Santa Clara
Family Health Plan
The Spirit of Care

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Regular Meeting of the

Santa Clara County Health Authority Governing Board

Thursday, April 28, 2016
2:30 PM - 5:00 PM
210 E. Hacienda Avenue
Campbell, CA 95008

AGENDA

1.	**Roll Call**	Mr. Brownstein	2:30	5 min.
2.	**Meeting Minutes** Review minutes of the January 28, 2016 Regular Board Meeting. **Possible Action:** Approve 01/28/2016 minutes	Mr. Brownstein	2:35	5 min.
3.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Board reserves the right to limit the duration of public comment period to 30 minutes.	Mr. Brownstein	2:40	5 min.
4.	**Announcement Prior to Recessing into Closed Session** Announcement that the Governing Board will recess into closed session to discuss Items No. 5(a) and (b) below, and will identify its Designated Representatives for Item No. 5(b).			
5.	**Adjourn to Closed Session**		2:45	

a. **<u>Pending Litigation</u> (Government Code Section 54956.9(d)(1)):**
It is the intention of the SCCHA Governing Board to meet in Closed Session to confer with Legal Counsel regarding one item of existing litigation.

In the Matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Kathleen King (Respondent) Board of Administration, California Public Employees' Retirement System, Case No. 2014-1087; OAH No. 2015030359

b. **<u>Conference with Labor Negotiators</u> (Government Code Section 54957.6):**
It is the intention of the SCCHA Governing Board to meet in Closed Session to confer with its Designated Representatives.

- Santa Clara County Health Authority Designated Representatives: Dave Cameron, Sharon Valdez, and Richard Noack
- Employee organization: Local 521, SEIU

6.	**Report from Closed Session**	Mr. Brownstein	3:15	5 min.
7.	**Agreement with SEIU Local 521** **Possible Action:** Approve Agreement with SEIU Local 521	Mr. Brownstein	3:20	5 min.
8.	**CEO Update** Discuss status of current topics and initiatives. **Possible Action:** 1. Accept CEO update 2. Approve Resolution of Appreciation	Ms. Tomcala	3:25	10 min.
9.	**Compliance Report** Review and discuss quarterly compliance activities and notifications. **Possible Action:** Accept Compliance Report	Ms. Paige	3:35	5 min.
10.	**Chief Medical Officer Report** Discuss Disease Management/Complex Case Management Request for Proposal and approve selection of vendor. **Possible Action:** Approve selection of DM/CCM vendor and authorize Chief Executive Officer to negotiate, execute, amend, and terminate a contract with selected DM/CCM vendor.	Dr. Robertson	3:40	5 min.
11.	**Publicly Available Salary Schedule Changes** Consider changes to the Publicly Available Salary Schedule. **Possible Action:** Approve Publicly Available Salary Schedule	Ms. Valdez	3:45	5 min.
12.	**January, February, and March 2016 Financial Statements** Review recent organizational financial performance and related variables. **Possible Action:** Approve January, February, and March 2016 Financial Statements	Mr. Cameron	3:50	10 min.
13.	**External Audit RFP** Discuss and approve selection of External Audit firm. **Possible Action:** Approve selection of External Audit firm and authorize the Chief Executive Officer to negotiate, execute, amend, and terminate a contract with selected External Audit firm	Mr. Cameron	4:00	5 min.
14.	**Donations and Sponsorships Policy** Discuss Donations and Sponsorship Policy. **Possible Action:** Approve FY 2016 Sponsorships to date	Ms. Tomcala	4:05	5 min.
15.	**Diabetes Prevention Program Pilot** Discuss Diabetes Prevention Program Pilot. **Possible Action:** Approve support of Diabetes Prevention Program Pilot	Ms. Tomcala	4:10	5 min.
16.	**Policy Approval**: GO.01 Organizational Policies Consider Draft Policy GO.01. **Possible Action:** Approve Policy GO.01 Organizational Policies	Ms. Tomcala	4:15	5 min.

17.	**Governing Board Committee Structure** Discuss Governing Board Committee Structure. **Possible Action:** Approve Governing Board Committee Structure	Ms. Tomcala	4:20	5 min.
18.	**Committee Charters** Consider and Approve Committee Charters. • Executive/Finance Committee • Quality Improvement Committee • Utilization Management Committee • Credentialing & Peer Review Committee • Pharmacy & Therapeutics Committee • Provider Advisory Council **Possible Action:** Approve Committee Charters	Ms. Tomcala	4:25	10 min.
19.	**Provider Advisory Council (PAC) Appointment** Consider appointing David K. Mineta, MSW, President and CEO of Momentum for Mental Health, to the PAC. **Possible Action:** Appoint David Mineta to the Provider Advisory Council	Ms. Tomcala	4:35	5 min.
20.	**Unified Managed Care Update** Review minutes of April 1, 2016 Board Team meeting. **Possible Action:** 1. Accept Board Team Report 2. Rescind the Board Team and appoint a temporary ad hoc Unified Managed Care Committee that will exist until December 31, 2016 and that will be composed of five Governing Board members	Mr. Brownstein	4:40	5 min.
21.	**Committee Reports**			
	a. Executive Committee Review minutes of the February 25 and March 24, 2016 Committee Meeting. **Possible Action:** Accept February 25 and March 24, 2016 Executive Committee Report as presented	Ms. Lew	4:45	5 min.
	b. Consumer Affairs Committee Review minutes of the March 8, 2016 Committee Meeting. **Possible Action:** Accept March 8, 2016 Consumer Affairs Committee Report as presented	Dr. Wenner	4:50	5 min.
	c. Provider Advisory Council Review minutes of the February 4, 2016 Committee Meeting. **Possible Action:** Accept February 4, 2016 Consumer Affairs Committee Report as presented	Dr. Robertson	4:55	5 min.
22.	**Adjournment**	Mr. Brownstein	5:00	

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 Governing Board 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 210 E. Hacienda Avenue, Campbell.

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

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2:30 PM - 5:00 PM
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Minutes - DRAFT

Board Members present:
Bob Brownstein, Chair
Dolores Alvarado
Brian Darrow
Christopher Dawes
Kathleen King
Liz Kniss
Michele Lew
Paul Murphy
Brenda Taussig
Wally Wenner, M.D.

Board Members not present:
Darrell Evora
Jolene Smith
Linda Williams

Staff present:
Christine Tomcala, Chief Executive Officer
Dave Cameron, Chief Financial Officer
Jeff Robertson, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Pat McClelland, VP Member & Medical Operations
Gary Kaplan, VP Vendor Relations & Delegation Oversight
Sharon Valdez, VP Human Resources
Beth Paige, Compliance Officer
Rita Zambrano, Executive Assistant

Others present:
Richard Noack, Hopkins and Carley LLC
John Kennedy, Nossaman LLP
Alison Hightower, Littler Mendelson P.C. (via telephone)
Elizabeth Pianca, Secretary
Caitlin Grandison, SEIU Local 521 representative
Lili Marquez, SEIU Local 521 representative
Isabel Olazcoaga, SEIU Local 521 representative
Marline Pedegrosa, SEIU Local 521 representative
Khanh Weinberg, SEIU Local 521 representative
Bob McGarry, GSK
Tania Shanrock, GSK
Claudia Esquivel, SCFHP employee
Steven Mashin, SCFHP employee
Luis Perez, SCFHP employee
April Pitt, SCFHP employee
Gloria Ramirez
Stacy Renteria, SCFHP employee
Gabriela Rodriguez, SCFHP employee
Llecenia Solorio, SCFHP employee
Christine Torres, SCFHP employee
Nicole Weaver, SCFHP employee

1. **Roll Call**

Chairman Brownstein called the meeting to order at 2:34 pm. Roll call was taken and a quorum was not established.

2. **Public Comment**

Christine Torres, a Member Services Representative and an SEIU Local 521 member, provided an update on the Bargaining Unit's contract negotiations. She identified progress on several key issues, including fair grievance procedures, release time to attend Board meetings, tentative agreements on personnel files, work schedules, and holidays, and improvements to bereavement leave and paid time off. Ms. Torres also highlighted some issues that SEIU and Management have not yet reached agreement on, in particular the union's position that there cannot be any "at-will" language.

Nicole Weaver, a Care Coordinator and an SEIU Local 521 member, stated the Bargaining Unit is excited to be moving toward securing its first contract with SCFHP. One major priority is a fair and transparent compensation system, which the union feels is currently lacking. They are proud to have won a one-time 2.5% across-the-board increase, however a long-term solution is needed. The Bargaining Team has proposed a Fair Compensation Committee of workers and managers to develop a salary schedule that supports recruitment and retention of a qualified workforce, recognizes seniority, and ensures a living wage.

Luis Perez, a Care Coordinator and member of SEIU Local 521, spoke to the need for union security. He further summarized the Bargaining Unit's priorities for the first contract, which are no at-will employment, a fair compensation system, and union security. He stated the union is excited and hopeful a fair and equitable contract will be reached with SCFHP soon.

Chris Dawes arrived and a quorum was established.

3. **Meeting Minutes**

The minutes of the November 19, 2015 Regular Board Meeting were reviewed.

It was moved, seconded, and the November 19, 2015 meeting minutes were **approved** as presented.

4. **Adjourn to Closed Session**

a. **Pending Litigation**
The Board conferred with Legal Counsel regarding one item of existing litigation.

b. **Conference with Labor Negotiators**
The Board conferred with its Designated Representatives: Dave Cameron, Sharon Valdez, and Richard Noack.

c. **Significant Exposure to Litigation**
The Board conferred with Legal Counsel relating to one item of significant exposure to litigation.

5. **Report from Closed Session**

Mr. Brownstein reported that the Board conferred with legal counsel and designated representatives and no action was taken.

Kathleen King arrived at 3:19 pm.
Dolores Alvarado arrived at 3:22 pm.

6. CEO Update

Christine Tomcala referred to the Compliance Report in the meeting materials and noted receipt of a Notice of Non-Compliance (NONC) pertaining to Cal MediConnect. Staff misinterpreted technical specifications on an initial data submission and, upon clarification from CMS, resubmitted accurate numbers, resulting in the NONC. Additional resources have been engaged to review coding of all required reports to ensure accuracy going forward.

Ms. Tomcala noted annual reports for CMC are due in February, and Advent Advisory Group has been engaged to conduct the required data validation of the annual reports submitted to CMS.

As discussed at the last Board meeting, Ms. Tomcala reported a consulting firm has been retained to assist with four key activities related to critical Plan Objectives. A key focus is on conducting gap analyses and launching corrective action plans, including an overhaul of policies and procedures. The need for additional short-term and long-term resources has been identified, which is addressed in the mid-year budget projections.

It was further reported that some organizational structure and governance changes are also needed, which may call for changes to the Bylaws. In particular, the Quality Improvement Committee and its subcommittees should be designated Board committees in recognition of the Board's responsibility for oversight in these matters.

It was moved, seconded, and approved to accept the CEO Update as presented.

7. Bylaws Committee

Elizabeth Pianca, legal counsel, stated the Bylaws Committee was last convened in 2013-14, with amendment of the Bylaws in 2014. Ms. Tomcala reported the Bylaws Committee previously included Chris Dawes, Laura Jones, Liz Kniss, and Michele Lew, and it is necessary to appoint three Board members for the Committee to reconvene. Liz Kniss, Paul Murphy, and Brian Darrow volunteered.

It was moved, seconded, and approved to appoint Ms. Kniss, Mr. Murphy, and Mr. Darrow to the Bylaws Committee.

8. Unified Managed Care Strategy Update

Mr. Brownstein reported that earlier in the week the team appointed by this Board, including himself, Michele Lew, Dolores Alvarado, Paul Murphy, Christine Tomcala, and Dave Cameron, met with County executives, including Rene Santiago, Paul Lorenz, and Bruce Butler. There was positive, constructive discussion at the meeting regarding the proposal presented by SCFHP, and the County indicated its interest in further developing the collaborative relationship being established with SCFHP consistent with a framework that would be supported by our Board. Subsequent to the meeting, and upon further reflection, Mr. Santiago shared more specific feedback with Mr. Brownstein.

- The County would like the collaboration to be oriented toward meeting the needs of the entire safety net population in the County and not just members of the health plan.
- The County likes the Health Plan's proposed strategic planning process and potential summit, including engaging a consultant to assist with planning and facilitation.
- With respect to additional staff, the County did not see a need for a new government relations position, but would support a project manager to assist with operational implementation.

It was moved, seconded, and approved to support the ongoing Unified Managed Care Strategy.

9. Fiscal 2014-15 External Audit Report

Mr. Brownstein reported on the Fiscal 2014-15 External Audit, which was completed late due to the auditors requesting that CalPERS run a report on SCFHP alone rather than as a part of a larger pool of participants in the plan. The Auditors noted two material weaknesses.

The first material weakness is related to Premium Deficiency Reserve (PDR) for the Cal MediConnect Program. The auditors argued that because there was early evidence the program might generate operating losses, a PDR should have been recorded. Although a PDR of $18m has been recorded, in their opinion, the timing of the recording resulted in the finding of a material weakness.

Mr. Brownstein stated the auditors did not provide information on a timely basis so that management could respond, but also acknowledged that the Plan did not immediately create the Premium Deficiency Reserve. To help alleviate any future risks, management should designate a reserve based on the data that exists.
The second material weakness was related to the recording of $21m of additional revenue for the Coordinated Care Initiative (CCI). Such initiatives are very difficult to predict and require quarterly reconciliations between the Plan and the State. The auditors stated that despite this challenge, the Plan should have estimated and recognized this revenue earlier. The size of the revenue rather than the omission raised this to the level of material weakness.

Mr. Cameron commented that there was a professional disagreement right from the start due the complexity of this new program (only six months in) with immature claims experience and a constantly evolving "re-blend" basis for estimating the receivable revenue. There were also uncertainties about risk adjustments, Part D adjustments, and other complicated issues that come later, but which needed to be considered in estimating the overall profit/loss for the given contract period.

It was moved, seconded, and approved to accept the Fiscal 2014-15 Audit Report.

10. 2015 Financial Statements

Mr. Cameron reviewed highlights of the first six months of FY16 and provided a year-end FY16 forecast.

FY16 Year-to-Date December

- Enrollment is 7% higher than budget, largely due to Medi-Cal Expansion. However, with eligibility redetermination in January, there was a drop in this population; so, we are expecting a lower run rate going forward. There has been no significant change in the network distribution of the enrolled members.
- Plan revenue is $526m YTD, trending to $1.1B for the year. YTD, the medical cost ratio is 95.2%; administrative cost ratio is 3.3%. The overall surplus is $7.7m ($3.5m below budget).
- Revenue is over budget largely due to In-Home Support Services (IHSS) and Medi-Cal expansion revenue being 10% over budget.
    - The IHSS revenue is part of contracted capitation rate from the State, but the Plan does not get this money; however, the Plan carries the risk for overtime costs by the providers beyond the contracted rate. Therefore, it runs through our revenue and expense. The State is behind in reconciliation of the IHSS revenues paid on our behalf.
    - The State has been overpaying the Medi-Cal Expansion rate. They are going to start to recoup the overpayments in February. We have reserved almost $60m as State payable on our balance sheet.
- Long Term Care ramp-up is stabilizing and so is our claims payment experience.
- The medical expenses are also over budget as a direct result of excess IHSS and Long Term Care expenses.
- Administrative expenses are on budget YTD.

- Unfunded pension liability is expected to be significantly lower than budgeted because of the one-time catch-up adjustment of about $5m last year. This year's contribution is expected to be only about $900,000.

It was moved, seconded, and approved to approve the October, November, and December 2015 Financial Statements as presented.

11. Mid-Year Budget Projections

Mr. Cameron provided a snapshot of the metrics used to project year-end financial performance. The membership CY 2014 to CY 2015 has increased 27% and the work required to service those members has increased at a substantially higher rate than the membership growth. Therefore, even though we are on budget with administrative expenses YTD, the run rate is going to be significantly higher for the second half of FY16.

We made some high-level assumptions for revenue and medical expense using the current run rates for the year-end projection. But, most of the detailed analysis was focused on estimating the administrative expenses. The Plan has a $7.7m surplus to date through December 31,2015 and the year-end surplus projection is $15.5m. This projection excludes any adjustment to the PDR or the ACA1202 extended payments. Mr. Cameron confirmed that the year-end forecast includes costs of the aforementioned additional resources.

Mr. Cameron also provided an update for the capital expenses, which also requested an increase from the budget due to increased information technology needs.

It was moved, seconded, and approved to accept the Mid-Year Budget Projections as presented.

12. Committee Reports

a. Executive Committee

Mr. Brownstein provided a summary of the December 17, 2015 Executive Committee Report.

It was moved, seconded, and approved to accept the Executive Committee Report.

b. Consumer Affairs Committee

Dr. Wenner provided a summary of the December 8, 2015 Consumer Affairs Committee Report.

It was moved, seconded, and approved to accept the Consumers Affairs Committee Report.

13. Adjournment

The meeting was adjourned at 5:00 pm.

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Elizabeth Pianca, Secretary to the Board

Resolution of Appreciation

FOR PAT MCCLELLAND

WHEREAS,

Pat McClelland's service to Santa Clara Family Health Plan has spanned the past twenty years; and,

WHEREAS,

Pat McClelland has capably held various significant and influential leadership positions including most recently Vice President of Member and Medical Operations; and,

WHEREAS,

Pat McClelland has tirelessly kept the needs of our members at the forefront of Santa Clara Family Health Plan operations; and,

WHEREAS,

Pat McClelland has worked diligently to find creative solutions to address issues of health care access in Santa Clara County; and,

WHEREAS,

Pat McClelland has adeptly navigated the changing landscape of health care to improve the health and well-being of the residents of our county.

NOW, THEREFORE, BE IT RESOLVED

that the Santa Clara County Health Authority Governing Board extends its appreciation to Pat McClelland for her dedicated years of service.

INTRODUCED AND PASSED, APRIL 28, 2016

BOB BROWNSTEIN

Chair, Governing Board

Santa Clara County Health Authority

Santa Clara
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Santa Clara County Health Authority
Governing Board of Directors

Term Expiration	District 1 Mike Wasserman	District 2 Cindy Chavez	District 3 Dave Cortese	District 4 Ken Yeager	District 5 Joe Simitian
6/30/16	**Seat 7 - Wally Wenner** Seat Type: Allocated Appointed: 3/29/2011, 6/5/2012, 8/25/2014	**Seat 5 - Paul Murphy** Seat type: Allocated Appointed: 10/7/2014	**Seat 4 - Bob Brownstein** Seat type: Allocated Appointed: 10/7/2014	**Seat 6 - Darrell Evora** Seat type: Allocated Appointed: 4/21/2015	
			Seat 9 - Michele Lew Seat type: Allocated Appointed: 8/11/2009, 6/19/2012, 6/10/2014	**Seat 12 - Linda Williams** Seat type: Rotating Appointed: 9/25/2012, 6/24/2014	
				Seat 2 - Brian Darrow Seat type: Allocated Appointed: 12/15/2015	
6/30/2017	**Seat 1 - Dolores Alvarado** Seat type: Allocated Appointed: 8/13/2013, 6/23/2015	**Seat 8 - Kathleen King** Seat type: Allocated Appointed: 12/17/2013, 6/23/2015			**Seat 3 - Chris Dawes** Seat type: Allocated Appointed: 5/20/2014, 6/23/2015
		Seat 11 - Jolene Smith Seat type: Allocated to President Appointed: 6/4/2013, 8/11/2015			**Seat 10 - Brenda Taussig** Seat type: Allocated to Vice-President Appointed: 8/25/2015
					Seat 13 - Liz Kniss Seat type: Allocated Appointed: 1/29/2013, 11/26/2013, 6/23/2015

Seat Type Definitions:

- Allocated
  - To a specific District (1-5)—The Supervisor from the District has the authority to appoint.
  - To President—The President of the Board of Supervisors at the time of appointment has the authority.
  - To Vice-President—The Vice-President of the Board of Supervisors at the time of appointment has the authority.
- Rotating
  - The authority to appoint rotates through the five District offices, changing each term.

Compliance Department Activity
February - April 2016

Reporting

- Regulatory Filings/Reports/Other:
  - Routine DMHC Plan Filings
    - Block Transfer Reporting
    - CDI Affiliate Data Submission
    - Annual Timely Access Submission
    - Medi-Cal Evidence of Coverage
    - 24/7 Expedited Complaints Contact (W-11)
    - Quarterly Claims Assessment
    - Quarterly Survey of Risk Bearing Organizations (RBO) Report
    - Quarterly Pending and Unresolved Grievances Report.

  - Routine DHCS Reports – All filed timely
    - Medi-Cal Reports (includes monthly, quarterly, semi-annual and annual filings)
      - BHT Reports (BHT COC and Provider network Survey, BHT Services Survey, BHT Transition File updates and monthly BHT Detailed Report)
      - 2016 Formulary
      - IHSS Integration Coordination
      - CBAS Quarterly Report
      - Q1 2016 Medical Exemption Request
      - CCI Contract Adequacy Quarterly Report
      - DHCS Quarterly Grievance Report
      - DHCS Quarterly Mental Health Report
      - DHCS Quarterly SPD Reporting
      - DHCS Quarterly MLTSS Reporting
      - DHCS Quarterly Targeted Low Income Child Report
      - DHCS Quarterly Dental General Anesthesia Report
      - DHCS Quarterly Call Center Report
      - DHCS Quarterly Geo Access and Plan Subcontractor Report
      - DHCS Quarterly QI Committee Meeting Minutes
      - 2016 Provider Directory

    - Cal MediConnect Reports (includes monthly and quarterly filings)
      - DHCS Quarterly CMC Complaint and Resolution Report
      - DHCS Quarterly CMC Risk Reporting
      - CA 1.1 High risk members with an Individualized Care Plan (ICP) within 30 working days after the completion of the timely Health Risk Assessment (HRA)
      - CA 1.3 Low risk members with an Individualized Care Plan (ICP) within 30 working days after the completion of the timely Health Risk Assessment (HRA)
      - CA 1.5 Members with an ICP completed.
      - CA 1.6 Members with documented discussions of care goals.
      - CA 1.12 Members who have a care coordinator and have at least one care team contact during the reporting period

- CA 2.1 The number of critical incident and abuse reports for members receiving LTSS
- CA 2.2 Policies and procedures attached to the MOU with county behavioral health agency(ies) around assessments, referrals, coordinated care planning, and information sharing
    - Overlooked submission to DHCS on 2/29/2016
    - Submitted on 3/11 after review of submissions
- CA 3.1 Physical access compliance policy and identification of an individual who is responsible for physical access compliance
- CA 3.2 Care coordinator training for supporting self-direction under the demonstration.
- MMP Core 2.1 Members with an assessment completed within 90 days of enrollment
- MMP Core 3.1 Members discharged from an inpatient facility with a transition record was transmitted within 24 hours of discharge.
- MMP Core 4.2 Grievances and Appeals.
- MMP Core 5.1 Care coordinator to member ratio.
- MMP Core 5.3 Establishment of consumer advisory board or inclusion of consumers on a pre-existing governance board consistent with contractual requirements.
- MMP Core 8.1 LTSS clean claims paid within 30 days, 60 days, and 90 days.
- MMP Core 9.1 Emergency room behavioral health services utilization
- Part C
    - Grievances
        - Resubmission following an outlier notice for all four quarters.
    - Organization Determinations and Reconsiderations
        - Resubmission to calculate VSP organization determinations for the Q1 and Q2.
        - A VSP corrective action plan has been issued because the necessary data for Q3 and Q4 was not available.
- Part D
    - Grievances
    - Coverage Determinations and Redeterminations
    - Medication Therapy Management Programs
        - Resubmission following a notice, which stated that the data had errors.
        - The errors in the data were caused by spaces in two different hick numbers.
        - Med Impact was contacted to ensure that these types of errors are located and removed from future datasets.

