must always be a voice for promoting community health, using a comprehensive approach to health care and wellness.
- We believe that to achieve our mission, we must be a well-run, financially viable business that makes a significant investment in our community.
- We believe that our services must be easy to use, and our processes must be easy to understand and follow.
- We believe that our services must be culturally and linguistically appropriate, and that we must teach our members how to use the health-care system.
- We believe that respect for our members, providers, and staff is fundamental to our operations.
- We believe that our network of providers and staff must put our values into action. Our providers and staff must meet high standards of medical service and customer service.
- We believe that the safety-net providers and the traditional providers of quality care to low-income individuals are essential partners of our health plan.

Distinguishing Characteristics

- We are a community-based local health plan.
- We are separate from county government.
- We are a public agency acting on behalf of the people of our community.
- We conduct business in public.
- We are accountable to our members and to the residents of this region.
- We work closely with our safety-net providers and with our community providers.
- We help to ensure the providers' continuing financial viability.
- We help our providers give members high-quality, comprehensive, and culturally and linguistically appropriate services.
- We work in the community to promote health and well-being for all.
- We have a governing board of stakeholders from the community.

Public Plan TNE % as of 12/31/17

Public Plan Unweighted Average = 763%; SCFHP = 486%





PROPOSED SPECIAL PROJECT FUNDING

Criteria

Any special project funding must meet all of the following criteria:

- The funding fulfills an overriding public purpose to carry out the Health Authority's mission to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price.
- The funding will not adversely impact the ability of the Health Authority to operate and to deliver services and programs.
- The funding will not financially benefit any Health Authority official or employee.
- The funding will not be used for general operating expenses or existing deficits.
- Continued special project funding from the Health Authority would not be required for sustainability of the special project.
- The funding will be used to address assessed needs of the Plan and its members.
- The special project will be consistent with the strategic and/or annual objectives of the Plan.
- The special project will have measureable outcomes.

Considerations

Special projects to be funded must also meet two or more of the following considerations:

- The special project will strengthen both the Plan and the member safety net.
- The special project investment can be included in the Plan's claimable cost structure.
- The special project will address regulatory or accreditation needs.
- The funding will be used to pilot a promising approach for addressing emerging issues.
- The funding will facilitate expansion of best practices/evidence-based care.
- The funding will promote quality care, cost-efficiency, and/or enhance access.
- The special project will address social determinants of health.
- The special project will leverage, or build on, existing partnerships or investments.
- There is a lack of other resources in the community to fund the special project.



BOARD DISCRETIONARY FUND PROJECT SELECTION AND ADMINISTRATION

Key Steps	Staff
1. Special project concept summary is forwarded to designated lead staff	Director of Long Term Services and Supports (LTSS)
2. Initial screening is done by staff team, with decision to decline or move forward with request for concept paper	Director of LTSS; Director of Marketing, Outreach & Enrollment; CEO
3. Staff team meets to review submission and determine if additional information is needed to move forward	
4. Additional meetings are held, as needed, with key stakeholders or partners	
5. Outcomes and measurable goals for project are identified	
6. Executive Team meets to make final decision on moving forward and applicant is subsequently notified	Executive Team
7. Scope of work document is finalized, including lead organization, partners, costs, deliverables, outcomes & timeframe	Director of LTSS; Director of Marketing, Outreach & Enrollment; CEO
8. Executive/Finance Committee reviews proposal and: <ul style="list-style-type: none">o Declines;o Approves funding of special project up to \$100,000; oro Recommends Board approval	CEO
9. Letter of Understanding is developed, if approved	Chief Compliance & Regulatory Affairs Officer
10. Governing Board declines, ratifies, or approves (quarterly)	CEO
11. Partnership/collaboration continues with project sponsors throughout duration of project	Director of LTSS; Key Staff
12. Project is monitored, including receipt of quarterly reports on metrics, and updates are provided to staff and the Board	Director of LTSS; Director of Marketing, Outreach & Enrollment; CEO



REQUESTS FOR SUPPORT

Outstanding requests for special project funding consideration include:

- **Satellite Office**

The Governing Board requested that staff pursue potential development of a satellite office located in the heart of the community where a significant portion of SCFHP members reside. Such an office could supplement customer service, health education, and outreach activities.

- **Leigh Ave. Housing Project**

The Leigh Ave. Housing Project is a pilot LTSS-focused housing development that delays/ prevents entry into long-term care via integrated care, services, and resources. With initial support from the Office of Supportive Housing (OSH), and in collaboration with multiple community partners, SCFHP may be able to provide on-site case management, care coordination, or other support for members residing in the development.

- **LifeSTEPS Program**

LifeSTEPS contracts with low income housing facilities to provide support and service coordination for residents. Twelve of these sites currently house 400 SCFHP SPD or Dual members. LifeSTEPS has offered to provide more extensive care coordination for a per member per month (PMPM) cost. Because staff is not licensed, services would not replace but would be in support of case management.

- **Community Health Partnership**

In conjunction with seven community health center agencies, Community Health Partnership (CHP) submitted requests for grant funding of \$2.2 million for each of the next two fiscal years. Requests include projects that primarily address provider recruitment and retention, patient navigation, social determinants of health, and IT infrastructure. The majority of requests involve funding, or supplementing, staff compensation.