- Ad Hoc Regulatory Requests
    - Alternative Payment Methodologies Survey
    - CMC Provider Network Requirements
    - Vaccine Survey
    - Medi-Cal Evidence of Coverage
    - Hepatitis C Supplemental Data
    - Provider Network and Payments Information Requests

Regulatory Communications

- General
  - SB 75 Medi-Cal Expansion for All Children – will occur no sooner than May 16, 2016. This expansion will open up full scope Medi-Cal benefits to all children under 19 who meet the income standards, regardless of immigration status. This expansion would allow many Healthy Kids members to apply and qualify for Medi-Cal. DHCS created an SB 75 Expansion Information link where additional information and notifications to members and providers can be found: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx
- Medi-Cal
  - Approval of member Letter re Swim Lessons
  - Approval of CBAS Eligibility Policy and Procedure
  - Approval of Dental Anesthesia Policy
  - Approval of PCP Assessment Letter
  - Approval of 2016 Pharmacy Formulary
- Member Complaints via Regulator
    - DMHC
      - Member complaint: VHP would not authorize member to see an out of network cardiologist who would do valve replacement without blood transfusion. Member had been redirected into network. VHP overturned the redirection and authorized OON cardiologist when the in-network cardiologist declined to do the surgery without transfusion.
      - Member complaint: SCFHP denied coverage of Restasis and deliberately misled the member. Denial based on lack of evidence that formulary alternative was tried first. This was explained in denial notices the member received. DMHC upheld the denial.
      - Member complaint: SCFHP Provider Directory difficult to read, misleading and fraudulent. Health Care Options provided the member the wrong EOC upon enrollment. Member wanted a provider in the PAMF network which is a closed network. The current provider network and the website shows the provider had a closed network.
      - Member complaint: Being denied treatment for his club foot. The member was not denied. VHP authorized member to see orthopedist. Orthopedist recommended member see specialist at VMC which was authorized. SCFHP assigned case manager to follow up with the member and assist with obtaining his services.
      - Member complaint: Redirected from Stanford to VMC Ob/Gyn Clinic for surgery. VHP was able to get member into Gyn clinic within a week; however surgery would be scheduled 8+ weeks (June). VHP authorized the member to return to Stanford for the surgery.
      - Member complaint: Kaiser member wanted to go to a new autism provider. Member had not been denied, Kaiser was in process of reviewing and authorized member to be seen by new provider.
      - Member complaint: Unable to obtain medication because system still showed member with Cover California coverage through Blue Shield and Medi-Cal through SCFHP. SCFHP was able to fix the pharmacy file so the member could get the prescription filled. The "other coverage" indicator issue was referred to DHCS. This was fixed in the State's system. The member's complaint regarding being billed by Blue Shield was referred back to DMHC.

- Member complaint: OT/ST services stopped due to VHP authorization issues. Investigation revealed the provider stopped services due to billing issues. Despite VHP education of the provider, the provider continued to bill using an organizational NPI rather than an individual NPI.

- Medicare

  - A Notice was received on March 28, 2016 from CMS pertaining to our CMC reporting:
    - The Notice identified SCFHP as an outlier for grievance reporting and timely notification of decisions.
      - Grievance numbers were re-evaluated and resubmitted to CMS.
    - The Notice also indicated the Medication Management Therapy Program (MTMP) submission contained a HICN number that did not map to a beneficiary enrolled with the Plan.
      - This was a HICN number received from the State with a space in it. SCFHP had identified and corrected this previously and submitted the correction via a daily to MedImpact. However the corrected HICN did not get corrected in the MTMP module and MTMP reporting still contained the error. It has now been corrected.
  - The 2017 CMS Call Letter was released. The Medicare-Medicaid Plan annual requirements and timelines for CY 2017 are included within the Call Letter.
  - SCFHP's Cal MediConnect 2017 Plan Benefit Package is due to CMS by June 6, 2016.

Internal Monitoring/Auditing

- General

  - Joint DHCS/DMHC Audit
    - Audit scheduled for April 18 through April 29.
    - Full-scope Health Plan audit to include Medi-Cal, Healthy Kids and CMC Medicaid-based services.
    - Massive document requests prior to coming onsite.
    - Joint interviews conducted first week. Second week of audit DHCS only.
    - Audit report due in June 2016.

  - HIPAA
    - One privacy breach.
      - NEMS mail stolen. NEMS reported directly to DHCS. Involved only 1 SCFHP member.
    - Member Appointment of Representative requests processed:
      - February - 133
      - March - 290
      - April - 101

  - WeiserMazars
    - Consultants continued to meet with SCFHP staff and provide feedback on policy and work flow development.
    - Individual departments are also working on correcting any identified gaps in operations and reporting, and to develop and implement process improvements.

- Medi-Cal
    - Continuing to monitor DHCS Facility Decertification notices to ensure SCFHP contracted providers not on list.

Oversight

- Medicare
    - The virtual onsite session with Advent Advisory Group occurred on 4/13/2016. Deficiencies were identified during the virtual onsite. Business owners are in the process of compiling and submitting additional documentation in response to Advent's initial findings.

    - HSAG (Health Services Advisory Group) conducted a Quality Withhold Performance Measure Validation Activity study. This is related to the CMC health risk assessment (HRA) process. HRA data was requested for review. Several webinex reviews of the data have been conducted and a final report will be issued in the near future.

Education/Training

- Staff Training
    - In anticipation of the April audit, SCFHP staff was reminded of HIPAA training:
        - When away from the workspace: put PHI away and lock computers.
        - Do not discuss cases in public places.
        - Do not leave printing and faxes on printers/faxes.

Response and Prevention

- General
    - Timely Access to Impacted Services at VMC
      SCFHP continues to participate in a workgroup with VHP and VMC to discuss timely access to services.

Santa Clara
Family Health Plan
The Spirit of Care

CMO Report

Disease Management
Complex Case Management
Proposal

April 28, 2016

DM/CCM RFP

- Required for NCQA, Required for CMC
- In-sourcing prohibitively expensive – 20 staff, new system
- Currently no DM program in house
- CCM split among 4 vendors, 3 systems, cost >>$2M
- RFP for a single vendor to provide comprehensive integrated solution
- Identified 4 vendors nationally that met all RFP requirements
- 4 responded, 1 withdrew

Responses

- 2 lowest bids – onsite presentation
- Best solution fully integrated
  - 24 hour Nurse Advice Line
  - Telephonic and Mail Health Risk Assessment (long)
  - Complex Case Management – ICD, ICT
  - Disease Management of Diabetes, Heart, Depression
  - Comprehensive Suite of reports
- $1.2M, 20% at risk for SLAs, 120 d implementation

Santa Clara County Health Authority
Updates to Pay Schedule
April 28, 2016

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Administrative Assistant	Annually	43,867	53,737	63,877
Application Developer II	Annually	72,112	91,943	111,774
Behavioral Health Care Coordinator	Annually	38,993	47,766	56,540
Claims Analyst I	Annually	35,984	43,181	52,645
Claims Clerk	Annually	32,166	38,599	45,864
Claims Quality Assurance Auditor	Annually	55,618	69,522	83,427
Database Administrator/ Analyst	Annually	62,706	79,951	98,267
Delegation Oversight Analyst	Annually	62,706	79,951	97,195
Director of Integrated Business Solutions	Annually	135,082	178,984	222,886
Director of Health Care Economics	Annually	135,082	178,984	222,886
Director of Health Services	Annually	135,082	178,984	222,886
Director of Quality and Pharmacy	Annually	159,097	214,781	270,465
IT Configuration Manager	Annually	83,102	108,033	133,403
LTSS Personal Care Coordinator	Annually	43,867	53,737	63,607
LTSS Social Worker	Annually	72,112	91,943	111,774
Manager of Case Management	Annually	97,645	126,939	156,233
Medicare Claims Supervisor	Annually	55,618	69,522	83,427
Member Services Supervisor	Annually	55,618	69,522	83,427
Personal Care Coordinator	Annually	43,867	53,737	63,607
Pharmacy Manager	Annually	112,569	149,153	185,738
Product Manager, Medicare Operations	Annually	72,112	91,943	114,069
Risk Adjustment Analyst	Annually	83,102	108,033	132,964
Support Services Representative	Annually	32,166	38,599	45,032
Utilization Management Support Specialist	Annually	32,166	38,599	45,032
Utilization Review Nurse - LTC	Annually	62,706	79,951	97,195

Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
April 28, 2016

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Associate Medical Director	Annually	159,097	214,781	270,465
Claims Auditor	Annually	48,363	60,454	72,545
Healthy Kids Program Director	Annually	72,112	91,943	111,774
Medical Management Manager	Annually	97,645	126,939	156,233
Medicare Claims Auditor	Annually	48,363	60,454	72,545
Membership Accounting Manager	Annually	62,706	79,951	97,195
Pharmacy Director	Annually	135,082	178,984	222,886
Sr. Director of Medical Management & Quality Improvement	Annually	112,569	149,153	185,738
Supervisor Desktops and IT Ops	Annually	72,112	91,943	111,774
VP of Information Technology	Annually	135,082	178,984	222,886
Chief Medicare Officer	Annually	194,894	263,107	331,319

Santa Clara
Family Health Plan

The Spirit of Care

Financial Statements
For Seven Months Ended January 2016
(Unaudited)

Table of Contents

Santa Clara Family Health Plan
CFO Finance Report
For the Month and Year to Date Ended January 31, 2016

Summary of Financial Results

For the month of January 2016, SCFHP recorded a net surplus of $1.2 million compared to a budgeted net surplus of $1.3 million resulting in an unfavorable variance from budget of $0.05 million. For year to date January 2016, SCFHP recorded a net surplus of $9.0 million compared to a budgeted net surplus of $12.6 million resulting in a unfavorable variance from budget of $3.6 million. The table below summarizes the components of the overall variance from budget.

Summary Operating Results – Actual vs. Budget

For the Current Month & Fiscal Year to Date – January 2016

Favorable/ (Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 94,381,952	$ 82,222,606	$ 12,159,346	14.8%	Revenue	$620,207,670	$553,839,899	$ 66,367,771	12.0%
89,790,217	77,611,626	(12,178,590)	-15.7%	Medical Expense	590,495,861	517,846,558	(72,649,303)	-14.0%
4,591,735	4,610,979	(19,244)	-0.4%	Gross Margin	29,711,809	35,993,342	(6,281,533)	-17.5%
2,906,687	2,854,263	(52,424)	-1.8%	Administrative Expense	20,096,401	20,073,069	(23,332)	-0.1%
1,685,048	1,756,717	(71,669)	-4.1%	Net Operating Income	9,615,408	15,920,273	(6,304,865)	-39.6%
(455,882)	(478,570)	22,688	4.7%	Non-Operating Income/Exp	(639,623)	(3,349,991)	2,710,368	80.9%
$ 1,229,166	$ 1,278,147	$ (48,980)	-3.8%	Net Surplus/ (Loss)	$ 8,975,785	$ 12,570,282	$ (3,594,497)	-28.6%

Revenue

The Health Plan recorded net revenue of $94.4 million for the month of January 2016, compared to budgeted revenue of $82.2 million, resulting in a favorable variance from budget of $12.2 million, or 14.8%. For year to date January 2016, the Plan recorded net revenue of $620.2 million, compared to budgeted revenue of $553.8 million, resulting in a favorable variance from budget of $66.4 million, or 12.0%, which was primarily driven by the additional In Home Support Services (IHSS) pass-through revenue that also increases the medical expenses commensurately. Hep C revenue contributed to positive variance because of a higher number of eligible users than budget. Higher than budgeted membership also contributed to positive variance in Medi-Cal expansion revenue. Some of the positive variance was offset by unfavorable variance in Medicare revenue.

A statistical and financial summary for all lines of business is included on page 9 of this report.

Member months

For the month of January 2016, overall member months were higher than budget by 14,282 (+5.6%). For year to date January 2016, overall member months were higher than budget by 70,807 (+4.0%).

In the seven months since the end of the prior fiscal year, 6/30/2015, membership in Medi-Cal increased by 9.1%, membership in the Healthy Kids program decreased by 7.8%, and membership in the Agnews program decreased by 1.8%.

In January 2015, we started enrolling members in Cal MediConnect (CMC). For the month of January 2016, membership in the CMC program was lower than the budget by 841 member months (-8.4%). For year to date January 2016, membership in the CMC program was lower than the budget by 3,664 member months (-5.8%). In the seven months since the end of the prior fiscal year, 6/30/2015, membership in CMC program increased by 27.4%.

Member months, and changes from prior year, are summarized on Page 11.

Medical Expenses

For the month of January 2016, medical expense was $89.8 million compared to budget of $77.6 million, resulting in an unfavorable budget variance of $12.2 million, or -15.7%. For year to date January 2016, medical expense was $590.5 million compared to budget of $517.8 million, resulting in an unfavorable budget variance of $72.6 million, or -14.0%. The increased medical expenses year to date, compared to budget, are primarily attributable to two categories: Long term care contributed to $17.6 million or 61% over budget and IHSS pass-through expense contributed to $47.2 million or 219% over budget. Higher than budgeted membership also contributed to the unfavorable variance in medical expenses.

Administrative Expenses

Overall administrative costs were over budget by $52 thousand (-1.8%) for the month of January 2016, and over budget by $23 thousand (-0.1%) for year to date January 2016. Salaries/Benefits were under budget; however, higher than budgeted Professional Fees/Consulting/Temporary Staffing costs offset some of this favorable variance. Information systems expenses were higher than budgeted because of the continued configuration necessary to meet the needs of the Cal Medi Connect (CMC) program. Legal fees were also higher than budget.

Overall administrative expenses were 3.2% of revenues for year to date January 2016.

Balance Sheet (Page 6)

Current assets at January 31, 2016 totaled $418.8 million compared to current liabilities of $330.5 million, yielding a current ratio (the ratio of current assets to current liabilities) of 1.3 as of January 31, 2016. Working capital increased by $9.8 million for the seven months year to date ended January 31, 2016.

Cash as of January 31, 2016, increased by $48.4 million compared to the cash balance as of year-end June 30, 2015. Net receivables increased by $78.9 million during the same seven month period ended January 31, 2016. The cash position increased largely due to the continued overpayment of Medi-Cal expansion premium revenues by the DHCS and the increase in medical cost reserves.

Liabilities increased by a net amount of $119.5 million during the seven months ended January 2016. This was primarily due to the continued overpayment of Medi-Cal expansion premium revenues by the State, an increase in medical cost reserves largely as a result of the rapid growth of long term care claims, and an increase in the IHSS liability. The plan also recorded a Premium Deficiency Reserve ($18.0 million) for the Cal MediConnect contract period ending December 31, 2017. Additionally, the Health Plan recorded the unfunded Pension Liability of $5.4 million as required by GASB 68, as of January 31, 2016.

Capital Expenses increased by $414 thousand for the seven months ended January 31, 2016.

Tangible Net Equity

Tangible Net Equity (TNE) was $81.6 million at January 31, 2016 compared to the minimum TNE required by the Department of Managed Health Care (DMHC) of $27.2 million. A chart showing TNE trends is shown on page 14 of this report.

At the December 2011 Board of Director's meeting, a policy was adopted for targeting the organization's capital reserves to equal two months of Medi-Cal capitation revenue.

As of January 31, 2016, the Plan's reserves are below this reserves target by about $65.5 million (see calculation below).

Calculation of targeted reserves as of January 31, 2016

Estimate of two months' capitation based on January 2016 (rounded) (December-2016 Medi-Cal capitation of $71,329,143 x 2 = $142,658,286)	$142,659,000
Less: Unrestricted Net Equity per balance sheet (rounded)	$ 77,126,000
Approximate reserves below target	$ 65,533,000

Santa Clara County Health Authority
Balance Sheet

	JAN 16	DEC 15	NOV 15	JUN 15
Assets				
Current Assets				
Cash and Marketable Securities	$ 158,905,626	$ 146,674,508	$ 154,996,430	$ 110,520,927
Premiums Receivable	256,448,620	255,780,902	242,021,966	177,531,031
Due from Santa Clara Family Health Foundation - net				3,612
Prepaid Expenses and Other Current Assets	3,422,969	3,724,224	1,404,354	1,917,101
Total Current Assets	418,777,215	406,179,633	398,422,749	289,972,670
Long Term Assets				
Equipment	12,293,069	12,206,436	12,206,436	11,879,173
Less: Accumulated Depreciation	(8,118,156)	(8,007,321)	(7,898,871)	(7,363,871)
Total Long Term Assets	4,174,914	4,199,115	4,307,565	4,515,302
Total Assets	$ 422,952,129	$ 410,378,748	$ 402,730,314	$ 294,487,972
Deferred Outflow of Resources	$ 1,367,331	$ 1,367,331	1,367,331	1,367,331
Total Deferred Outflows and Assets	424,319,460	411,746,079	404,097,645	295,855,303
Liabilities and Net Position				
Current Liabilities				
Trade Payables	$ 3,248,487	$ 5,345,039	$ 7,947,626	$ 4,924,038
Deferred Rent	152,711	154,771	156,832	167,134
Employee Benefits	994,496	988,216	884,975	973,066
Retirement Obligation per GASB 45	354,146	303,554	223,546	
Advance Premium - Healthy Kids	62,664	62,664	60,798	64,127
Deferred Revenue - Medicare	0	0	0	0
Liability for ACA 1202	5,071,748	5,071,748	5,071,748	5,069,225
Payable to Hospitals (SB208)	(35,535)	(35,535)	(35,535)	(35,535)
Payable to Hospitals (AB 85)	1,637,069	1,696,465	1,657,339	4,615,251
Due to Santa Clara County Valley Health Plan	5,319,880	4,525,739	3,700,668	11,230,305
MCO Tax Payable - State Board of Equalization	9,774,388	9,001,182	8,711,123	8,909,559
Due to DHCS	75,343,679	85,389,655	76,975,996	22,173,221
Liability for In Home Support Services (IHSS)	137,798,320	127,359,633	116,839,306	69,537,810
Premium Deficiency Reserve (PDR)	13,088,054	13,088,054	13,088,054	13,088,054
Medical Cost Reserves	77,689,062	66,728,771	81,388,508	70,819,543
Total Current Liabilities	330,499,169	319,679,955	316,670,984	211,535,798
Non-Current Liabilities				
Noncurrent Premium Deficiency Reserve	4,911,946	4,911,946	4,911,946	4,911,946
Net Pension Liability GASB 68	5,408,971	4,883,971	4,883,971	4,883,971
Total Liabilities	340,820,086	329,475,872	326,466,901	221,331,715
Deferred Inflow of Resources	1,892,634	1,892,634	1,892,634	1,892,634
Net Position / Reserves				
Invested in Capital Assets	4,174,914	4,199,115	4,307,565	4,515,302
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	68,150,690	68,126,489	68,018,039	30,416,972
Current YTD Income (Loss)	8,975,785	7,746,619	3,107,156	37,393,330
Net Position / Reserves	81,606,739	80,377,573	75,738,110	72,630,954
Total Liabilities, Deferred Inflows, and Net Assets	$ 424,319,460	$ 411,746,079	$ 404,097,645	$ 295,855,303
Solvency Ratios:				
Working Capital	$ 88,278,046	$ 86,499,678	$ 81,751,765	$ 78,436,872
Working Capital Ratio	1.3	1.3	1.3	1.4
Average Days Cash on Hand	56	55	58	55

Santa Clara County Health Authority
Income Statement for the Seven Months Ending Jan 31, 2016

	For the Month of Jan 2016					For Seven Months Ending Jan 31, 2016				
	Actual	% of Revenue	Budget	% of Revenue	Variance	Actual	% of Revenue	Budget	% of Revenue	Variance
REVENUES										
MEDI-CAL	$ 85,469,238	90.6%	$ 70,606,560	85.9%	$ 14,862,678	$ 555,659,034	89.6%	$ 481,833,879	87.0%	$ 73,825,156
HEALTHY KIDS	$ 396,351	0.4%	$ 364,894	0.4%	$ 31,457	$ 2,688,318	0.4%	$ 2,640,346	0.5%	$ 47,972
MEDICARE	$ 8,516,363	9.0%	$ 11,165,472	13.6%	$ (2,649,108)	$ 61,860,317	10.0%	$ 68,765,914	12.4%	$ (6,905,597)
AGNEWS	$ -	0.0%	$ 85,680	0.1%	$ (85,680)	$ -	0.0%	$ 599,760	0.1%	$ (599,760)
TOTAL REVENUE	$ 94,381,952	100.0%	$ 82,222,606	100.0%	$ 12,159,346	$ 620,207,670	100.0%	$ 553,839,899	100.0%	$ 66,367,771
MEDICAL EXPENSES										
MEDI-CAL	$ 82,512,171	87.4%	$ 65,787,201	80.0%	$ (16,724,971)	$ 532,058,286	85.8%	$ 443,064,306	80.0%	$ (88,993,980)
HEALTHY KIDS	$ 354,094	0.4%	$ 333,291	0.4%	$ (20,803)	$ 2,607,348	0.4%	$ 2,411,672	0.4%	$ (195,675)
MEDICARE	$ 6,890,735	7.3%	$ 11,418,420	13.9%	$ 4,527,686	$ 55,572,324	9.0%	$ 71,861,582	13.0%	$ 16,289,257
AGNEWS	$ 33,216	0.0%	$ 72,714	0.1%	$ 39,498	$ 257,902	0.0%	$ 508,998	0.1%	$ 251,095
TOTAL MEDICAL EXPENSES	$ 89,790,217	95.1%	$ 77,611,626	94.4%	$ (12,178,590)	$ 590,495,861	95.2%	$ 517,846,558	93.5%	$ (72,649,303)
MEDICAL OPERATING MARGIN	$ 4,591,735	4.9%	$ 4,610,979	5.6%	$ (19,244)	$ 29,711,809	4.8%	$ 35,993,342	6.5%	$ (6,281,533)
ADMINISTRATIVE EXPENSES										
SALARIES AND BENEFITS	$ 1,512,883	1.6%	$ 1,587,742	1.9%	$ 74,859	$ 10,420,418	1.7%	$ 11,517,694	2.1%	$ 1,097,277
RENTS AND UTILITIES	$ 103,689	0.1%	$ 142,985	0.2%	$ 39,296	$ 759,857	0.1%	$ 853,201	0.2%	$ 93,345
PRINTING AND ADVERTISING	$ 8,683	0.0%	$ 30,317	0.0%	$ 21,634	$ 286,182	0.0%	$ 323,217	0.1%	$ 37,035
INFORMATION SYSTEMS	$ 217,729	0.2%	$ 124,602	0.2%	$ (93,127)	$ 1,241,471	0.2%	$ 872,213	0.2%	$ (369,258)
PROF FEES / CONSULTING / TEMP STAFFING	$ 807,100	0.9%	$ 516,698	0.6%	$ (290,401)	$ 5,520,842	0.9%	$ 4,264,606	0.8%	$ (1,256,236)
DEPRECIATION / INSURANCE / EQUIPMENT	$ 145,248	0.2%	$ 174,782	0.2%	$ 29,534	$ 955,055	0.2%	$ 1,132,483	0.2%	$ 177,427
OFFICE SUPPLIES / POSTAGE / TELEPHONE	$ 52,664	0.1%	$ 56,346	0.1%	$ 3,682	$ 431,205	0.1%	$ 420,421	0.1%	$ (10,784)
MEETINGS / TRAVEL / DUES	$ 52,942	0.1%	$ 213,149	0.3%	$ 160,207	$ 444,475	0.1%	$ 635,741	0.1%	$ 191,266
OTHER	$ 5,749	0.0%	$ 7,642	0.0%	$ 1,893	$ 36,897	0.0%	$ 53,494	0.0%	$ 16,597
TOTAL ADMINISTRATIVE EXPENSES	$ 2,906,687	3.1%	$ 2,854,263	3.5%	$ (52,424)	$ 20,096,401	3.2%	$ 20,073,069	3.6%	$ (23,332)
OPERATING SURPLUS (LOSS)	$ 1,685,048	1.8%	$ 1,756,717	2.1%	$ (71,669)	$ 9,615,408	1.6%	$ 15,920,273	2.9%	$ (6,304,865)
GASB 45-POST EMPLOYMENT BENEFITS EXPENSE	$ (50,592)	-0.1%	$ (57,946)	-0.1%	$ 7,354	$ (354,146)	-0.1%	$ (405,622)	-0.1%	$ 51,476
GASB 68 - UNFUNDED PENSION LIABILITY	$ (525,000)	-0.6%	$ (437,479)	-0.5%	$ (87,521)	$ (525,000)	-0.1%	$ (3,062,354)	-0.6%	$ 2,537,354
INTEREST & OTHER INCOME	$ 119,710	0.1%	$ 16,855	0.0%	$ 102,855	$ 239,523	0.0%	$ 117,985	0.0%	$ 121,538
NET SURPLUS (LOSS) FINAL	$ 1,229,166	1%	$ 1,278,147	1.6%	$ (48,980)	$ 8,975,785	1.4%	$ 12,570,282	2.3%	$ (3,594,497)

Administrative Expense

Actual vs. Budget

For the Current Month & Fiscal Year to Date - Jan 2016

Favorable/(Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 1,512,883	$ 1,587,742	$ 74,859	4.7%	Personnel	$ 10,420,418	$ 11,517,694	$ 1,097,277	9.5%
1,393,804	1,266,521	(127,283)	-10.0%	Non-Personnel	9,675,984	8,555,374	$ (1,120,609)	-13.1%
2,906,687	2,854,263	(52,424)	-1.8%	Total Administrative Expense	20,096,401	20,073,069	(23,332)	-0.1%

Santa Clara County Health Authority
STATEMENT OF OPERATIONS
BY LINE OF BUSINESS (INCLUDING ALLOCATED EXPENSES)

Seven Months Ended Jan 31, 2016

	Medi-Cal (incl. Agnews)	CMC	Healthy Kids	**Grand Total**
P&L (ALLOCATED BASIS)				
REVENUE	541,269,822	76,249,530	$2,688,318	**$620,207,670**
MEDICAL EXPENSES	512,984,963	74,903,550	2,607,348	**$590,495,861**
(MLR)	94.8%	98.2%	97.0%	**95.2%**
GROSS MARGIN	28,284,859	1,345,980	80,971	**29,711,809**
ADMINISTRATIVE EXPENSES	17,322,006	2,470,690	303,705	**20,096,401**
(% MM allocation except CMC)				
OPERATING INCOME/(LOSS)	10,962,853	(1,124,711)	(222,734)	**9,615,408**
OTHER INCOME/(EXPENSE)	(558,214)	(78,636)	(2,772)	**(639,623)**
(% of Revenue Allocation)				
NET INCOME/ (LOSS)	$10,404,639	($1,203,347)	($225,507)	**$8,975,785**
PMPM (ALLOCATED BASIS)				
REVENUE	$309.98	$1,286.46	$87.81	**$337.80**
MEDICAL EXPENSES	293.78	1,263.75	85.17	**321.62**
GROSS MARGIN	16.20	22.71	2.64	**16.18**
ADMINISTRATIVE EXPENSES	9.92	41.68	9.92	**10.95**
OPERATING INCOME/(LOSS)	6.28	(18.98)	(7.28)	**5.24**
OTHER INCOME / (EXPENSE)	(0.32)	(1.33)	(0.09)	**(0.35)**
NET INCOME / (LOSS)	$5.96	($20.30)	($7.37)	**$4.89**
ALLOCATION BASIS:				
MEMBER MONTHS - YTD	*1,746,147*	*59,271*	*30,615*	***1,836,033***
Member MONTHS by LOB	*95.1%*	*3.2%*	*1.7%*	***100%***
Revenue by LOB	*87.3%*	*12.3%*	*0.4%*	***100%***

Santa Clara Family Health Plan
Statement of Cash Flows
For Seven Months Ended Jan 31, 2016

Cash flows from operating activities		
Premiums received	$	595,328,980
Medical expenses paid	$	(521,276,257)
Administrative expenses paid	$	(25,493,651)
Net cash from operating activities	$	48,559,072
Cash flows from capital and related financing activities		
Purchases of capital assets	$	(413,896)
Cash flows from investing activities		
Interest income and other income, net	$	239,523
Net (Decrease) increase in cash and cash equivalents	$	48,384,699
Cash and cash equivalents, beginning of year	$	110,520,927
Cash and cash equivalents at Jan 31, 2016	$	158,905,626
Reconciliation of operating income to net cash from operating activities		
Operating income (loss)	$	8,736,262
Adjustments to reconcile operating income to net cash from operating activities		
Depreciation	$	754,284
Changes in operating assets and liabilities		
Premiums receivable	$	(78,917,589)
Due from Santa Clara Family Health Foundation	$	3,612
Prepaids and other assets	$	(1,505,868)
Deferred outflow of resources	$	-
Accounts payable and accrued liabilities	$	(4,291,520)
State payable	$	54,035,287
Santa Clara Valley Health Plan payable	$	(5,910,425)
Net Pension Liability	$	525,000
Medical cost reserves and PDR	$	6,869,519
Deferred inflow of resources	$	-
Total adjustments	$	39,822,810
Net cash from operating activities	$	48,559,072

Santa Clara Family Health Plan Enrollment Summary

	For the Month of Jan 2016			Seven Months Ending Jan 2016				
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Prior Year Actual**	**Change FY16 vs. FY15**
Medi-Cal	255,848	240,688	6.3%	1,745,375	1,670,966	4.5%	1,452,044	20.2%
Healthy Kids	4,186	4,219	(0.8%)	30,615	30,527	0.3%	34,236	(10.6%)
Medicare	9,159	10,000	(8.4%)	59,271	62,935	(5.8%)	5,557	966.6%
Agnews	110	114	0.0%	772	798	0.0%	794	(2.8%)
Total	269,303	255,021	5.6%	1,836,033	1,765,226	4.0%	1,492,631	23.0%

Santa Clara County Health Authority
January 2016

	Medi-Cal		Healthy Kids		CMC		AG		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	22,017	9%	186	4%	9,159	100%	110	100%	31,472	12%
SCVHHS, Safety Net Clinics, FQHC Clinics	140,205	55%	2,817	67%	0	0%	0	0%	143,022	53%
Palo Alto Medical Foundation	7,001	3%	36	1%	0	0%	0	0%	7,037	3%
Physicians Medical Group	45,074	18%	1,000	24%	0	0%	0	0%	46,074	17%
Premier Care	15,472	6%	147	4%	0	0%	0	0%	15,619	6%
Kaiser	26,079	10%	0	0%	0	0%	0	0%	26,079	10%
Total	255,848	100%	4,186	100%	9,159	100%	110	100%	269,303	100%
Enrollment @ 6-30-15	234,497		4,541		7,187		112		246,337	
Net % Change from Beginning of FY	9.1%		-7.8%		27.4%		-1.8%		9.3%	

Santa Clara Family Health Plan
Enrollment by Aid-Category

	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01
Adult (over 19)	31,337	30,489	30,078	29,351	28,694	28,174	27,844	27,331	27,080	27,148	27,229	27,493	27,509
Adult (under 19)	80,858	82,029	83,777	85,840	88,550	90,811	92,782	95,564	97,888	99,822	101,801	103,082	102,500
Aged - Medi-Cal Only	8,207	8,424	8,365	8,521	8,663	8,730	8,641	8,729	8,857	8,908	9,102	9,234	9,240
Disabled - Medi-Cal Only	11,625	11,601	11,573	11,484	11,497	11,419	11,391	11,308	11,254	11,205	11,217	11,163	11,128
Child (HF conversion)	17,664	16,784	15,827	14,420	12,762	11,153	9,541	7,791	6,032	4,575	3,837	3,461	3,211
Adult Expansion	58,718	59,291	61,035	63,336	66,475	68,720	71,183	73,695	75,814	77,756	79,406	81,235	79,284
Other	44	50	49	53	52	51	48	47	55	47	45	45	40
Long Term Care	116	124	128	150	175	194	211	218	232	243	261	197	214
Total Non-Duals	208,569	208,792	210,832	213,155	216,868	219,252	221,641	224,683	227,212	229,704	232,898	235,910	233,126
Aged	4,259	5,343	6,245	7,316	8,329	9,286	9,993	10,669	11,558	12,423	13,356	14,090	14,114
Disabled	2,375	2,826	3,165	3,573	3,944	4,359	4,645	4,849	5,151	5,460	5,767	5,957	5,963
Other	841	883	951	1,009	1,066	1,151	1,238	1,303	1,370	1,458	1,483	1,638	1,638
Long Term Care	63	94	122	257	367	495	641	718	826	894	995	997	1,007
Total Duals	7,538	9,146	10,483	12,155	13,706	15,291	16,517	17,539	18,905	20,235	21,601	22,682	22,722
Total Medi-Cal	216,107	217,938	221,315	225,310	230,574	234,543	238,158	242,222	246,117	249,939	254,499	258,592	255,848
Agnews	112	113	113	113	113	113	109	110	111	111	111	110	110
Healthy Kids	4,795	4,665	4,623	4,584	4,595	4,541	4,496	4,598	4,375	4,362	4,325	4,273	4,186
CMC Non-Long Term Care	5,405	6,013	6,362	7,001	6,576	6,917	7,238	7,380	7,585	8,007	8,552	9,331	8,808
CMC - Long Term Care	152	149	186	225	260	270	305	318	327	347	354	368	351
Total CMC	5,557	6,162	6,548	7,226	6,836	7,187	7,543	7,698	7,912	8,354	8,906	9,699	9,159
Total Enrollment	**226,571**	**228,878**	**232,599**	**237,233**	**242,118**	**246,384**	**250,306**	**254,628**	**258,515**	**262,766**	**267,841**	**272,674**	**269,303**

Santa Clara Family Health Plan
Medi-Cal Revenue by Aid-Category

Category of Aid	PMPM Premium
NON-DUALS	
Adult (over 19)	$208.45
Adult (under 19)	$94.29
Aged - Medi-Cal Only	$531.18
Disabled - Medi-Cal Only	$531.18
Child (HF conversion)	$94.29
Adult Expansion	$363.59
Long Term Care - Institutional	$8,188.83
HCBS* High	$809.56
HCBS Low	$56.16
DUALS	
Disabled (Under 21)	$132.25

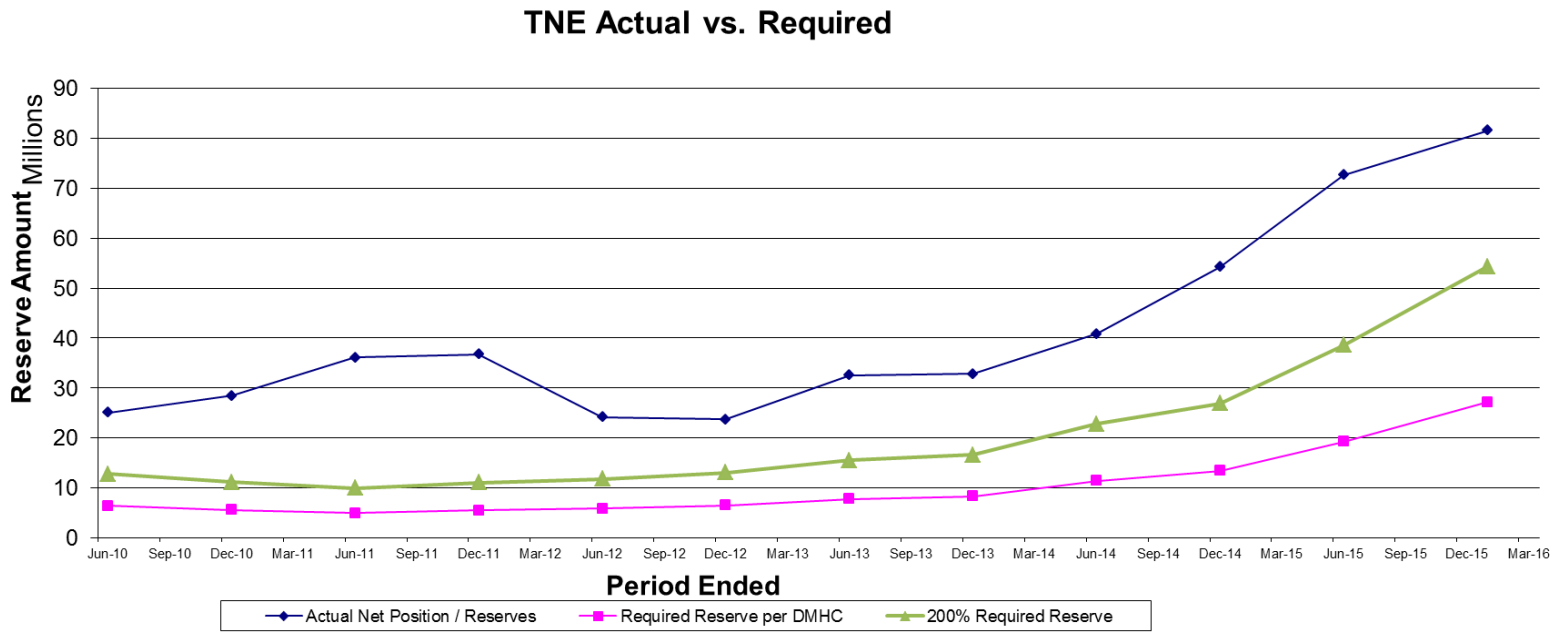
DUALS (over 21) **	Blended Rate
Long Term Care - Institutional	$ 5,349.63
HCBS High	$ 548.65
HCBS Low	$ 199.17
Healthy	$ 97.43

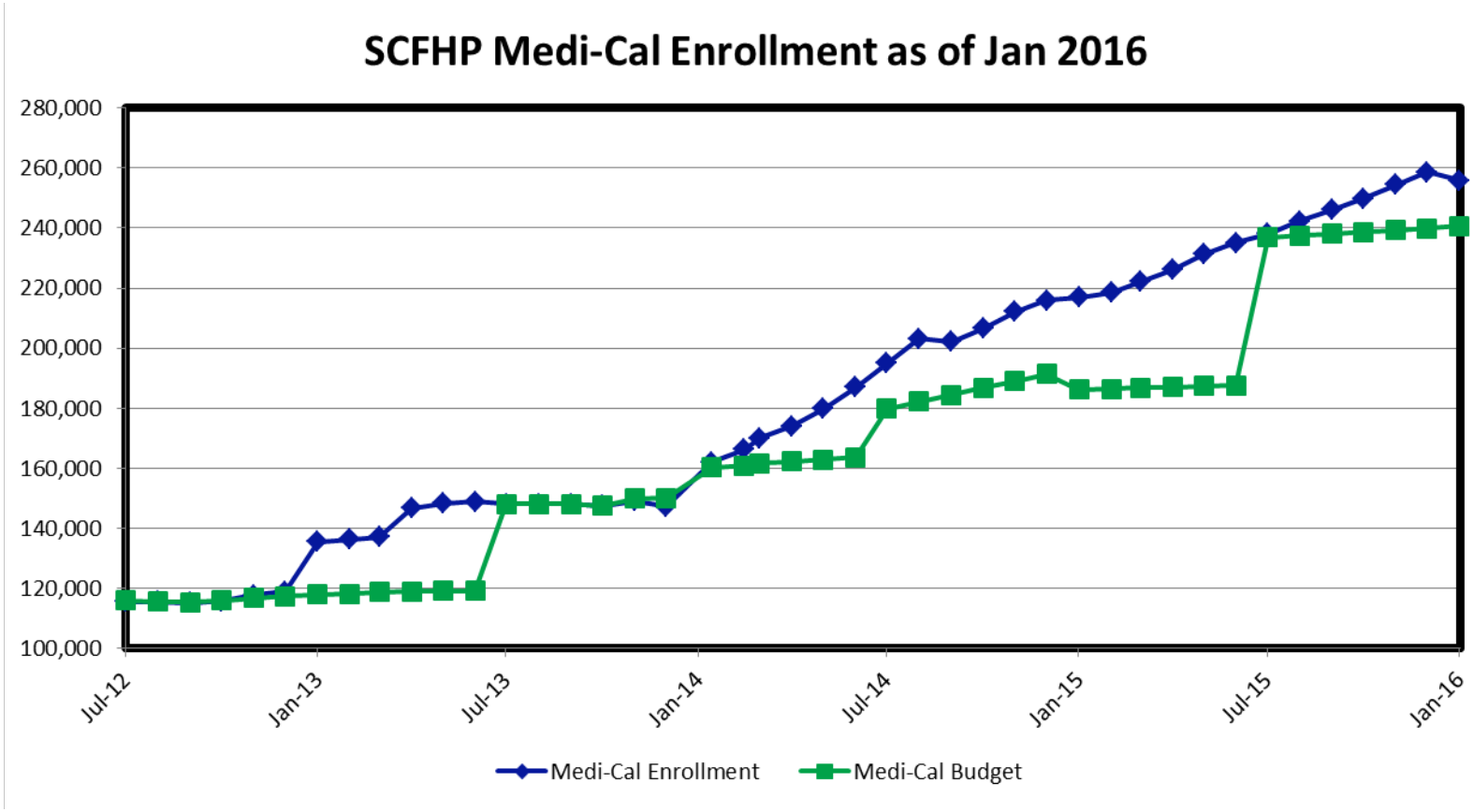
** Home and Community Based Services (HCBS)*

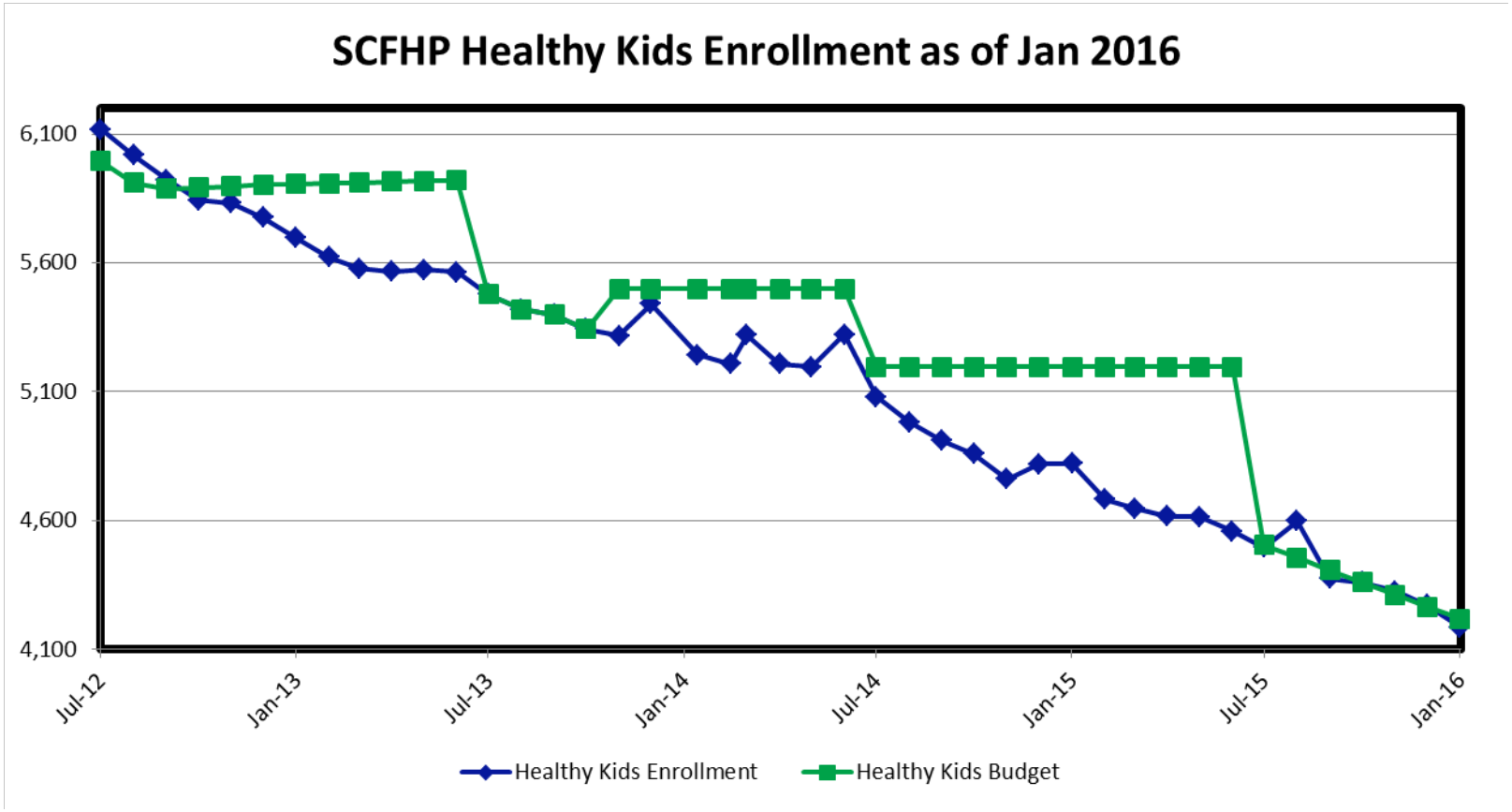
*** Subject to quarterly re-blending (net of IHSS)*

Santa Clara County Health Authority
Tangible Net Equity - Actual vs. Required
As of Period Ended:

	6/30/2010	12/31/2010	6/30/2011	12/31/2011	6/30/2012	12/31/2012	6/30/2013	12/31/2013	6/30/2014	12/31/2014	6/30/2015	1/31/2016
Actual Net Position / Reserves	25,103,011	28,445,504	36,093,769	36,803,460	24,208,576	23,776,902	32,551,161	32,878,950	40,872,580	54,224,335	72,630,954	81,606,739
Required Reserve per DMHC	6,388,000	5,591,000	4,996,000	5,558,000	5,901,000	6,525,000	7,778,000	8,330,000	11,434,000	13,467,000	19,269,000	27,185,000
200% of Required Reserve	12,776,000	11,182,000	9,992,000	11,116,000	11,802,000	13,050,000	15,556,000	16,660,000	22,868,000	26,934,000	38,538,000	54,370,000




SCFHP Medi-Cal Enrollment as of Jan 2016
280,000
260,000
240,000
220,000
200,000
180,000
160,000
140,000
120,000
100,000
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Medi-Cal Enrollment
Medi-Cal Budget


SCFHP Healthy Kids Enrollment as of Jan 2016
6,100
5,600
5,100
4,600
4,100
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Healthy Kids Enrollment
Healthy Kids Budget

Santa Clara
Family Health Plan

The Spirit of Care

Financial Statements
For Eight Months Ended February 2016
(Unaudited)

Table of Contents

Santa Clara Family Health Plan
CFO Finance Report
For the Month and Year to Date Ended February 29, 2016

Summary of Financial Results (*Revised Budget*)

For the month of February 2016, SCFHP recorded a net surplus of $1.2 million compared to a budgeted net surplus of $1.7 million resulting in an unfavorable variance from budget of $0.5 million. For year to date February 2016, SCFHP recorded a net surplus of $10.2 million compared to a budgeted net surplus of $11.1 million resulting in a unfavorable variance from budget of $0.9 million. The table below summarizes the components of the overall variance from budget.

Summary Operating Results – Actual vs. Budget

For the Current Month & Fiscal Year to Date – February 2016

Favorable/ (Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 94,331,515	$ 91,786,271	$ 2,545,244	2.8%	Revenue	$714,539,185	$710,282,124	$ 4,257,061	0.6%
90,023,772	86,393,598	(3,630,174)	-4.2%	Medical Expense	680,519,633	674,397,621	(6,122,012)	-0.9%
4,307,743	5,392,673	(1,084,930)	-20.1%	Gross Margin	34,019,552	35,884,503	(1,864,951)	-5.2%
2,949,575	3,505,244	555,669	15.9%	Administrative Expense	23,045,976	23,797,618	751,642	3.2%
1,358,168	1,887,429	(529,261)	-28.0%	Net Operating Income	10,973,576	12,086,885	(1,113,309)	-9.2%
(98,307)	(139,752)	41,445	29.7%	Non-Operating Income/Exp	(737,929)	(913,244)	175,315	19.2%
$ 1,259,861	$ 1,747,677	$ (487,816)	-27.9%	Net Surplus/ (Loss)	$ 10,235,646	$ 11,173,641	$ (937,994)	-8.4%

Revenue

The Health Plan recorded net revenue of $94.3 million for the month of February 2016, compared to budgeted revenue of $91.8 million, resulting in a favorable variance from budget of $2.5 million, or 2.8%. For year to date February 2016, the Plan recorded net revenue of $714.5 million, compared to budgeted revenue of $710.3 million, resulting in a favorable variance from budget of $4.2 million, or 0.6%, which was primarily driven by the additional In Home Support Services (IHSS) pass-through revenue that also increases the medical expenses commensurately. Hep C revenue contributed to positive variance because of a higher number of eligible users than budget. The Plan received Long Term Care (LTC) prior year revenue and also recorded partial LTC rate adjustment revenue reflecting the more expensive MLTSS mix than originally projected by the state during the rate setting. Some of the positive variance was offset by unfavorable variance in Medicare revenue.

A statistical and financial summary for all lines of business is included on page 9 of this report.

Member months

For the month of February 2016, overall member months were higher than budget by 2,909 (+1.1%). For year to date February 2016, overall member months were higher than budget by 3,008 (+0.1%).

In the eight months since the end of the prior fiscal year, 6/30/2015, membership in Medi-Cal increased by 9.2%, membership in the Healthy Kids program decreased by 9.4%, and membership in the Agnews program decreased by 1.8%.

In January 2015, we started enrolling members in Cal MediConnect (CMC). For the month of February 2016, membership in the CMC program was lower than the budget by 273 member months (-3.0%). For year to date February 2016, membership in the CMC program was lower than the budget by 273 member months (-0.4%). In the eight months since the end of the prior fiscal year, 6/30/2015, membership in CMC program increased by 23.6%.

Member months, and changes from prior year, are summarized on Page 11.

Medical Expenses

For the month of February 2016, medical expense was $90.0 million compared to budget of $86.4 million, resulting in an unfavorable budget variance of $3.6 million, or -4.2%. For year to date February 2016, medical expense was $680.5 million compared to budget of $674.4 million, resulting in an unfavorable budget variance of $6.1 million, or -0.9%. The increased medical expenses year to date are primarily attributable to Long term care ($1.8 million or 3.3%), Pharmacy ($2.8 million or 3.2%), and IHSS pass-through expense ($1.6 million or 2.1%) over budget.

Administrative Expenses

Overall administrative costs were under budget by $556 thousand (15.9%) for the month of February 2016, and under budget by $752 thousand (3.2%) for year to date February 2016. Both Salaries/Benefits and Consulting expenses were under budget due to the longer than expected ramp up time to hire/engage additional resources approved at the mid-year budget review. Some of this favorability is offset by higher than budgeted Information systems expenses because of the continued configuration necessary to meet the needs of the Cal Medi Connect (CMC) program.

Overall administrative expenses were 3.2% of revenues for year to date February 2016.

Balance Sheet (Page 6)

Current assets at February 29, 2016 totaled $416.0 million compared to current liabilities of $326.0 million, yielding a current ratio (the ratio of current assets to current liabilities) of 1.3 as of February 29, 2016. Working capital increased by $11.5 million for the eight months year to date ended February 29, 2016.

Cash as of February 29, 2016, increased by $30.8 million compared to the cash balance as of year-end June 30, 2015. Net receivables increased by $93.9 million during the same eight month period ended February 29, 2016. The cash position increased largely due to the continued overpayment of Medi-Cal expansion premium revenues by the DHCS and the increase in medical cost reserves. Commencing in January DHCS started to recoup the over payments, completion of the payback is anticipated by June of 2016.

Liabilities increased by a net amount of $115.1 million during the eight months ended February 2016. This was primarily due to the continued overpayment of Medi-Cal expansion premium revenues by the State, an increase in medical cost reserves largely as a result of the rapid growth of long term care claims, and an increase in the IHSS liability. The plan also recorded a Premium Deficiency Reserve ($18.0 million) for the Cal MediConnect contract period ending December 31, 2017. Additionally, the Health Plan recorded the unfunded Pension Liability of $5.5 million as required by GASB 68, as of February 29, 2016.

Capital Expenses increased by $209 thousand for the eight months ended February 29, 2016.

Tangible Net Equity

Tangible Net Equity (TNE) was $82.9 million at February 29, 2016 compared to the minimum TNE required by the Department of Managed Health Care (DMHC) of $27.2 million. A chart showing TNE trends is shown on page 14 of this report.

At the December 2011 Board of Director's meeting, a policy was adopted for targeting the organization's capital reserves to equal two months of Medi-Cal capitation revenue.

As of February 29, 2016, the Plan's reserves are below this reserves target by about $68.2 million (see calculation below).

Calculation of targeted reserves as of February 29, 2016

Estimate of two months' capitation based on February 2016 (rounded) (December-2016 Medi-Cal capitation of $73,430,132 x 2 = $146,860,264)	$146,861,000
Less: Unrestricted Net Equity per balance sheet (rounded)	$ 78,703,000
Approximate reserves below target	$ 68,158,000

Santa Clara County Health Authority
Balance Sheet

	FEB 16	JAN 16	DEC 15	JUN 15
Assets				
Current Assets				
Cash and Marketable Securities	$ 141,331,207	$ 158,905,626	$ 146,674,508	$ 110,520,927
Premiums Receivable	271,422,011	256,448,620	255,780,902	177,531,031
Due from Santa Clara Family Health Foundation - net				3,612
Prepaid Expenses and Other Current Assets	3,224,026	3,422,969	3,724,224	1,917,101
Total Current Assets	415,977,243	418,777,215	406,179,633	289,972,670
Long Term Assets				
Equipment	12,088,019	12,293,069	12,206,436	11,879,173
Less: Accumulated Depreciation	(8,229,771)	(8,118,156)	(8,007,321)	(7,363,871)
Total Long Term Assets	3,858,248	4,174,914	4,199,115	4,515,302
Total Assets	$ 419,835,491	$ 422,952,129	$ 410,378,748	$ 294,487,972
Deferred Outflow of Resources	$ 1,367,331	$ 1,367,331	1,367,331	1,367,331
Total Deferred Outflows and Assets	421,202,822	424,319,460	411,746,079	295,855,303
Liabilities and Net Position				
Current Liabilities				
Trade Payables	$ 3,947,070	$ 3,248,487	$ 5,345,039	$ 4,924,038
Deferred Rent	150,650	152,711	154,771	167,134
Employee Benefits	1,039,884	994,496	988,216	973,066
Retirement Obligation per GASB 45	404,738	354,146	303,554	
Advance Premium - Healthy Kids	67,920	62,664	62,664	64,127
Deferred Revenue - Medicare	0	0	0	0
Liability for ACA 1202	2,569,872	5,071,748	5,071,748	5,069,225
Payable to Hospitals (SB208)	(35,535)	(35,535)	(35,535)	(35,535)
Payable to Hospitals (AB 85)	1,658,201	1,637,069	1,696,465	4,615,251
Due to Santa Clara County Valley Health Plan	2,262,481	5,319,880	4,525,739	11,230,305
MCO Tax Payable - State Board of Equalization	9,352,184	9,774,388	9,001,182	8,909,559
Due to DHCS	66,549,670	75,343,679	85,389,655	22,173,221
Liability for In Home Support Services (IHSS)	149,134,056	137,798,320	127,359,633	69,537,810
Premium Deficiency Reserve (PDR)	13,088,054	13,088,054	13,088,054	13,088,054
Medical Cost Reserves	75,858,425	77,689,062	66,728,771	70,819,543
Total Current Liabilities	326,047,671	330,499,169	319,679,955	211,535,798
Non-Current Liabilities				
Noncurrent Premium Deficiency Reserve	4,911,946	4,911,946	4,911,946	4,911,946
Net Pension Liability GASB 68	5,483,971	5,408,971	4,883,971	4,883,971
Total Liabilities	336,443,588	340,820,086	329,475,872	221,331,715
Deferred Inflow of Resources	1,892,634	1,892,634	1,892,634	1,892,634
Net Position / Reserves				
Invested in Capital Assets	3,858,248	4,174,914	4,199,115	4,515,302
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	68,467,356	68,150,690	68,126,489	30,416,972
Current YTD Income (Loss)	10,235,646	8,975,785	7,746,619	37,393,330
Net Position / Reserves	82,866,600	81,606,739	80,377,573	72,630,954
Total Liabilities, Deferred Inflows, and Net Assets	$ 421,202,822	$ 424,319,460	$ 411,746,079	$ 295,855,303
Solvency Ratios:				
Working Capital	$ 89,929,572	$ 88,278,046	$ 86,499,678	$ 78,436,872
Working Capital Ratio	1.3	1.3	1.3	1.4
Average Days Cash on Hand	49	55	58	55

Santa Clara County Health Authority
Income Statement for the Eight Months Ending Feb 29, 2016

	For the Month of Feb 2016					For Eight Months Ending Feb 29, 2016				
	Actual	% of Revenue	Budget	% of Revenue	Variance	Actual	% of Revenue	Budget	% of Revenue	Variance
REVENUES										
MEDI-CAL	$ 85,626,152	90.8%	$ 81,674,688	89.0%	$ 3,951,464	$ 641,285,187	89.7%	$ 634,421,896	89.3%	$ 6,863,290
HEALTHY KIDS	$ 323,996	0.3%	$ 361,877	0.4%	$ (37,881)	$ 3,012,314	0.4%	$ 3,016,862	0.4%	$ (4,547)
MEDICARE	$ 8,381,367	8.9%	$ 9,749,706	10.6%	$ (1,368,339)	$ 70,241,684	9.8%	$ 72,843,366	10.3%	$ (2,601,682)
TOTAL REVENUE	$ 94,331,515	100.0%	$ 91,786,271	100.0%	$ 2,545,244	$ 714,539,185	100.0%	$ 710,282,124	100.0%	$ 4,257,061
MEDICAL EXPENSES										
MEDI-CAL	$ 78,718,551	83.4%	$ 77,483,042	84.4%	$ (1,235,509)	$ 610,776,837	85.5%	$ 605,332,781	85.2%	$ (5,444,056)
HEALTHY KIDS	$ 369,696	0.4%	$ 373,854	0.4%	$ 4,158	$ 2,977,044	0.4%	$ 3,003,204	0.4%	$ 26,161
MEDICARE	$ 10,878,033	11.5%	$ 8,498,271	9.3%	$ (2,379,762)	$ 66,450,358	9.3%	$ 65,759,966	9.3%	$ (690,391)
AGNEWS	$ 57,492	0.1%	$ 38,431	0.0%	$ (19,061)	$ 315,395	0.0%	$ 301,669	0.0%	$ (13,725)
TOTAL MEDICAL EXPENSES	$ 90,023,772	95.4%	$ 86,393,598	94.1%	$ (3,630,174)	$ 680,519,633	95.2%	$ 674,397,621	94.9%	$ (6,122,012)
MEDICAL OPERATING MARGIN	$ 4,307,743	4.6%	$ 5,392,673	5.9%	$ (1,084,930)	$ 34,019,552	4.8%	$ 35,884,503	5.1%	$ (1,864,951)
ADMINISTRATIVE EXPENSES										
SALARIES AND BENEFITS	$ 1,547,666	1.6%	$ 1,907,020	2.1%	$ 359,354	$ 11,968,084	1.7%	$ 12,502,477	1.8%	$ 534,393
RENTS AND UTILITIES	$ 102,613	0.1%	$ 110,064	0.1%	$ 7,451	$ 862,469	0.1%	$ 875,295	0.1%	$ 12,826
PRINTING AND ADVERTISING	$ 50,211	0.1%	$ 45,473	0.0%	$ (4,738)	$ 336,392	0.0%	$ 368,445	0.1%	$ 32,052
INFORMATION SYSTEMS	$ 143,984	0.2%	$ 87,999	0.1%	$ (55,985)	$ 1,385,455	0.2%	$ 1,199,739	0.2%	$ (185,716)
PROF FEES / CONSULTING / TEMP STAFFING	$ 834,248	0.9%	$ 1,089,953	1.2%	$ 255,705	$ 6,355,090	0.9%	$ 6,711,693	0.9%	$ 356,603
DEPRECIATION / INSURANCE / EQUIPMENT	$ 132,660	0.1%	$ 136,658	0.1%	$ 3,997	$ 1,087,715	0.2%	$ 1,083,122	0.2%	$ (4,594)
OFFICE SUPPLIES / POSTAGE / TELEPHONE	$ 65,111	0.1%	$ 66,684	0.1%	$ 1,572	$ 496,316	0.1%	$ 511,908	0.1%	$ 15,592
MEETINGS / TRAVEL / DUES	$ 66,723	0.1%	$ 56,816	0.1%	$ (9,907)	$ 511,198	0.1%	$ 506,459	0.1%	$ (4,739)
OTHER	$ 6,358	0.0%	$ 4,577	0.0%	$ (1,781)	$ 43,255	0.0%	$ 38,479	0.0%	$ (4,776)
TOTAL ADMINISTRATIVE EXPENSES	$ 2,949,575	3.1%	$ 3,505,244	3.8%	$ 555,669	$ 23,045,976	3.2%	$ 23,797,618	3.4%	$ 751,642
OPERATING SURPLUS (LOSS)	$ 1,358,168	1.4%	$ 1,887,429	2.1%	$ (529,261)	$ 10,973,576	1.5%	$ 12,086,885	1.7%	$ (1,113,309)
GASB 45-POST EMPLOYMENT BENEFITS EXPENSE	$ (50,592)	-0.1%	$ (80,007)	-0.1%	$ 29,415	$ (404,738)	-0.1%	$ (463,568)	-0.1%	$ 58,830
GASB 68 - UNFUNDED PENSION LIABILITY	$ (75,000)	-0.1%	$ (75,000)	-0.1%	$ -	$ (600,000)	-0.1%	$ (600,000)	-0.1%	$ -
INTEREST & OTHER INCOME	$ 27,285	0.0%	$ 15,255	0.0%	$ 12,030	$ 266,809	0.0%	$ 150,324	0.0%	$ 116,485
NET SURPLUS (LOSS) FINAL	$ 1,259,861	1%	$ 1,747,677	1.9%	$ (487,816)	$ 10,235,646	1.4%	$ 11,173,641	1.6%	$ (937,994)

Administrative Expense

Actual vs. Budget

For the Current Month & Fiscal Year to Date - Feb 2016

Favorable/(Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 1,547,666	$ 1,907,020	$ 359,354	18.8%	Personnel	$ 11,968,084	$ 12,502,477	$ 534,393	4.3%
1,401,909	1,598,223	196,315	12.3%	Non-Personnel	11,077,892	11,295,141	$ 217,249	1.9%
2,949,575	3,505,244	555,669	15.9%	Total Administrative Expense	23,045,976	23,797,618	751,642	3.2%

STATEMENT OF OPERATIONS
BY LINE OF BUSINESS (INCLUDING ALLOCATED EXPENSES)

Eight Months Ended Feb 29, 2016

	Medi-Cal (incl. Agnews)	CMC	Healthy Kids	**Grand Total**
P&L (ALLOCATED BASIS)				
REVENUE	622,751,476	88,775,395	$3,012,314	**$714,539,185**
MEDICAL EXPENSES	588,325,475	89,217,114	2,977,044	**$680,519,633**
(MLR)	94.5%	100.5%	98.8%	**95.2%**
GROSS MARGIN	34,426,001	(441,719)	35,270	**34,019,552**
ADMINISTRATIVE EXPENSES	19,838,641	2,863,266	344,069	**23,045,976**
(% MM allocation except CMC)				
OPERATING INCOME/(LOSS)	14,587,360	(3,304,985)	(308,799)	**10,973,576**
OTHER INCOME/(EXPENSE)	(643,137)	(91,681)	(3,111)	**(737,929)**
(% of Revenue Allocation)				
NET INCOME/ (LOSS)	$13,944,223	($3,396,667)	($311,910)	**$10,235,646**
PMPM (ALLOCATED BASIS)				
REVENUE	$311.00	$1,302.51	$86.74	**$339.40**
MEDICAL EXPENSES	293.81	1,308.99	85.72	**323.24**
GROSS MARGIN	17.19	(6.48)	1.02	**16.16**
ADMINISTRATIVE EXPENSES	9.91	42.01	9.91	**10.95**
OPERATING INCOME/(LOSS)	7.28	(48.49)	(8.89)	**5.21**
OTHER INCOME / (EXPENSE)	(0.32)	(1.35)	(0.09)	**(0.35)**
NET INCOME / (LOSS)	$6.96	($49.84)	($8.98)	**$4.86**
ALLOCATION BASIS:				
MEMBER MONTHS - YTD	*2,002,435*	*68,157*	*34,729*	***2,105,321***
Member MONTHS by LOB	*95.1%*	*3.2%*	*1.7%*	***100%***
Revenue by LOB	*87.2%*	*12.4%*	*0.4%*	***100%***

Santa Clara Family Health Plan
Statement of Cash Flows
For Eight Months Ended Feb 29, 2016

Cash flows from operating activities		
Premiums received	$	665,470,891
Medical expenses paid	$	(604,852,330)
Administrative expenses paid	$	(29,866,244)
Net cash from operating activities	$	30,752,317
Cash flows from capital and related financing activities		
Purchases of capital assets	$	(208,845)
Cash flows from investing activities		
Interest income and other income, net	$	266,809
Net (Decrease) increase in cash and cash equivalents	$	30,810,280
Cash and cash equivalents, beginning of year	$	110,520,927
Cash and cash equivalents at Feb 29, 2016	$	141,331,207
Reconciliation of operating income to net cash from operating activities		
Operating income (loss)	$	9,968,838
Adjustments to reconcile operating income to net cash from operating activities		
Depreciation	$	865,899
Changes in operating assets and liabilities		
Premiums receivable	$	(93,890,980)
Due from Santa Clara Family Health Foundation	$	3,612
Prepaids and other assets	$	(1,306,924)
Deferred outflow of resources	$	-
Accounts payable and accrued liabilities	$	(5,974,505)
State payable	$	44,819,074
Santa Clara Valley Health Plan payable	$	(8,967,824)
Net Pension Liability	$	600,000
Medical cost reserves and PDR	$	5,038,882
Deferred inflow of resources	$	-
Total adjustments	$	20,783,479
Net cash from operating activities	$	30,752,317

Santa Clara Family Health Plan Enrollment Summary

	For the Month of Feb 2016			Eight Months Ending Feb 2016				
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Prior Year Actual**	**Change FY16 vs. FY15**
Medi-Cal	256,178	252,933	1.3%	2,001,553	1,998,205	0.2%	1,670,879	19.8%
Healthy Kids	4,114	4,173	(1.4%)	34,729	34,788	(0.2%)	38,918	(10.8%)
Medicare	8,886	9,159	(3.0%)	68,157	68,430	(0.4%)	11,719	481.6%
Agnews	110	114	0.0%	882	890	0.0%	907	(2.8%)
Total	269,288	266,379	1.1%	2,105,321	2,102,313	0.1%	1,722,423	22.2%

Santa Clara County Health Authority
February 2016

	Medi-Cal		Healthy Kids		CMC		AG		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	21,943	9%	168	4%	8,886	100%	110	100%	31,107	12%
SCVHHS, Safety Net Clinics, FQHC Clinics	139,026	54%	2,764	67%	0	0%	0	0%	141,790	53%
Palo Alto Medical Foundation	7,174	3%	36	1%	0	0%	0	0%	7,210	3%
Physicians Medical Group	46,010	18%	999	24%	0	0%	0	0%	47,009	17%
Premier Care	15,658	6%	147	4%	0	0%	0	0%	15,805	6%
Kaiser	26,367	10%	0	0%	0	0%	0	0%	26,367	10%
Total	256,178	100%	4,114	100%	8,886	100%	110	100%	269,288	100%
Enrollment @ 6-30-15	234,497		4,541		7,187		112		246,337	
Net % Change from Beginning of FY	9.2%		-9.4%		23.6%		-1.8%		9.3%	

Santa Clara Family Health Plan
Enrollment by Aid-Category

	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02
Adult (over 19)	31,337	30,489	30,078	29,351	28,694	28,174	27,844	27,331	27,080	27,148	27,229	27,493	27,509	27,485
Adult (under 19)	80,858	82,029	83,777	85,840	88,550	90,811	92,782	95,564	97,888	99,822	101,801	103,082	102,500	103,017
Aged - Medi-Cal Only	8,208	8,425	8,366	8,522	8,664	8,731	8,642	8,730	8,858	8,909	9,103	9,235	9,241	9,158
Disabled - Medi-Cal Only	11,639	11,614	11,586	11,497	11,510	11,432	11,404	11,321	11,267	11,218	11,230	11,175	11,140	11,083
Child (HF conversion)	17,664	16,784	15,827	14,420	12,762	11,153	9,541	7,791	6,032	4,575	3,837	3,461	3,211	2,863
Adult Expansion	58,718	59,291	61,035	63,336	66,475	68,720	71,183	73,695	75,814	77,756	79,406	81,235	79,284	79,392
Other	44	50	49	53	52	51	48	47	55	47	45	45	40	40
Long Term Care	116	124	128	150	175	194	211	218	232	243	261	197	214	242
Total Non-Duals	208,584	208,806	210,846	213,169	216,882	219,266	221,655	224,697	227,226	229,718	232,912	235,923	233,139	233,280
Aged	4,270	5,354	6,257	7,328	8,341	9,299	10,005	10,681	11,570	12,435	13,368	14,102	14,125	14,287
Disabled	2,461	2,913	3,251	3,659	4,030	4,444	4,727	4,932	5,235	5,544	5,852	6,042	6,049	6,070
Other	841	883	951	1,009	1,066	1,151	1,238	1,303	1,370	1,458	1,483	1,638	1,638	1,654
Long Term Care	64	95	123	258	368	496	642	719	827	895	995	997	1,007	997
Total Duals	7,636	9,245	10,582	12,254	13,805	15,390	16,612	17,635	19,002	20,332	21,698	22,779	22,819	23,008
Total Medi-Cal	216,220	218,051	221,428	225,423	230,687	234,659	238,267	242,332	246,228	250,050	254,610	258,702	255,958	256,288
Healthy Kids	4,795	4,665	4,623	4,584	4,595	4,541	4,496	4,598	4,375	4,362	4,325	4,273	4,186	4,114
CMC Non-Long Term Care	5,406	5,982	6,336	6,981	6,569	6,902	7,235	7,379	7,584	8,010	8,535	9,324	8,796	8,528
CMC - Long Term Care	151	180	212	245	267	285	308	319	328	344	371	375	363	358
Total CMC	5,557	6,162	6,548	7,226	6,836	7,187	7,543	7,698	7,912	8,354	8,906	9,699	9,159	8,886
Total Enrollment	**226,572**	**228,878**	**232,599**	**237,233**	**242,118**	**246,387**	**250,306**	**254,628**	**258,515**	**262,766**	**267,841**	**272,674**	**269,303**	**269,288**

Santa Clara Family Health Plan
Medi-Cal Revenue by Aid-Category

Category of Aid	PMPM Premium
NON-DUALS	
Adult (over 19)	$208.45
Adult (under 19)	$94.29
Aged - Medi-Cal Only	$531.18
Disabled - Medi-Cal Only	$531.18
Child (HF conversion)	$94.29
Adult Expansion	$363.59
Long Term Care - Institutional	$8,188.83
HCBS* High	$809.56
HCBS Low	$56.16
DUALS	
Disabled (Under 21)	$132.25

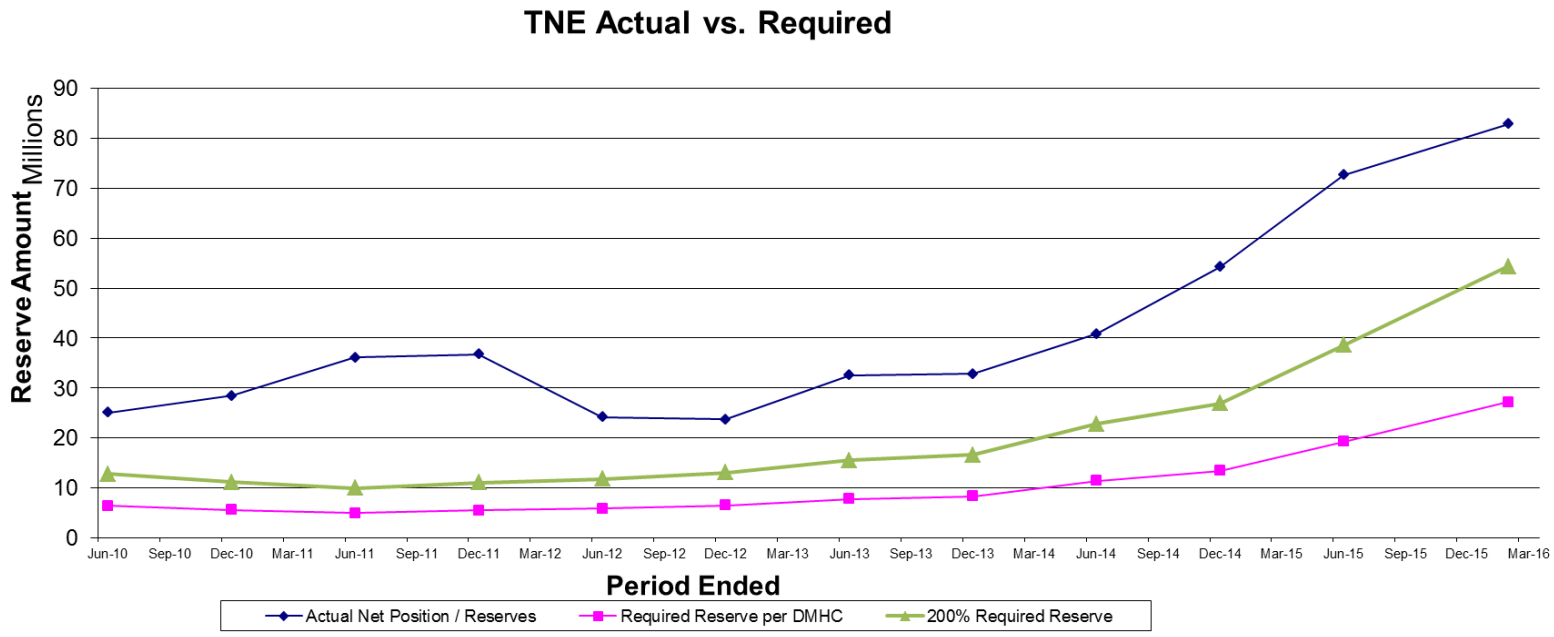
DUALS (over 21) **	Blended Rate
Long Term Care - Institutional	$ 5,349.63
HCBS High	$ 548.65
HCBS Low	$ 199.17
Healthy	$ 97.43

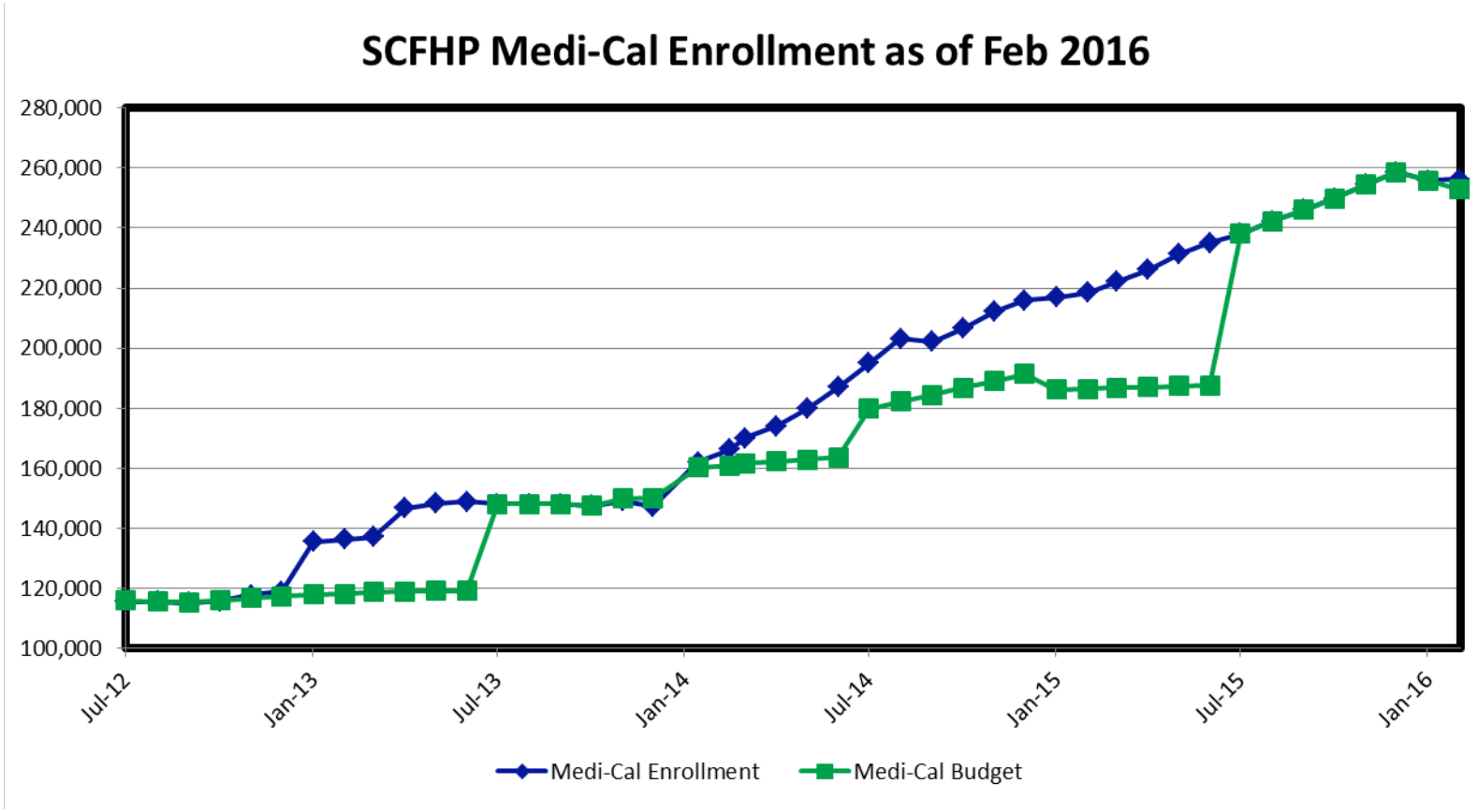
** Home and Community Based Services (HCBS)*

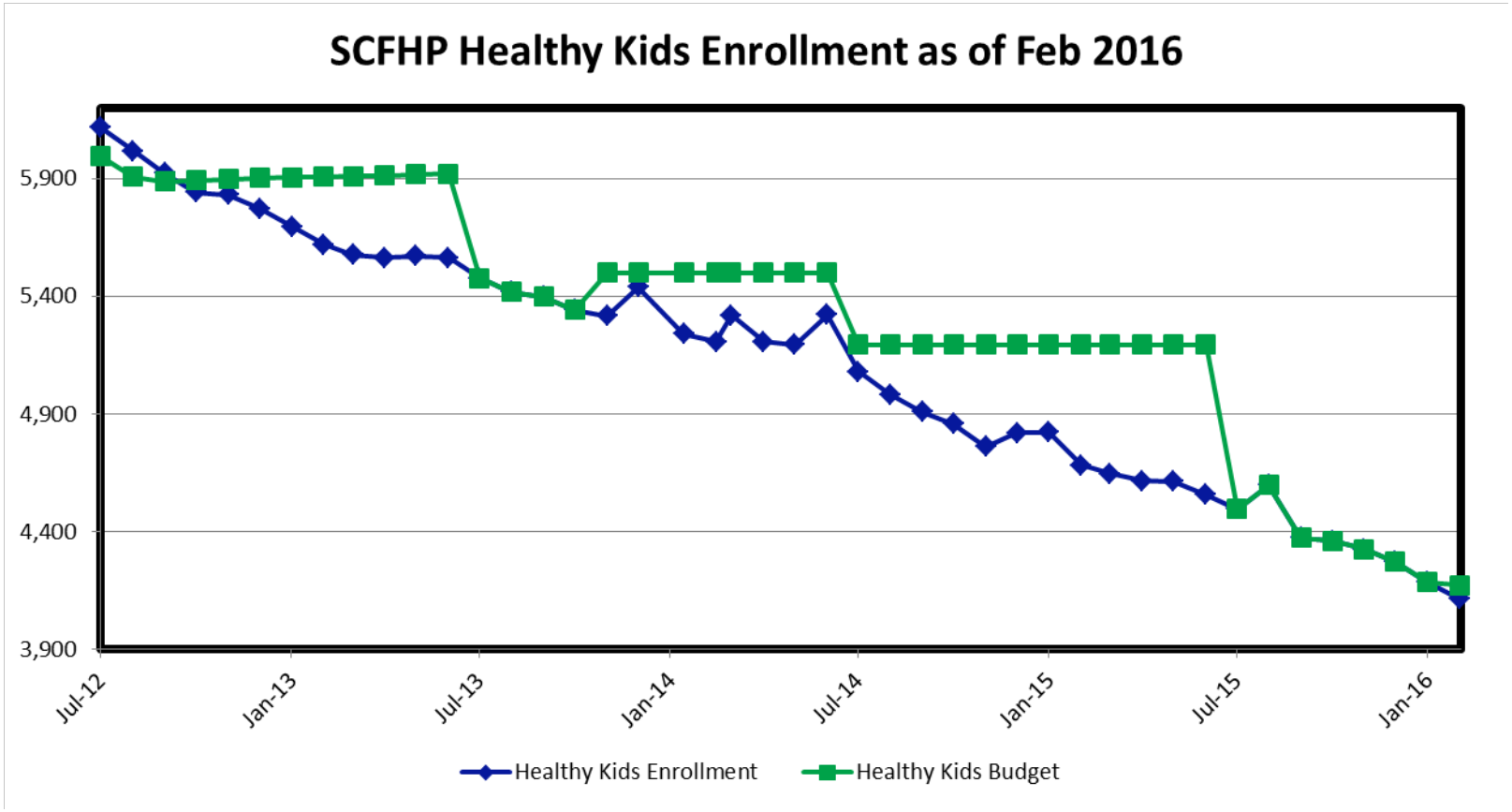
*** Subject to quarterly re-blending (net of IHSS)*

Santa Clara County Health Authority
Tangible Net Equity - Actual vs. Required
As of Period Ended:

	6/30/2010	12/31/2010	6/30/2011	12/31/2011	6/30/2012	12/31/2012	6/30/2013	12/31/2013	6/30/2014	12/31/2014	6/30/2015	2/29/2016
Actual Net Position / Reserves	25,103,011	28,445,504	36,093,769	36,803,460	24,208,576	23,776,902	32,551,161	32,878,950	40,872,580	54,224,335	72,630,954	82,866,600
Required Reserve per DMHC	6,388,000	5,591,000	4,996,000	5,558,000	5,901,000	6,525,000	7,778,000	8,330,000	11,434,000	13,467,000	19,269,000	27,185,000
200% of Required Reserve	12,776,000	11,182,000	9,992,000	11,116,000	11,802,000	13,050,000	15,556,000	16,660,000	22,868,000	26,934,000	38,538,000	54,370,000




SCFHP Medi-Cal Enrollment as of Feb 2016
280,000
260,000
240,000
220,000
200,000
180,000
160,000
140,000
120,000
100,000
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Medi-Cal Enrollment
Medi-Cal Budget


SCFHP Healthy Kids Enrollment as of Feb 2016
5,900
5,400
4,900
4,400
3,900
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Healthy Kids Enrollment
Healthy Kids Budget

Santa Clara
Family Health Plan

The Spirit of Care

Financial Statements
For Nine Months Ended March 2016
(Unaudited)

Table of Contents

Santa Clara Family Health Plan
CFO Finance Report
For the Month and Year to Date Ended March 31, 2016

Summary of Financial Results (*Revised Budget*)

For the month of March 2016, SCFHP recorded a net surplus of $0.8 million compared to a budgeted net surplus of $1.5 million resulting in an unfavorable variance from budget of $0.7 million. For year to date March 2016, SCFHP recorded a net surplus of $11.0 million compared to a budgeted net surplus of $12.6 million resulting in a unfavorable variance from budget of $1.6 million. The table below summarizes the components of the overall variance from budget.

Summary Operating Results – Actual vs. Budget

For the Current Month & Fiscal Year to Date – March 2016

Favorable/ (Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 91,236,232	$ 90,909,302	$ 326,930	0.4%	Revenue	$805,775,417	$801,191,426	$ 4,583,991	0.6%
87,491,705	85,497,617	(1,994,088)	-2.3%	Medical Expense	768,011,338	759,895,238	(8,116,100)	-1.1%
3,744,526	5,411,684	(1,667,158)	-30.8%	Gross Margin	37,764,078	41,296,188	(3,532,109)	-8.6%
2,857,562	3,811,369	953,807	25.0%	Administrative Expense	25,903,538	27,608,987	1,705,448	6.2%
886,964	1,600,316	(713,351)	-44.6%	Net Operating Income	11,860,540	13,687,201	(1,826,661)	-13.3%
(117,014)	(139,752)	22,738	16.3%	Non-Operating Income/Exp	(854,943)	(1,052,996)	198,053	18.8%
$ 769,951	$ 1,460,564	$ (690,613)	-47.3%	Net Surplus/ (Loss)	$ 11,005,597	$ 12,634,205	$ (1,628,608)	-12.9%

Revenue

The Health Plan recorded net revenue of $91.2 million for the month of March 2016, compared to budgeted revenue of $90.9 million, resulting in a favorable variance from budget of $0.3 million, or 0.4%. For year to date March 2016, the Plan recorded net revenue of $805.8 million, compared to budgeted revenue of $801.2 million, resulting in a favorable variance from budget of $4.6 million, or 0.6%, which was primarily driven by higher In Home Support Services (IHSS) pass-through revenue, increased Abortion capitation rate, and higher number of Hep C eligible users. The Plan received Long Term Care (LTC) prior year revenue and also recorded partial LTC rate adjustment revenue reflecting the more expensive MLTSS mix than originally projected by the state during the rate setting. The positive variance was partially offset by unfavorable variance in Medicare and Maternity Kick revenue.

A statistical and financial summary for all lines of business is included on page 9 of this report.

Member months

For the month of March 2016, overall member months were higher than budget by 9,363 (+3.6%). For year to date March 2016, overall member months were higher than budget by 12,371 (+0.5%).

In the nine months since the end of the prior fiscal year, 6/30/2015, membership in Medi-Cal increased by 10.8%, membership in the Healthy Kids program decreased by 8.4%, and membership in the Agnews program decreased by 2.7%.

In January 2015, we started enrolling members in Cal MediConnect (CMC). For the month of March 2016, membership in the CMC program was lower than the budget by 431 member months (- 4.7%). For year to date March 2016, membership in the CMC program was lower than the budget by 704 member months (- 0.9%). In the nine months since the end of the prior fiscal year, 6/30/2015, membership in CMC program increased by 21.4%.

Member months, and changes from prior year, are summarized on Page 11.

Medical Expenses

For the month of March 2016, medical expense was $87.5 million compared to budget of $85.5 million, resulting in an unfavorable budget variance of $2.0 million, or -2.3%. For year to date March 2016, medical expense was $768.0 million compared to budget of $759.9 million, resulting in an unfavorable budget variance of $8.1 million, or -1.1%. The increased medical expenses year to date are primarily attributable to Long term care ($5.3 million or 8.3%), Pharmacy ($3.3 million or 3.3%), and IHSS pass-through expense ($2.9 million or 3.3%) over budget.

Administrative Expenses

Overall administrative costs were under budget by $1.0 million (25.0%) for the month of March 2016, and under budget by $1.7 million (6.2%) for year to date March 2016. Both Salaries/Benefits and Consulting expenses were under budget due to the longer than expected ramp up time to hire/engage additional resources approved at the mid-year budget review. Some of this favorability is offset by higher than budgeted Information systems expenses.

Overall administrative expenses were 3.2% of revenues for year to date March 2016.

Balance Sheet (Page 6)

Current assets at March 31, 2016 totaled $432.4 million compared to current liabilities of $341.9 million, yielding a current ratio (the ratio of current assets to current liabilities) of 1.3 as of March 31, 2016. Working capital increased by $12.1 million for the nine months year to date ended March 31, 2016.

Cash as of March 31, 2016, increased by $15.5 million compared to the cash balance as of year-end June 30, 2015. Net receivables increased by $125.9 million during the same nine month period ended March 31, 2016. The cash position increased largely due to the continued overpayment of Medi-Cal expansion premium revenues by the DHCS. Commencing in January DHCS started to recoup the over payments and completion of the payback is anticipated by February 2017. However, DHCS has still not implemented the substantially reduced FY16 rate, so this liability amount is likely to continue growing despite partial recoupment.

Liabilities increased by a net amount of $131.1 million during the nine months ended March 2016. This was primarily due to the continued overpayment of Medi-Cal expansion premium revenues by the State, an increase in medical cost reserves largely as a result of the rapid growth of long term care claims, and an increase in the IHSS liability. The plan also recorded a Premium Deficiency Reserve ($18.0 million) for the Cal MediConnect contract period ending December 31, 2017. Additionally, the Health Plan recorded the unfunded Pension Liability of $5.6 million as required by GASB 68, as of March 31, 2016.

Capital Expenses increased by $614 thousand for the nine months ended March 31, 2016.

Tangible Net Equity

Tangible Net Equity (TNE) was $83.6 million at March 31, 2016 compared to the minimum TNE required by the Department of Managed Health Care (DMHC) of $27.2 million. A chart showing TNE trends is shown on page 14 of this report.

At the December 2011 Board of Director's meeting, a policy was adopted for targeting the organization's capital reserves to equal two months of Medi-Cal capitation revenue.

As of March 31, 2016, the Plan's reserves are below this reserves target by about $62.8 million (see calculation below).

Calculation of targeted reserves as of March 31, 2016

Estimate of two months' capitation based on March 2016 (rounded) (March-2016 Medi-Cal capitation of $70,984,041 x 2 = $141,968,081)	$141,969,000
Less: Unrestricted Net Equity per balance sheet (rounded)	$ 79,189,000
Approximate reserves below target	$ 62,780,000

Santa Clara County Health Authority
Balance Sheet

	MAR 16	FEB 16	JAN 16	JUN 15
Assets				
Current Assets				
Cash and Marketable Securities	$ 126,021,360	$ 141,331,207	$ 158,905,626	$ 110,520,927
Premiums Receivable	303,384,171	271,422,011	256,448,620	177,531,031
Due from Santa Clara Family Health Foundation - net				3,612
Prepaid Expenses and Other Current Assets	3,019,935	3,224,026	3,422,969	1,917,101
Total Current Assets	432,425,467	415,977,243	418,777,215	289,972,670
Long Term Assets				
Equipment	12,493,431	12,088,019	12,293,069	11,879,173
Less: Accumulated Depreciation	(8,352,033)	(8,229,771)	(8,118,156)	(7,363,871)
Total Long Term Assets	4,141,398	3,858,248	4,174,914	4,515,302
Total Assets	$ 436,566,865	$ 419,835,491	$ 422,952,129	$ 294,487,972
Deferred Outflow of Resources	$ 1,367,331	$ 1,367,331	1,367,331	1,367,331
Total Deferred Outflows and Assets	437,934,196	421,202,822	424,319,460	295,855,303
Liabilities and Net Position				
Current Liabilities				
Trade Payables	$ 7,214,335	$ 3,947,070	$ 3,248,487	$ 4,924,038
Deferred Rent	148,590	150,650	152,711	167,134
Employee Benefits	1,079,171	1,039,884	994,496	973,066
Retirement Obligation per GASB 45	455,330	404,738	354,146	
Advance Premium - Healthy Kids	63,041	67,920	62,664	64,127
Liability for ACA 1202	516,500	2,569,872	5,071,748	5,069,225
Payable to Hospitals (SB208)	(35,535)	(35,535)	(35,535)	(35,535)
Payable to Hospitals (AB 85)	1,647,982	1,658,201	1,637,069	4,615,251
Due to Santa Clara County Valley Health Plan	2,375,009	2,262,481	5,319,880	11,230,305
MCO Tax Payable - State Board of Equalization	10,212,271	9,352,184	9,774,388	8,909,559
Due to DHCS	73,135,234	66,549,670	75,343,679	22,173,221
Liability for In Home Support Services (IHSS)	160,352,374	149,134,056	137,798,320	69,537,810
Premium Deficiency Reserve (PDR)	13,088,054	13,088,054	13,088,054	13,088,054
Medical Cost Reserves	71,681,738	75,858,425	77,689,062	70,819,543
Total Current Liabilities	341,934,094	326,047,671	330,499,169	211,535,798
Non-Current Liabilities				
Noncurrent Premium Deficiency Reserve	4,911,946	4,911,946	4,911,946	4,911,946
Net Pension Liability GASB 68	5,558,971	5,483,971	5,408,971	4,883,971
Total Liabilities	352,405,011	336,443,588	340,820,086	221,331,715
Deferred Inflow of Resources	1,892,634	1,892,634	1,892,634	1,892,634
Net Position / Reserves				
Invested in Capital Assets	4,141,398	3,858,248	4,174,914	4,515,302
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	68,184,206	68,467,356	68,150,690	30,416,972
Current YTD Income (Loss)	11,005,597	10,235,646	8,975,785	37,393,330
Net Position / Reserves	83,636,551	82,866,600	81,606,739	72,630,954
Total Liabilities, Deferred Inflows, and Net Assets	$ 437,934,196	$ 421,202,822	$ 424,319,460	$ 295,855,303
Solvency Ratios:				
Working Capital	$ 90,491,373	$ 89,929,572	$ 88,278,046	$ 78,436,872
Working Capital Ratio	1.3	1.3	1.3	1.4
Average Days Cash on Hand	44	49	55	55

Santa Clara County Health Authority
Income Statement for the Nine Months Ending Mar 31, 2016

	For the Month of Mar 2016					For Nine Months Ending Mar 31, 2016				
	Actual	% of Revenue	Budget	% of Revenue	Variance	Actual	% of Revenue	Budget	% of Revenue	Variance
REVENUES										
MEDI-CAL	$ 82,564,137	90.5%	$ 80,801,666	88.9%	$ 1,762,471	$ 723,849,324	89.8%	$ 715,223,563	89.3%	$ 8,625,761
HEALTHY KIDS	$ 364,362	0.4%	$ 357,929	0.4%	$ 6,433	$ 3,376,676	0.4%	$ 3,374,791	0.4%	$ 1,886
MEDICARE	$ 8,307,732	9.1%	$ 9,749,706	10.7%	$ (1,441,974)	$ 78,549,417	9.7%	$ 82,593,072	10.3%	$ (4,043,656)
TOTAL REVENUE	$ 91,236,232	100.0%	$ 90,909,302	100.0%	$ 326,930	$ 805,775,417	100.0%	$ 801,191,426	100.0%	$ 4,583,991
MEDICAL EXPENSES										
MEDI-CAL	$ 78,984,934	86.6%	$ 76,672,300	84.3%	$ (2,312,635)	$ 689,761,772	85.6%	$ 682,005,081	85.1%	$ (7,756,691)
HEALTHY KIDS	$ 363,643	0.4%	$ 370,033	0.4%	$ 6,390	$ 3,340,687	0.4%	$ 3,373,237	0.4%	$ 32,550
MEDICARE	$ 8,106,170	8.9%	$ 8,417,074	9.3%	$ 310,905	$ 74,556,527	9.3%	$ 74,177,041	9.3%	$ (379,487)
AGNEWS	$ 36,958	0.0%	$ 38,210	0.0%	$ 1,252	$ 352,352	0.0%	$ 339,879	0.0%	$ (12,473)
TOTAL MEDICAL EXPENSES	$ 87,491,705	95.9%	$ 85,497,617	94.0%	$ (1,994,088)	$ 768,011,338	95.3%	$ 759,895,238	94.8%	$ (8,116,100)
MEDICAL OPERATING MARGIN	$ 3,744,526	4.1%	$ 5,411,684	6.0%	$ (1,667,158)	$ 37,764,078	4.7%	$ 41,296,188	5.2%	$ (3,532,109)
ADMINISTRATIVE EXPENSES										
SALARIES AND BENEFITS	$ 1,682,649	1.8%	$ 2,139,960	2.4%	$ 457,311	$ 13,650,733	1.7%	$ 14,642,437	1.8%	$ 991,704
RENTS AND UTILITIES	$ 102,897	0.1%	$ 109,064	0.1%	$ 6,167	$ 965,366	0.1%	$ 984,359	0.1%	$ 18,993
PRINTING AND ADVERTISING	$ 61,280	0.1%	$ 50,473	0.1%	$ (10,807)	$ 397,672	0.0%	$ 418,918	0.1%	$ 21,246
INFORMATION SYSTEMS	$ 152,477	0.2%	$ 89,944	0.1%	$ (62,534)	$ 1,537,932	0.2%	$ 1,289,683	0.2%	$ (248,249)
PROF FEES / CONSULTING / TEMP STAFFING	$ 564,012	0.6%	$ 1,121,953	1.2%	$ 557,942	$ 6,919,102	0.9%	$ 7,833,647	1.0%	$ 914,544
DEPRECIATION / INSURANCE / EQUIPMENT	$ 149,398	0.2%	$ 148,596	0.2%	$ (803)	$ 1,237,114	0.2%	$ 1,231,717	0.2%	$ (5,396)
OFFICE SUPPLIES / POSTAGE / TELEPHONE	$ 75,586	0.1%	$ 66,684	0.1%	$ (8,902)	$ 571,902	0.1%	$ 578,592	0.1%	$ 6,690
MEETINGS / TRAVEL / DUES	$ 66,052	0.1%	$ 71,368	0.1%	$ 5,316	$ 577,250	0.1%	$ 577,827	0.1%	$ 577
OTHER	$ 3,211	0.0%	$ 13,327	0.0%	$ 10,116	$ 46,467	0.0%	$ 51,807	0.0%	$ 5,340
TOTAL ADMINISTRATIVE EXPENSES	$ 2,857,562	3.1%	$ 3,811,369	4.2%	$ 953,807	$ 25,903,538	3.2%	$ 27,608,987	3.4%	$ 1,705,448
OPERATING SURPLUS (LOSS)	$ 886,964	1.0%	$ 1,600,316	1.8%	$ (713,351)	$ 11,860,540	1.5%	$ 13,687,201	1.7%	$ (1,826,661)
GASB 45-POST EMPLOYMENT BENEFITS EXPENSE	$ (50,592)	-0.1%	$ (80,007)	-0.1%	$ 29,415	$ (455,330)	-0.1%	$ (543,575)	-0.1%	$ 88,245
GASB 68 - UNFUNDED PENSION LIABILITY	$ (75,000)	-0.1%	$ (75,000)	-0.1%	$ -	$ (675,000)	-0.1%	$ (675,000)	-0.1%	$ -
INTEREST & OTHER INCOME	$ 8,579	0.0%	$ 15,255	0.0%	$ (6,677)	$ 275,387	0.0%	$ 165,579	0.0%	$ 109,808
NET SURPLUS (LOSS) FINAL	$ 769,951	1%	$ 1,460,564	1.6%	$ (690,613)	$ 11,005,597	1.4%	$ 12,634,205	1.6%	$ (1,628,608)

Administrative Expense

Actual vs. Budget

For the Current Month & Fiscal Year to Date - Mar 2016

Favorable/(Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 1,682,649	$ 2,139,960	$ 457,311	21.4%	Personnel	$ 13,650,733	$ 14,642,437	$ 991,704	6.8%
1,174,913	1,671,409	496,496	29.7%	Non-Personnel	12,252,805	12,966,549	$ 713,744	5.5%
2,857,562	3,811,369	953,807	25.0%	Total Administrative Expense	25,903,538	27,608,987	1,705,448	6.2%

Santa Clara County Health Authority
STATEMENT OF OPERATIONS
BY LINE OF BUSINESS (INCLUDING ALLOCATED EXPENSES)

Nine Months Ended Mar 31, 2016

	Medi-Cal (incl. Agnews)	CMC	Healthy Kids	**Grand Total**
P&L (ALLOCATED BASIS)				
REVENUE	703,221,816	99,176,924	$3,376,676	**$805,775,417**
MEDICAL EXPENSES	664,539,392	100,131,260	3,340,687	**$768,011,338**
(MLR)	94.5%	101.0%	98.9%	**95.3%**
GROSS MARGIN	38,682,425	(954,336)	35,989	**37,764,078**
ADMINISTRATIVE EXPENSES	22,331,434	3,188,275	383,830	**25,903,538**
(% MM allocation except CMC)				
OPERATING INCOME/(LOSS)	16,350,991	(4,142,610)	(347,841)	**11,860,540**
OTHER INCOME/(EXPENSE)	(746,132)	(105,229)	(3,583)	**(854,943)**
(% of Revenue Allocation)				
NET INCOME/ (LOSS)	$15,604,859	($4,247,839)	($351,424)	**$11,005,597**
PMPM (ALLOCATED BASIS)				
REVENUE	$310.82	$1,289.94	$86.83	**$338.81**
MEDICAL EXPENSES	293.72	1,302.35	85.91	**322.93**
GROSS MARGIN	17.10	(12.41)	0.93	**15.88**
ADMINISTRATIVE EXPENSES	9.87	41.47	9.87	**10.89**
OPERATING INCOME/(LOSS)	7.23	(53.88)	(8.94)	**4.99**
OTHER INCOME / (EXPENSE)	(0.33)	(1.37)	(0.09)	**(0.36)**
NET INCOME / (LOSS)	$6.90	($55.25)	($9.04)	**$4.63**
ALLOCATION BASIS:				
MEMBER MONTHS - YTD	*2,262,465*	*76,885*	*38,887*	***2,378,237***
Member MONTHS by LOB	*95.1%*	*3.2%*	*1.7%*	***100%***
Revenue by LOB	*87.3%*	*12.3%*	*0.4%*	***100%***

Santa Clara Family Health Plan
Statement of Cash Flows
For Nine Months Ended Mar 31, 2016

Cash flows from operating activities		
Premiums received	$	732,190,613
Medical expenses paid	$	(685,189,876)
Administrative expenses paid	$	(31,161,434)
Net cash from operating activities	$	15,839,304
Cash flows from capital and related financing activities		
Purchases of capital assets	$	(614,258)
Cash flows from investing activities		
Interest income and other income, net	$	275,387
Net (Decrease) increase in cash and cash equivalents	$	15,500,434
Cash and cash equivalents, beginning of year	$	110,520,927
Cash and cash equivalents at Mar 31, 2016	$	126,021,360
Reconciliation of operating income to net cash from operating activities		
Operating income (loss)	$	10,730,210
Adjustments to reconcile operating income to net cash from operating activities		
Depreciation	$	988,162
Changes in operating assets and liabilities		
Premiums receivable	$	(125,853,141)
Due from Santa Clara Family Health Foundation	$	3,612
Prepaids and other assets	$	(1,102,834)
Deferred outflow of resources	$	-
Accounts payable and accrued liabilities	$	(4,687,893)
State payable	$	52,264,725
Santa Clara Valley Health Plan payable	$	(8,855,296)
Net Pension Liability	$	675,000
Medical cost reserves and PDR	$	862,195
Deferred inflow of resources	$	-
Total adjustments	$	5,109,094
Net cash from operating activities	$	15,839,304

Santa Clara Family Health Plan Enrollment Summary

	For the Month of Mar 2016			Nine Months Ending Mar 2016				
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Prior Year Actual**	**Change FY16 vs. FY15**
Medi-Cal	259,921	250,152	3.9%	2,261,474	2,248,358	0.6%	1,893,060	19.5%
Healthy Kids	4,158	4,127	0.7%	38,887	38,915	(0.1%)	43,566	(10.7%)
Medicare	8,728	9,159	(4.7%)	76,885	77,589	(0.9%)	18,267	320.9%
Agnews	109	114	(4.4%)	991	1,004	(1.3%)	1,020	(2.8%)
Total	272,916	263,553	3.6%	2,378,237	2,365,866	0.5%	1,955,913	21.6%

Santa Clara County Health Authority
March 2016

	Medi-Cal		Healthy Kids		CMC		AG		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	22,332	9%	188	5%	8,728	100%	109	100%	31,357	11%
SCVHHS, Safety Net Clinics, FQHC Clinics	141,022	54%	2,770	67%	0	0%	0	0%	143,792	53%
Palo Alto Medical Foundation	7,346	3%	33	1%	0	0%	0	0%	7,379	3%
Physicians Medical Group	46,645	18%	1,015	24%	0	0%	0	0%	47,660	17%
Premier Care	15,790	6%	152	4%	0	0%	0	0%	15,942	6%
Kaiser	26,786	10%	0	0%	0	0%	0	0%	26,786	10%
Total	259,921	100%	4,158	100%	8,728	100%	109	100%	272,916	100%
Enrollment @ 6-30-15	234,497		4,541		7,187		112		246,337	
Net % Change from Beginning of FY	10.8%		-8.4%		21.4%		-2.7%		10.8%	

Santa Clara Family Health Plan
Enrollment by Aid-Category

	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03
Adult (over 19)	31,337	30,489	30,078	29,351	28,694	28,174	27,844	27,331	27,080	27,148	27,229	27,493	27,509	27,485	27,857
Adult (under 19)	80,858	82,029	83,777	85,840	88,550	90,811	92,782	95,564	97,888	99,822	101,801	103,082	102,500	103,017	104,739
Aged - Medi-Cal Only	8,208	8,425	8,366	8,522	8,664	8,731	8,642	8,730	8,858	8,909	9,103	9,235	9,241	9,158	9,150
Disabled - Medi-Cal Only	11,687	11,648	11,613	11,516	11,533	11,455	11,426	11,348	11,297	11,250	11,263	11,130	11,113	11,078	11,008
Child (HF conversion)	17,664	16,784	15,827	14,420	12,762	11,153	9,541	7,791	6,032	4,575	3,837	3,461	3,211	2,863	2,556
Adult Expansion	58,718	59,291	61,035	63,336	66,475	68,720	71,183	73,695	75,814	77,756	79,406	81,235	79,284	79,392	81,324
Other	44	50	49	53	52	51	48	47	55	47	45	45	40	40	42
Long Term Care	68	90	101	131	152	171	189	191	202	211	228	242	241	247	248
Total Non-Duals	208,584	208,806	210,846	213,169	216,882	219,266	221,655	224,697	227,226	229,718	232,912	235,923	233,139	233,280	236,924
Aged	4,295	5,381	6,274	7,339	8,340	9,299	9,998	10,673	11,579	12,436	13,389	14,048	14,090	14,261	14,323
Disabled	2,461	2,913	3,251	3,659	4,030	4,444	4,727	4,932	5,235	5,544	5,852	6,042	6,049	6,070	6,058
Other	841	883	951	1,009	1,066	1,151	1,238	1,303	1,370	1,458	1,483	1,638	1,638	1,654	1,701
Long Term Care	39	68	106	247	369	496	649	727	818	894	974	1,051	1,042	1,023	1,024
Total Duals	7,636	9,245	10,582	12,254	13,805	15,390	16,612	17,635	19,002	20,332	21,698	22,779	22,819	23,008	23,106
Total Medi-Cal	216,220	218,051	221,428	225,423	230,687	234,659	238,267	242,332	246,228	250,050	254,610	258,702	255,958	256,288	260,030
Healthy Kids	4,793	4,665	4,623	4,584	4,595	4,541	4,496	4,598	4,375	4,362	4,325	4,273	4,186	4,114	4,158
CMC Non-Long Term Care	5,477	6,049	6,397	7,033	6,607	6,941	7,261	7,399	7,599	8,014	8,537	9,317	8,799	8,541	8,389
CMC - Long Term Care	80	113	151	193	229	246	282	299	313	340	369	382	360	345	339
Total CMC	5,557	6,162	6,548	7,226	6,836	7,187	7,543	7,698	7,912	8,354	8,906	9,699	9,159	8,886	8,728
Total Enrollment	**226,570**	**228,878**	**232,599**	**237,233**	**242,118**	**246,387**	**250,306**	**254,628**	**258,515**	**262,766**	**267,841**	**272,674**	**269,303**	**269,288**	**272,916**

Santa Clara Family Health Plan
Medi-Cal Revenue by Aid-Category

Category of Aid	PMPM Premium
NON-DUALS	
Adult (over 19)	$208.45
Adult (under 19)	$94.29
Aged - Medi-Cal Only	$531.18
Disabled - Medi-Cal Only	$531.18
Child (HF conversion)	$94.29
Adult Expansion	$363.59
Long Term Care - Institutional	$8,188.83
HCBS* High	$809.56
HCBS Low	$56.16
DUALS	
Disabled (Under 21)	$132.25

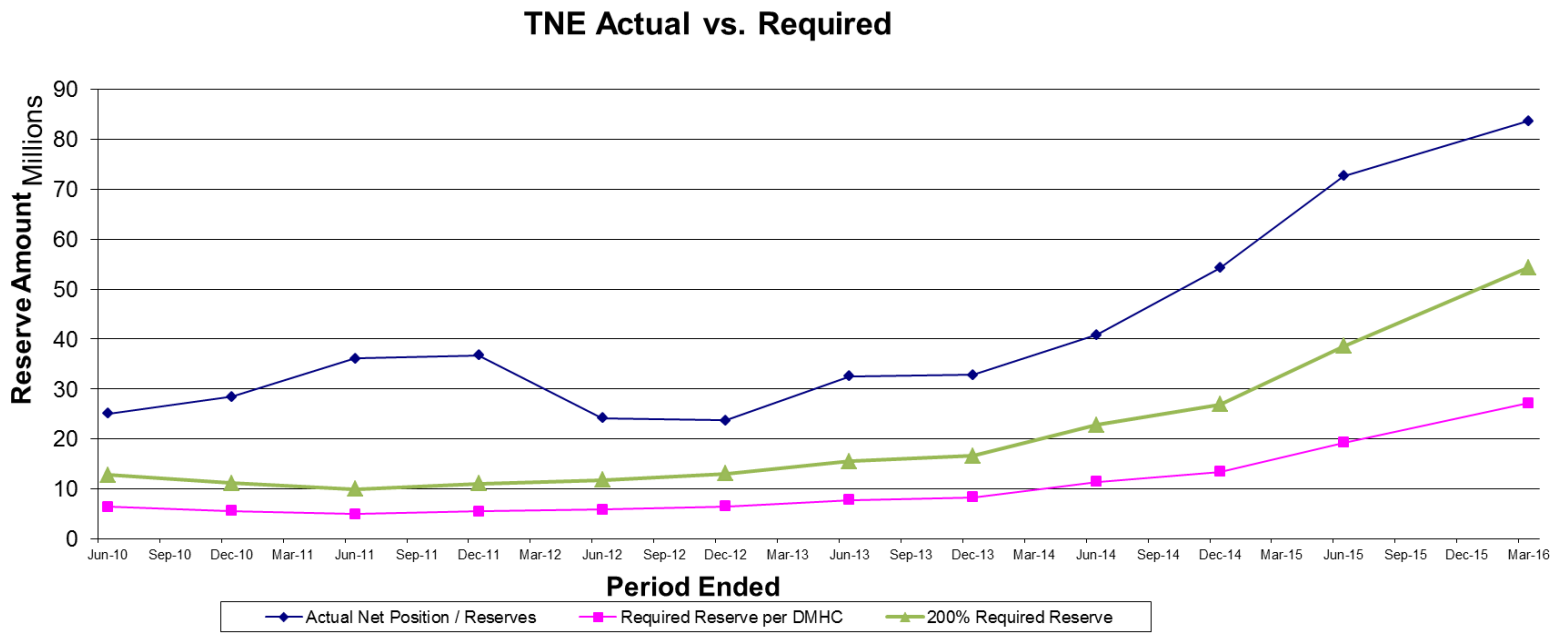
DUALS (over 21) **	Blended Rate
Long Term Care - Institutional	$ 5,349.63
HCBS High	$ 548.65
HCBS Low	$ 199.17
Healthy	$ 97.43

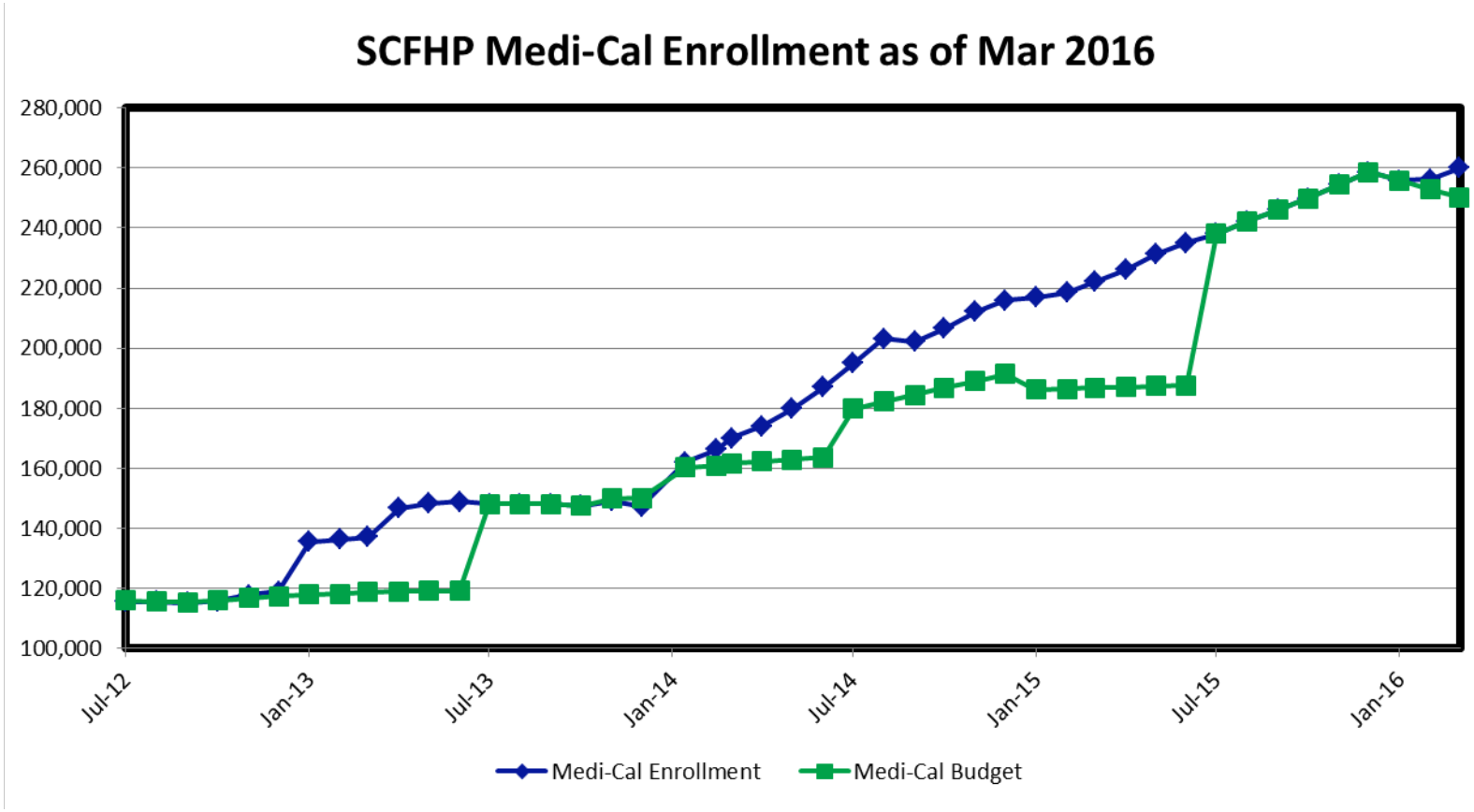
** Home and Community Based Services (HCBS)*

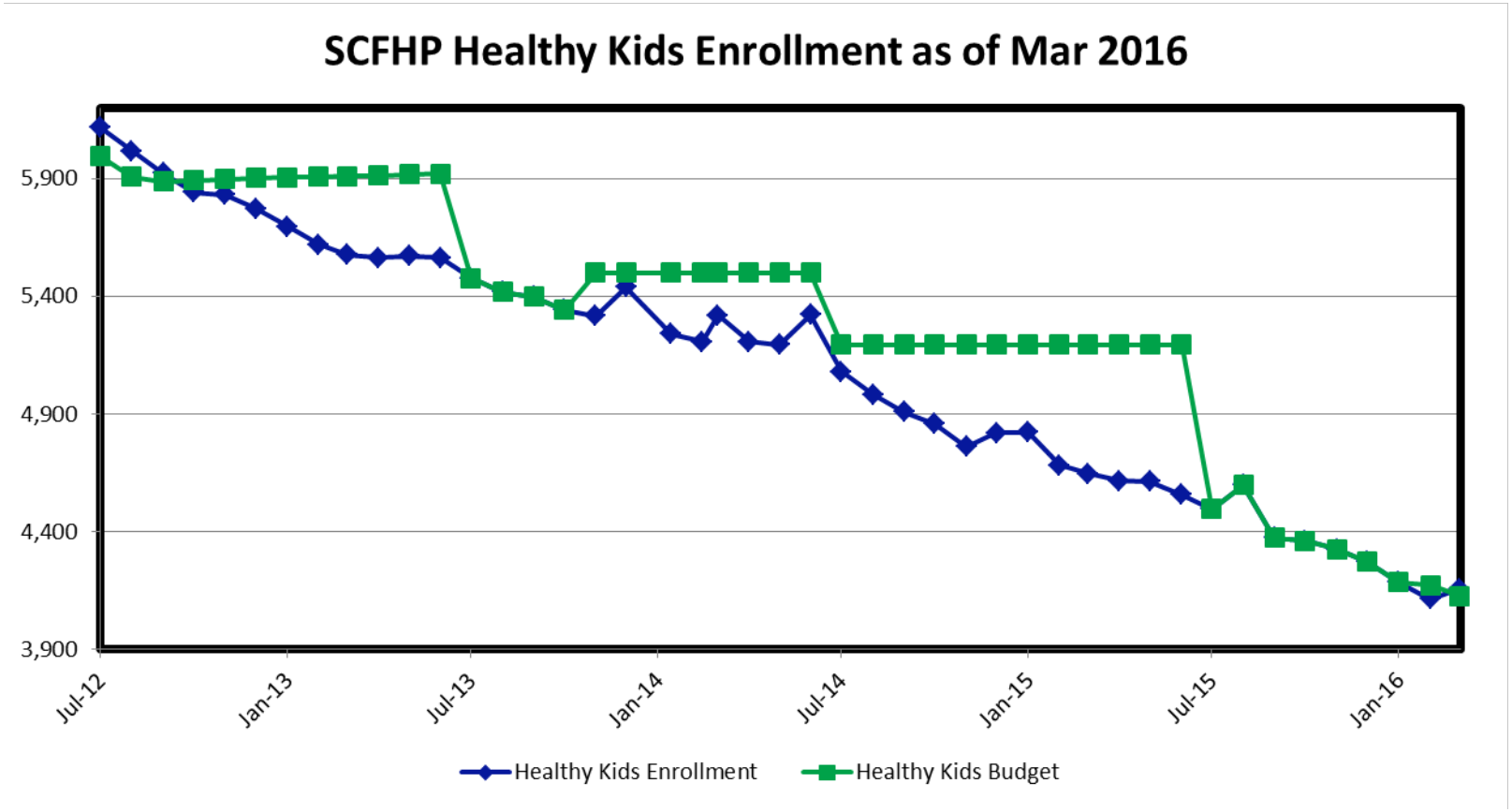
*** Subject to quarterly re-blending (net of IHSS)*

Santa Clara County Health Authority
Tangible Net Equity - Actual vs. Required
As of Period Ended:

	6/30/2010	12/31/2010	6/30/2011	12/31/2011	6/30/2012	12/31/2012	6/30/2013	12/31/2013	6/30/2014	12/31/2014	6/30/2015	3/31/2016
Actual Net Position / Reserves	25,103,011	28,445,504	36,093,769	36,803,460	24,208,576	23,776,902	32,551,161	32,878,950	40,872,580	54,224,335	72,630,954	83,636,551
Required Reserve per DMHC	6,388,000	5,591,000	4,996,000	5,558,000	5,901,000	6,525,000	7,778,000	8,330,000	11,434,000	13,467,000	19,269,000	27,185,000
200% of Required Reserve	12,776,000	11,182,000	9,992,000	11,116,000	11,802,000	13,050,000	15,556,000	16,660,000	22,868,000	26,934,000	38,538,000	54,370,000




SCFHP Medi-Cal Enrollment as of Mar 2016
280,000
260,000
240,000
220,000
200,000
180,000
160,000
140,000
120,000
100,000
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Medi-Cal Enrollment
Medi-Cal Budget


SCFHP Healthy Kids Enrollment as of Mar 2016
5,900
5,400
4,900
4,400
3,900
Jul-12
Jan-13
Jul-13
Jan-14
Jul-14
Jan-15
Jul-15
Jan-16
Healthy Kids Enrollment
Healthy Kids Budget

March 2016
Financial Summary

SCCHA Governing Board Meeting

April 28, 2016

Fiscal Year 2015-16 Highlights (*Revised Budget*)

- **Net Surplus (loss) –** March $0.8m surplus and YTD $11.0m surplus ($1.6m) unfavorable to budget
  - The variance is primarily related to long -term care expenses (LTC) that have increased rapidly this fiscal year (note expense growth on page 6 chart).
- **Revenue –** over budget by $4.6 m (+0.6%)
  - Increase is due to higher In Home Support Services (IHSS) pass-through revenue, higher Abortion capitation rate, higher number of Hep C users, and LTC rate adjustment revenue. However, CMC revenue is lower than budget.
- **Medical Expenses –** over budget by $8.1m (-1.1%)
  - Primarily due to higher than budgeted LTC, Pharmacy, and IHSS expense.
- **Administrative Expenses –** under budget by $1.7m (6.2%)
  - Slower hiring personnel (FTE and Consultants) ramp up than budgeted.
- **Other Expenses –** under budget by $200k; due to higher interest earned and lower post-employments benefits expense.
- **Enrollment**
  - March 2016 membership: 272,916 (3.6% favorable to budget)
  - March YTD: 2,378,237 member months (0.5% favorable to budget and 22% higher than March YTD last year)
  - Continued growth in Medi-Cal Expansion membership . CMC membership has been trending downward since January.
- **Balance Sheet**
  - Net receivables due from DHCS have increased $35m primarily because of CCI and CMC rate recasting delays.
  - Medi-Cal Expansion rate overpayment: State recouped most of the FY15 overpayments; however, FY16 overpayments continue to grow.

Consolidated Performance
March 2016 and Year to Date

	Month of March	FYTD through March
Revenue	$91.2 million	$805.8 million
Medical Costs	$87.5 million	$768 million
Medical Loss Ratio	95.9%	95.3%
Administrative Costs	$2.9 million (3.1%)	$25.9 million (3.2%)
Other Income/ Expense	($117,014)	($854,943)
Net Surplus (Loss)	$769,951	$11,005,597
Cash on Hand	(44 Days)	$126 million
Receivables		$303.4 million
Current Liabilities		$341.9 million
Tangible Net Equity		$83.6 million
Pct. Of Min. Requirement		**308%**

Consolidated Performance

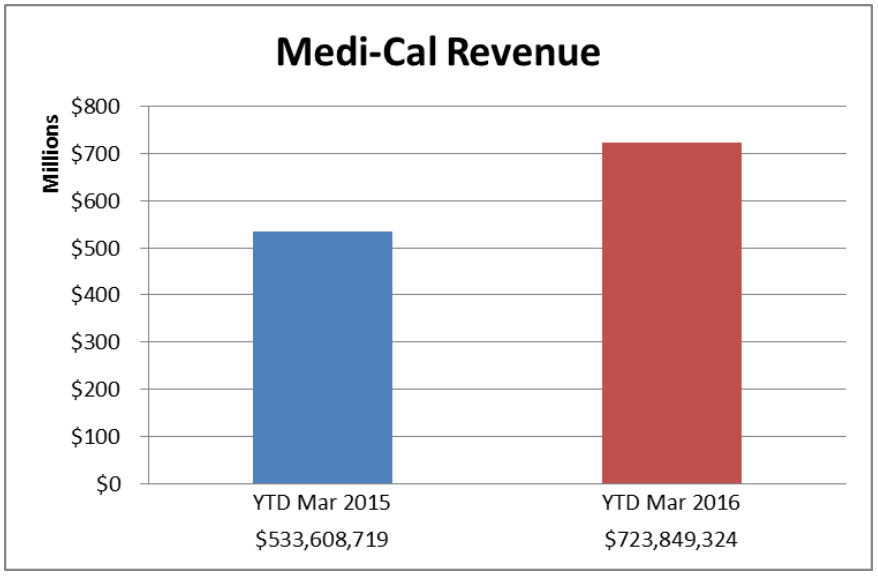
Summary Operting Results - Actual vs. Budget
For the Current Month & Fiscal Year to Date - Mar 2016

Favorable/(Unfavorable)

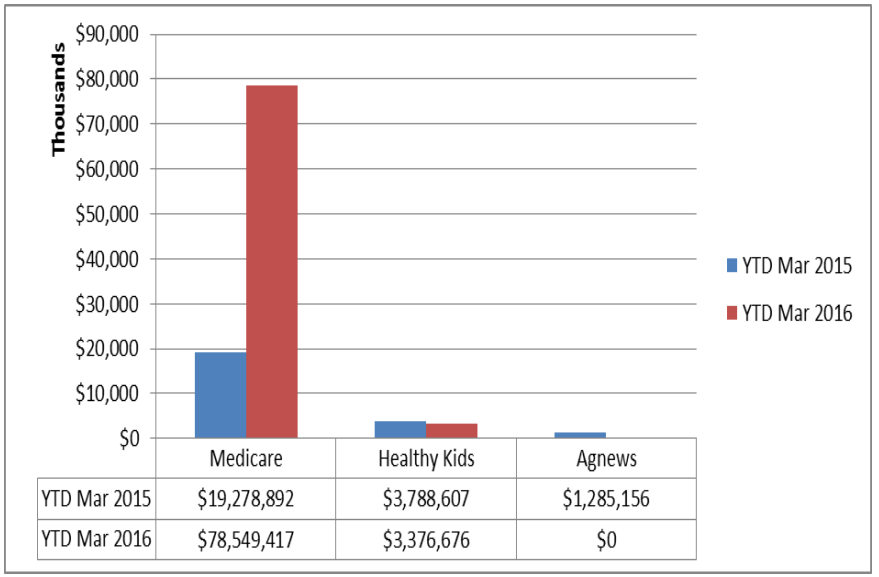
Current Month					Year to Date			
Actual	Budget	Variance $	Variance %		Actual	Budget	Variance $	Variance %
$ 91,236,232	$ 90,909,302	$ 326,930	0.4%	Revenue	$805,775,417	$801,191,426	$ 4,583,991	0.6%
87,491,705	85,497,617	(1,994,088)	-2.3%	Medical Expense	768,011,338	759,895,238	(8,116,100)	-1.1%
3,744,526	5,411,684	(1,667,158)	-30.8%	Gross Margin	37,764,078	41,296,188	(3,532,109)	-8.6%
2,857,562	3,811,369	953,807	25.0%	Administrative Expense	25,903,538	27,608,987	1,705,448	6.2%
886,964	1,600,316	(713,351)	-44.6%	Net Operating Income	11,860,540	13,687,201	(1,826,661)	-13.3%
(117,014)	(139,752)	22,738	16.3%	Non-Operating Income/Exp	(854,943)	(1,052,996)	198,053	18.8%
$ 769,951	$ 1,460,564	$ (690,613)	-47.3%	Net Surplus/ (Loss)	$ 11,005,597	$ 12,634,205	$ (1,628,608)	-12.9%

Revenue Trend

Graph 1: Portrays current YTD Medi-Cal revenue vs. previous year. Increase of 36%.

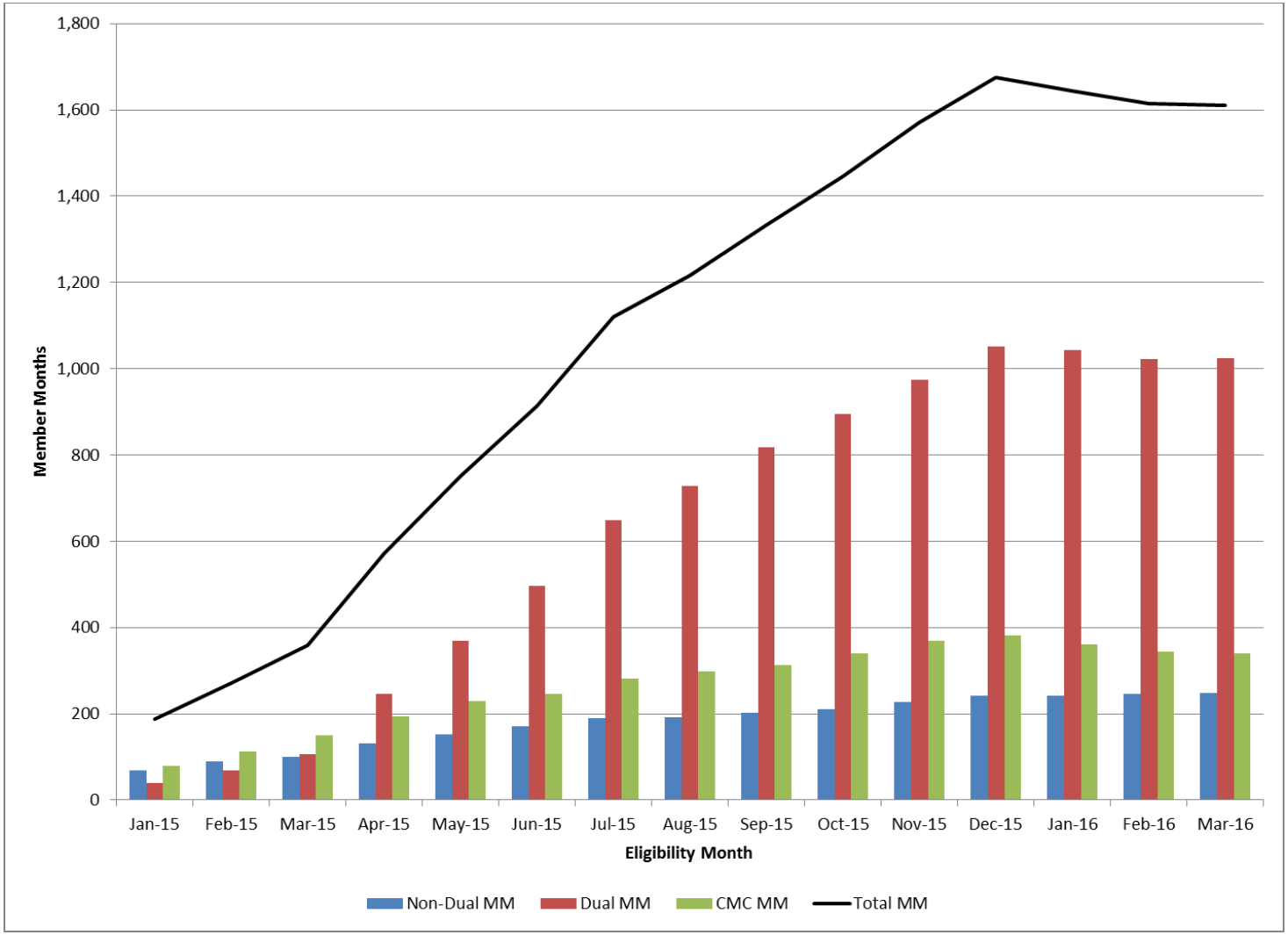


Graph 2: Represents all other operating revenue YTD compared to previous year. Increase of 236%.

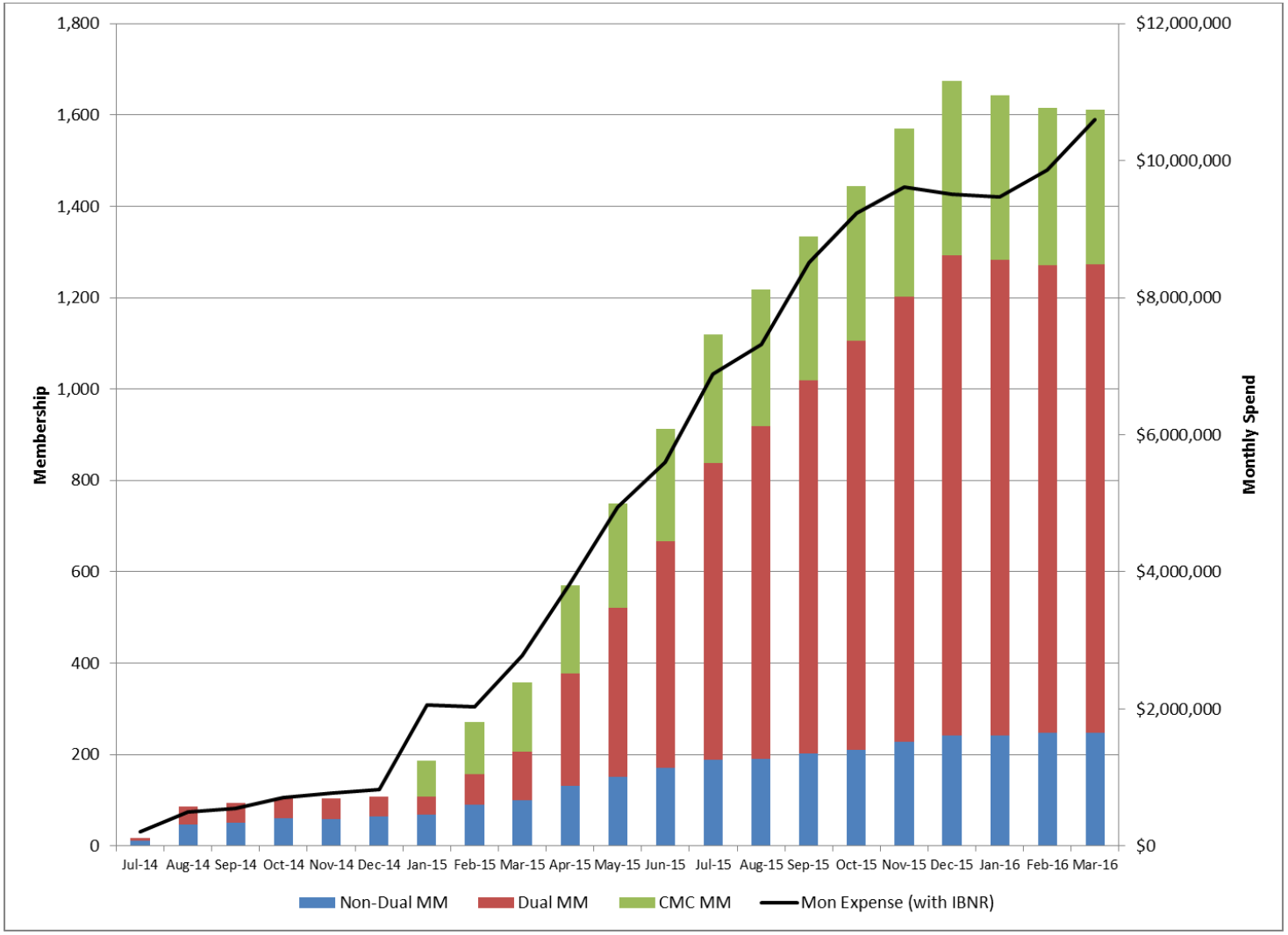


	Medicare	Healthy Kids	Agnews
YTD Mar 2015	$19,278,892	$3,788,607	$1,285,156
YTD Mar 2016	$78,549,417	$3,376,676	$0

Long Term Care Membership
Medi-Cal and CMC



Medi-Cal Long Term Care Experience
July 2014 – March 2016



Enrollment Summary
March and YTD

Santa Clara Family Health Plan Enrollment Summary

	For the Month of Mar 2016			Nine Months Ending Mar 2016				
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Prior Year Actual**	**Change FY16 vs. FY15**
Medi-Cal	259,921	250,152	3.9%	2,261,474	2,248,358	0.6%	1,893,060	19.5%
Healthy Kids	4,158	4,127	0.7%	38,887	38,915	(0.1%)	43,566	(10.7%)
Medicare	8,728	9,159	(4.7%)	76,885	77,589	(0.9%)	18,267	320.9%
Agnews	109	114	(4.4%)	991	1,004	(1.3%)	1,020	(2.8%)
Total	272,916	263,553	3.6%	2,378,237	2,365,866	0.5%	1,955,913	21.6%

Enrollment by Network - YTD

Santa Clara County Health Authority
March 2016

	Medi-Cal		Healthy Kids		CMC		AG		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	22,332	9%	188	5%	8,728	100%	109	100%	31,357	11%
SCVHHS, Safety Net Clinics, FQHC Clinics	141,022	54%	2,770	67%	0	0%	0	0%	143,792	53%
Palo Alto Medical Foundation	7,346	3%	33	1%	0	0%	0	0%	7,379	3%
Physicians Medical Group	46,645	18%	1,015	24%	0	0%	0	0%	47,660	17%
Premier Care	15,790	6%	152	4%	0	0%	0	0%	15,942	6%
Kaiser	26,786	10%	0	0%	0	0%	0	0%	26,786	10%
Total	259,921	100%	4,158	100%	8,728	100%	109	100%	272,916	100%
Enrollment @ 6-30-15	234,497		4,541		7,187		112		246,337	
Net % Change from Beginning of FY	10.8%		-8.4%		21.4%		-2.7%		10.8%	

Membership has increased 10.8% since the beginning of the Fiscal Year, primarily as a result of Medi-Cal Expansion, which started January 1, 2014 and has grown to 82,601 members and the new Cal-MediConnect (CMC) membership.

Enrollment by Aid Category

	2015-01	2015-02	2015-03	2015-04	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03
Adult (over 19)	31,337	30,489	30,078	29,351	28,694	28,174	27,844	27,331	27,080	27,148	27,229	27,493	27,509	27,485	27,857
Adult (under 19)	80,858	82,029	83,777	85,840	88,550	90,811	92,782	95,564	97,888	99,822	101,801	103,082	102,500	103,017	104,739
Aged - Medi-Cal Only	8,208	8,425	8,366	8,522	8,664	8,731	8,642	8,730	8,858	8,909	9,103	9,235	9,241	9,158	9,150
Disabled - Medi-Cal Only	11,687	11,648	11,613	11,516	11,533	11,455	11,426	11,348	11,297	11,250	11,263	11,130	11,113	11,078	11,008
Child (HF conversion)	17,664	16,784	15,827	14,420	12,762	11,153	9,541	7,791	6,032	4,575	3,837	3,461	3,211	2,863	2,556
Adult Expansion	58,718	59,291	61,035	63,336	66,475	68,720	71,183	73,695	75,814	77,756	79,406	81,235	79,284	79,392	81,324
Other	44	50	49	53	52	51	48	47	55	47	45	45	40	40	42
Long Term Care	68	90	101	131	152	171	189	191	202	211	228	242	241	247	248
Total Non-Duals	208,584	208,806	210,846	213,169	216,882	219,266	221,655	224,697	227,226	229,718	232,912	235,923	233,139	233,280	236,924
Aged	4,295	5,381	6,274	7,339	8,340	9,299	9,998	10,673	11,579	12,436	13,389	14,048	14,090	14,261	14,323
Disabled	2,461	2,913	3,251	3,659	4,030	4,444	4,727	4,932	5,235	5,544	5,852	6,042	6,049	6,070	6,058
Other	841	883	951	1,009	1,066	1,151	1,238	1,303	1,370	1,458	1,483	1,638	1,638	1,654	1,701
Long Term Care	39	68	106	247	369	496	649	727	818	894	974	1,051	1,042	1,023	1,024
Total Duals	7,636	9,245	10,582	12,254	13,805	15,390	16,612	17,635	19,002	20,332	21,698	22,779	22,819	23,008	23,106
Total Medi-Cal	216,220	218,051	221,428	225,423	230,687	234,659	238,267	242,332	246,228	250,050	254,610	258,702	255,958	256,288	260,030
Healthy Kids	4,793	4,665	4,623	4,584	4,595	4,541	4,496	4,598	4,375	4,362	4,325	4,273	4,186	4,114	4,158
CMC Non-Long Term Care	5,477	6,049	6,397	7,033	6,607	6,941	7,261	7,399	7,599	8,014	8,537	9,317	8,799	8,541	8,389
CMC - Long Term Care	80	113	151	193	229	246	282	299	313	340	369	382	360	345	339
Total CMC	5,557	6,162	6,548	7,226	6,836	7,187	7,543	7,698	7,912	8,354	8,906	9,699	9,159	8,886	8,728
Total Enrollment	**226,570**	**228,878**	**232,599**	**237,233**	**242,118**	**246,387**	**250,306**	**254,628**	**258,515**	**262,766**	**267,841**	**272,674**	**269,303**	**269,288**	**272,916**

Revenue by Aid Category (Medi-Cal)

Category of Aid	PMPM Premium
NON-DUALS	
Adult (over 19)	$208.45
Adult (under 19)	$94.29
Aged - Medi-Cal Only	$531.18
Disabled - Medi-Cal Only	$531.18
Child (HF conversion)	$94.29
Adult Expansion	$363.59
Long Term Care - Institutional	$8,188.83
HCBS* High	$809.56
HCBS Low	$56.16
DUALS	
Disabled (Under 21)	$132.25

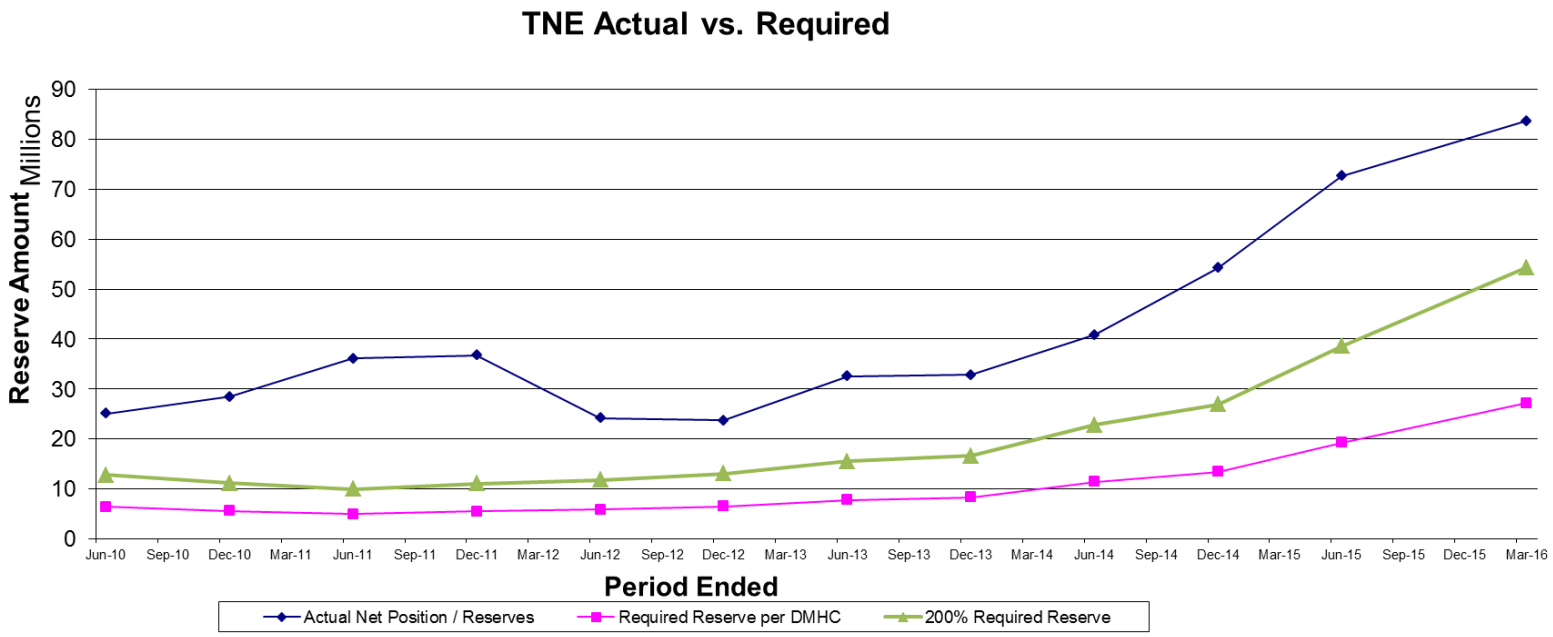
DUALS (over 21) **	Blended Rate
Long Term Care - Institutional	$ 5,349.63
HCBS High	$ 548.65
HCBS Low	$ 199.17
Healthy	$ 97.43

** Home and Community Based Services (HCBS)*

*** Subject to quarterly re-blending (net of IHSS)*

Tangible Net Equity at March 31, 2016

TNE is $83.6 million or 3.08 times the minimum TNE required by the Department of Managed Health Care (DMHC). The Plans reserves are roughly $62.8 million below the reserves targeted by the Authority Board of two months' Medi-Cal capitation revenue.



Santa Clara
Family Health Plan
The Spirit of Care

Santa Clara Family Health Plan
Operations Report
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Santa Clara Family Health Plan
Operations Report
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Membership
March 2016

Mbr Months	2015-05	2015-06	2015-07	2015-08	2015-09	2015-10	2015-11	2015-12	2016-01	2016-02	2016-03
Agnews	**113**	**113**	**109**	**110**	**111**	**111**	**111**	**110**	**110**	**110**	**109**
Santa Clara Family Health Plan	113	113	109	110	111	111	111	110	110	110	109
Healthy Kids	**4,595**	**4,541**	**4,496**	**4,598**	**4,375**	**4,362**	**4,325**	**4,273**	**4,186**	**4,114**	**4,158**
Palo Alto Medical Foundation	48	47	45	46	42	42	40	37	36	36	33
Physicians Medical Group	1,086	1,088	1,076	1,104	1,057	1,064	1,050	1,029	1,000	999	1,015
Premier Care	160	142	145	146	139	138	140	151	147	147	152
Santa Clara Family Health Plan	168	165	172	180	178	192	193	184	186	168	188
Valley Health Plan	3,133	3,099	3,058	3,122	2,959	2,926	2,902	2,872	2,817	2,764	2,770
Medi-Cal	**230,574**	**234,543**	**238,158**	**242,222**	**246,117**	**249,939**	**254,499**	**258,592**	**255,848**	**256,178**	**259,921**
Kaiser	24,665	24,903	25,105	25,318	25,503	25,666	25,967	26,310	26,079	26,367	26,786
Network 00	6,307	7,181	7,087	7,388	7,673	8,359	9,070	9,576	9,601	9,668	9,779
Palo Alto Medical Foundation	6,035	6,214	6,386	6,568	6,765	6,883	7,009	7,123	7,001	7,174	7,346
Physicians Medical Group	42,393	43,059	43,401	43,781	44,172	44,619	45,013	45,444	45,074	46,010	46,645
Premier Care	15,126	14,957	15,066	15,181	15,144	15,270	15,461	15,640	15,472	15,658	15,790
Santa Clara Family Health Plan	10,786	10,883	11,626	11,933	12,358	12,416	12,366	12,548	12,416	12,273	12,553
Valley Health Plan	125,272	127,346	129,487	132,053	134,502	136,726	139,613	141,951	140,205	139,028	141,022
Cal MediConnect	**6,836**	**7,187**	**7,546**	**7,698**	**7,912**	**8,354**	**8,906**	**9,699**	**9,159**	**8,886**	**8,728**
Santa Clara Family Health Plan	6,836	7,187	7,546	7,698	7,912	8,354	8,906	9,699	9,159	8,886	8,728
Grand Total	**242,118**	**246,387**	**250,306**	**254,628**	**258,515**	**262,766**	**267,841**	**272,674**	**269,303**	**269,288**	**272,916**

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Long Term Services Supports (LTSS) Operations January 2016:

Total LTSS Members by Line of Business (LOB)

Long Term Services Support Program (LTSS)	Cal MediConnect	Medi-Cal	Total Members in LTSS Programs
Community-Based Adult Services (CBAS)	65	473	538
In-Home Supportive Services (IHSS)	2214	9327	11,541
Long Term Care (LTC) – Source: 3387	274	400 Medi-Cal 1035 Duals 1,434 Total	1,708
Multipurpose Senior Services Program (MSSP)	43	220	263

In-Home Supportive Services (IHSS) are personal care services for people who are disabled, blind or aged 65+ and unable to live at home safely without help.
Community-Based Adult Services (CBAS) is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.
Multipurpose Senior Services Program (MSSP) provides social and health care coordination services for people age 65 and older.
Long-Term Care Facilities provide residential long-term custodial or skilled nursing care.

LTSS ENCOUNTERS	Total
CBAS Face-to-Faces (F2F) Completed assessments	15
LTC F2F Completed assessments	2
# of NEW LTSS Referrals this month	24
Provider Site Visits: SNFs 0; CBAS 0	0
LTSS Provider Calls LTC: (inbound and outbound calls to LTSS Providers)	109

CCI Stakeholder and LTSS Network Engagement

PROVIDER OR STAKEHOLDER GROUP	PURPOSE/FOCUS OF MEETING
CMC Consumer Advisory Board	Monthly meeting – 3 SCFHP members present; CMC Member Stories

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Long Term Services Supports (LTSS) Operations
February 2016

Total LTSS Members by Line of Business (LOB)

Long Term Services Support Program (LTSS)	Cal MediConnect	Medi-Cal	Total Members in LTSS Programs
Community-Based Adult Services (CBAS)	65	482	547
In-Home Supportive Services (IHSS)	2204	9295	11,499
Long Term Care (LTC) – Source: 3387	262	391 Medi-Cal 1034 Duals 1,434 Total	1,686
Multipurpose Senior Services Program (MSSP)	41	223	264

In-Home Supportive Services (IHSS) are personal care services for people who are disabled, blind or aged 65+ and unable to live at home safely without help.
Community-Based Adult Services (CBAS) is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.
Multipurpose Senior Services Program (MSSP) provides social and health care coordination services for people age 65 and older.
Long-Term Care Facilities provide residential long-term custodial or skilled nursing care.

LTSS ENCOUNTERS	Total
CBAS Face-to-Faces (F2F) Completed assessments	13
LTC F2F Completed assessments	6
# of NEW LTSS Referrals this month	26
Provider Site Visits: SNFs 25; CBAS 0	25
LTSS Provider Calls LTC: (inbound and outbound calls to LTSS Providers)	62

Santa Clara Family Health Plan
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January thru March 2016

CCI Stakeholder and LTSS Network Engagement

PROVIDER OR STAKEHOLDER GROUP	PURPOSE/FOCUS OF MEETING
CMC Consumer Advisory Board	Monthly meeting – 3 SCFHP members present;
Golden Castle CBAS Center	Follow Up meeting to discuss expansion of contracted services
County Senior Care Commission	LTSS Director presented on CBAS and SCFHP LTSS
MSSP Meeting	Coordination & Monitoring
Community Resource Presentation for Case Managers	Senior Adult Legal Assistance and Housing
CCI Stakeholder Advisory Committee	Presentation by Alzheimer's Association on CCI Staff Dementia Training

Santa Clara Family Health Plan
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January thru March 2016

Long Term Services Supports (LTSS) Operations
March 2016

Total LTSS Members by Line of Business (LOB)

Long Term Services Support Program (LTSS)	Cal MediConnect	Medi-Cal	Total Members in LTSS Programs
Community-Based Adult Services (CBAS)	62	500	562
In-Home Supportive Services (IHSS)	2796	9202	11,998
Long Term Care (LTC) – Source: 3387	292	414 Medi-Cal 943 Duals 1,357 Total	1,649
Multipurpose Senior Services Program (MSSP)	42	223	269

In-Home Supportive Services (IHSS) are personal care services for people who are disabled, blind or aged 65+ and unable to live at home safely without help.
Community-Based Adult Services (CBAS) is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.
Multipurpose Senior Services Program (MSSP) provides social and health care coordination services for people age 65 and older.
Long-Term Care Facilities provide residential long-term custodial or skilled nursing care.

LTSS ENCOUNTERS	Total
CBAS Face-to-Faces (F2F) Completed assessments	21
LTC F2F Completed assessments	4
# of NEW LTSS Referrals this month	10
Provider Site Visits: SNFs 14; CBAS 0	14
LTSS Provider Calls LTC: (inbound and outbound calls to LTSS Providers)	45

Santa Clara Family Health Plan
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CCI Stakeholder and LTSS Network Engagement

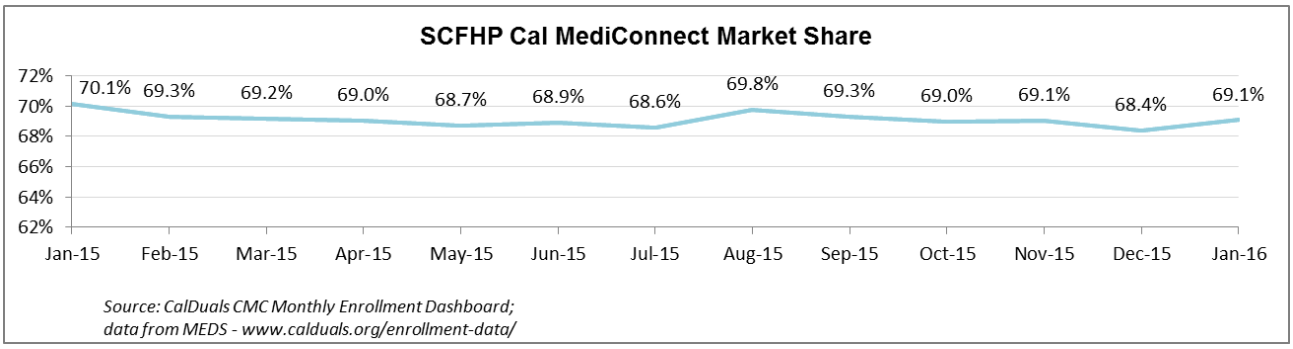
PROVIDER OR STAKEHOLDER GROUP	PURPOSE/FOCUS OF MEETING
CMC Consumer Advisory Board	Monthly meeting – 3 SCFHP members present; County aging services
Meeting with Valley Health Plan CMs	MLTSS and CM Requirements and Coordination
Presentation to Santa Clara County Senior Care Commission	CBAS services and eligibility
CHCS-ACAP MMP Evaluation Team	Interview on MLTSS and BH services under CCI and CMC

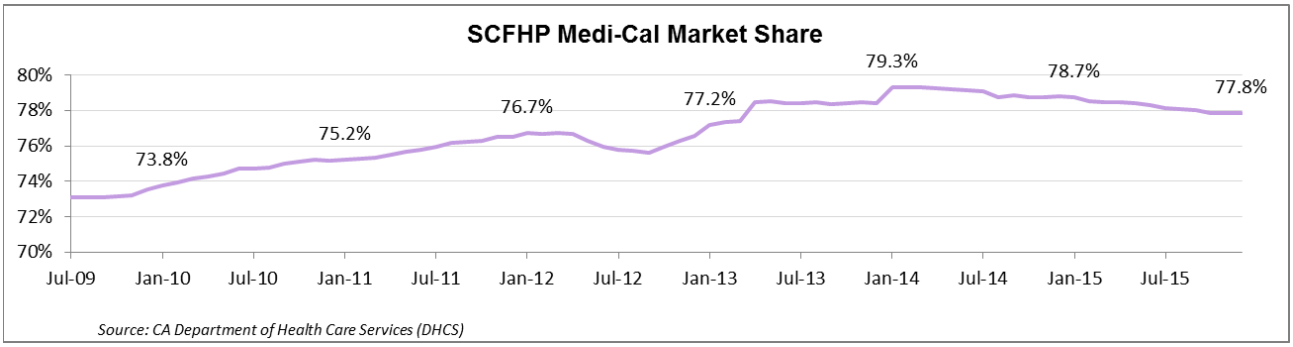
Santa Clara Family Health Plan
Operations Report
January thru March 2016

Marketing and Communications
January 2016

Market Share

As of January 1, 2016





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Marketing Changes/Trends

Change/Trend	Implications/Actions
Cal MediConnect: end of passive enrollment December 1, 2015; subsequent enrollment decline January 1, 2016.	While SCFHP marketshare for CMC increased from December 2015 to January 2016, absolute CMC enrollment decreased for both SCFHP (-2.3%) and for Anthem (-5.4%). Maintaining and/or growing enrollment will require programs to both increase retention and encourage active selection by Medi-Cal members eligible for CMC but not enrolled, Medi-Cal members aging into Medicare, and/or Medicare enrollees newly enrolled in Medi-Cal.
New and proposed state and federal regulations for health plan provider directories and provider search functions, with increased monitoring by state.	Requires comprehensive plan to acquire, update, maintain, and publish provider information in compliance with all existing and upcoming regulatory requirements. Marketing has developed master matrix of current and proposed requirements. Affects multiple departments – Provider Network Services, IT, QI, Pharmacy, Marketing.
Members and Providers: Increasingly expect communications from health plans to be delivered/available in alternate and multiple electronic formats, e.g., social media, text, video, mobile.	Plans that have not already begun to implement these communication formats or platforms will increasingly move to incorporate the use of video, text messaging, social media (e.g. Facebook, LinkedIn), mobile, etc.
Members and Providers: Increasingly expect self-service options for interaction with a health plan.	Member portal implementation will enable expansion of self-service options and enable compliance with specific NCQA requirements. Affects multiple departments, with IT as lead.

Compliance

Material	Action	Regulatory Agency
Cal MediConnect Part D	Formulary in all threshold languages updated with February	CMS, DHCS

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Material	Action	Regulatory Agency
	2016 files; posted on website Step Therapy and Prior Authorization documents updated with February 2016 files; posted on website	
Cal MediConnect 2016 Member Materials	Provider/Pharmacy Directory updated with February 2016 files; posted on website	CMS, DHCS
Cal MediConnect 2016 Member Notices	English: • Pharmacy termination notice – submitted 1/28/2016 • Part D Denial of Drug Coverage – Accepted 1/1/2016 (English) • Part D Drug Approval – Approved 1/12/2016 (English) • Request for Redetermination of Medicare Prescription Drug Denial Form – Accepted 1/1/2016 (English) • CMC Approval letter – Approved 1/8/2016 Submitted in Spanish, Vietnamese, Chinese, Tagalog – all Accepted • CMC Approval letter QNXT – ongoing implementation of threshold language versions of 9 UM notices A&G 2016 alternat languages letters/forms updates – in process ABG merged proofs – EOB, FCN – Approved Part D letters – MedImpact – English updated with 2016 disclaimers; submitted	CMS, DHCS
Cal MediConnect 2016 Website	Transition from 2015 to 2016 submitted 12/31/2015 – Member Materials transition to 2016 versions; updates to MTM and Part D Drug Transition pages; Approved 1/28/2016 Online provider search engine launched; added instructions on how to access the provider search engine; clarified eligibility criteria; submitted 1/27/2016; status Pending	CMS, DHCS
Medi-Cal Appeals and Grievance letters	Updated; in review	DHCS
Medi-Cal EOC	Redline and summary of changes submitted to DHCS	DHCS

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Material	Action	Regulatory Agency
Medi-Cal/HK Member Letter	Pharmacy termination notice written; to DHCS	DHCS
Winning Health Member Newsletter	Spring 2016 MC/HK and CMC issues – first proofs reviewed	CMS, DHCS
Cal MediConnect brochure	Threshold languages Accepted 1/11/2016	CMS, DHCS
Medi-Cal Behavioral Health Transition	Mailed 40 BHT transition notices	DHCS
Cal MediConnect Deeming	Mailed notices to 57 members	CMS, DHCS
Cal MediConnect Out of Area	Mailed notices to 142 members	CMS, DHCS
Cal MediConnect HRAs	Mailed 651 HRAs to CMC members who requested a mailed copy or who could not be reached (896 daily; 651 month end)	CMS, DHCS
Cal MediConnect member communication regarding HRA and IHA Outreach	Mailed 548 letters to members re Focus Care outreach for IHA and HRA completion Mailed 78 letters to members re NEMS outreach for HRA completion	CMC, DHCS
Finance COB error recovery mailing	Mailed to 40 providers	DHCS
Healthy Kids	Mailed 325 1095B notices	DHCS
Healthy Kids	Completed monthly mailings for statements (1287), reinstatements (8), renewals (275), terminations (367)	DMHC

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Outreach

SCHEDULED EVENTS – 2016				
Date	**Event**	**Audience**	**Primary Messaging**	**Approximate # of Attendees**
03/tbd/2016	Santa Clara County Medical Association – CMC presentation	Providers	CMC	40
03/19/2016	Rocketship Mosaic Safety and Health Fair (information)	Families	Medi-Cal; Healthy Kids	200
03/20/2016	Vietnamese Reach for Health Coalition Community Forum	Adults	CMC, Medi-Cal	150-200
04/16/2016	6th Annual Caregivers Conference – Aging Services Collaborative	Caregivers	CMC, SPD	200
04/17/2016	Healthy Living Fair 2016 – Our Lady of Guadalupe Church, San Jose (sponsored by Congregation Shir Hadash)	Adults, Families	Medi-Cal; Healthy Kids; Medi-Cal Expansion; MLTSS	200
05/01/2016	March of Dimes – March for Babies	Families	Medi-Cal, Healthy Kids	3500

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Communications

Item	Audience
Provider CMC In Action brochure – design and content finalized	Providers
CMC Member Perspectives brochure – translations completed	Community, Members

Provider communications
• Provider Manual – Cal MediConnect – updated and published to website
• Provider Manual – Medi-Cal – updated and published to website
• Cal MediConnect Prior Authorization Grid – published
• Medi-Cal Prior Authorization Grid – updated and published to website
• Long-Term Care Notification Form – updated and published to website
• Compliance Resources Available on website – flyer for inclusion in quarterly provider education packet
• Provider memos
  • Provider Search Launch
  • Prior Auth Process
	Providers

Winning Health Member Newsletter • Spring 2016 MC/HK and CMC issues – reviews of first proofs completed • Standing/compliance elements – review initiated	SCFHP
Member Orientation videos • Published “How to Use the Website” video on YouTube channel; closed captioning in all threshold languages • Scripts drafted for next three videos	Members, Community
Member Communication Alerts for internal SCFHP staff • Provider Search launch • 1095B tax forms	SCFHP
MC/HK ID card redesign v3	Members

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Website and Social Media

Item	Audience
Home Page Carousel • Tax Preparation Assistance	Community, Members
Meetings and Agendas • 09/24/2015 Governing Board Regular Meeting – posted minutes • 10/08/2015 Provider Advisory Council – posted minutes • 11/19/2015 Governing Board Regular Meeting – posted minutes • 12/08/2015 Consumer Advisory Committee – posted minutes • 12/30/2015 CMC Consumer Advisory Board – posted agenda • 01/27/2016 CMC Consumer Advisory Board – added to calendar; posted agenda • 01/28/2016 Govering Board Regular Meeting – added to calendar; posted agenda and agenda packet • 02/04/2016 Provider Advisory Council – added to calendar • 02/17/2016 CCI Stakeholder Meeting – added to calendar; posted agenda • 02/24/2016 CMC Consumer Advisory Board – added to calendar • 02/25/2016 Executive Committee – added to calendar • 03/08/2016 Consumer Advisory Committee – added to calendar • 03/24/2016 Executive Committee – added to calendar • 03/30/2016 CMC Consumer Advisory Board – added to calendar • 04/07/2016 Provider Advisory Council – added to calendar • 04/27/2016 CMC Consumer Advisory Board – added to calendar • 04/28/2016 Governing Board Regular Meeting – added to calendar • 05/18/2016 CCI Stakeholder Meeting – added to calendar • 05/25/2016 CMC Consumer Advisory Board – added to calendar • 05/26/2016 Executive Committee – added to calendar • 06/14/2016 Consumer Advisory Committee – added to calendar • 06/23/2016 Governing Board Regular Meeting – added to calendar • 06/29/2016 CMC Consumer Advisory Board – added to calendar	Community, Members, Providers
Cal MediConnect Member page edits • Provider search – added links, informational text • Posted February 2016 Formulary • Posted February 2016 Prior Auth requirements, Step Therapy requirements • Posted February 2016 Provider and Pharmacy Directory • Edited CMC eligibility text	Members, Providers, Community
For Members • How to Use the Website video	Members

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Item	Audience
For Providers • Medi-Cal Prior Auth Grid • CMC Prior Auth Grid	Providers
Community – News, Events, Newsletters, Resources • 2016 Tax Preparation Assistance; link to DHCS FAQs re 1095s; tax help flyers	Members, Community, Providers
Website project – launched Provider Search Redesign	Members, Providers, SCFHP
Website management – clean up from Provider Search Redesign launch	SCFHP
Website monthly review: All CMC pages reviewd in compliance with MMG	SCFHP

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Website Analytics

Note: Self-referral error in Google Analytics continues to inflate traffic numbers. Issue has been submitted to Appnovation for resolution.

Getting Started Videos:

"Getting Started with SCFHP"

- **Video Views:** 301 in January. 1,017 lifetime views.
- **Views with Subtitles:** English – 44, Chinese – 4, Vietnamese – 1
- **Average View Duration:** 87% (1:34/1:49). YouTube indicates that this is above average to high performance amongst all videos of a similar length.

"Using the Website – For Medi-Cal & Healthy Kids Members" – Published 1/27/2016

- **Video Views:** 26 in January.
- **Views with Subtitles:** English – 3
- **Average View Duration:** 85% (1:24/1:39)

"Using the Website – For Cal MediConnect Members" – Published 1/27/2016

- **Video Views:** 22 in January.
- **Views with Subtitles:** English – 2
- **Average View Duration:** 51% (1:00/1:39)

Fun Facts:

- The new provider search launched on 1/26/2016.
- January is the busiest month of the year on the SCFHP website.
- There was a notable increase in traffic to www.scfhp.com/outreach-services-and-programs at year end (114% increase in unique pageviews over previous month. Upward trend began in late November). It's unclear why.
- Search terms indicate some questions/vocabulary that would be helpful to members to have on the website; Marketing is developing/editing content with this language.
    - I lost my ID card. How do I replace it?
    - What's covered in the plan?
    - How do I change my address?
    - How do I change my provider/PCP?

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Job Posting Pageviews:

Behavioral Health Care Coordinator	207
Member Services Representative I	149
Medical Review Nurse	133
Member Services Representative I	109
Unknown	95
Director, Health Services	88
Unknown	84
Business Systems Analyst II	77
Senior Health Care Financial Analyst	62
Medi-Cal Claims Analyst II	60
Application Developer III	59
Member Services Manager	49
IT Product Manager	47
Director Contact Center Operations and Service Excellence	45
CMC CLAIMS ANALYST II	37
Senior Health Care Financial Analyst	19
Appeals & Grievance Manager	7
Unknown	5
Sr. Provider Services Representative	1

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Definitions

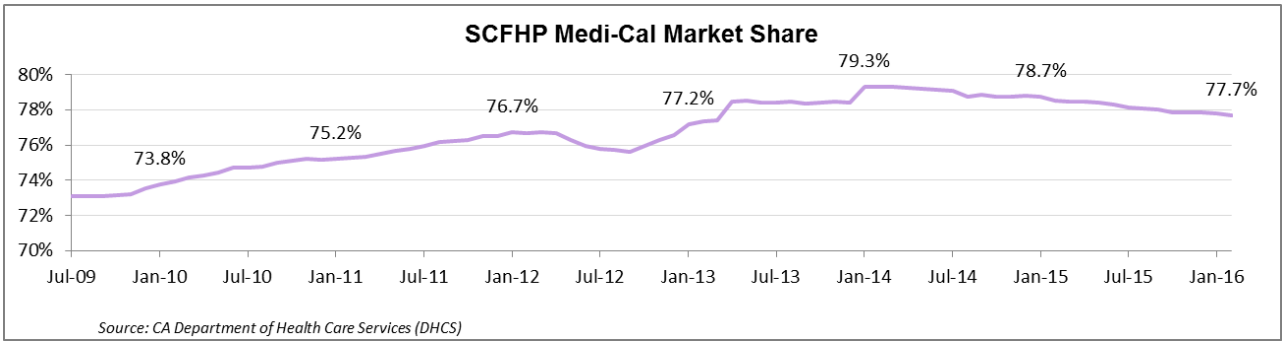
- Session= A session is a group of interactions that take place on your website within a given time frame. (30 minutes)
- Users= The Users metric shows how many users viewed or interacted with your content within a specific date range.
- Pageviews= An instance of a page being loaded (or reloaded) in a browser. Pageviews is a metric defined as the total number of pages viewed.

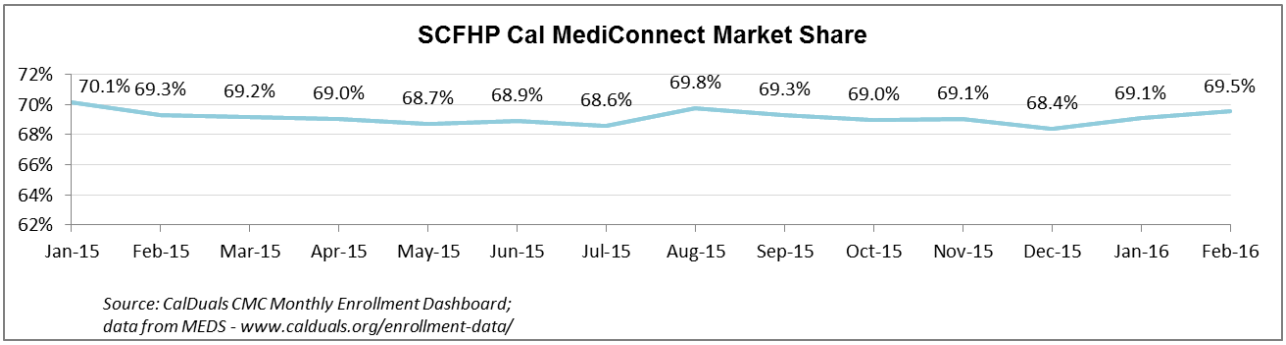
Santa Clara Family Health Plan
Operations Report
January thru March 2016

Marketing and Communications
February 2016

Market Share

As of February 1, 2016





Change/Trend	Implications/Actions
Cal MediConnect: end of passive enrollment December 1, 2015; subsequent monthly enrollment declines.	While SCFHP market share for CMC increased from December 2015 to February 2016, absolute CMC enrollment decreased for both SCFHP (-4%) and for Anthem (-9%). Maintaining and/or growing enrollment will require programs to both increase retention and encourage active selection by Medi-Cal members eligible for CMC but not enrolled, Medi-Cal members aging into Medicare, and/or Medicare enrollees newly enrolled in Medi-Cal.
New state and federal regulations for provider directories and provider search functions; increased monitoring by state.	Requires comprehensive plan to acquire, update, maintain, and publish provider information in compliance with all existing and new regulatory requirements; implementation

	of Provider Portal.
Members and Providers: Expect communications to be delivered/available in alternate and multiple electronic formats, e.g., mobile, text, video, social media.	Plans need to incorporate the use of mobile (both website responsive design and mobile apps), video, text messaging, social media (e.g. Facebook, LinkedIn), etc.
Members and Providers: Expect self-service options for interaction with a health plan.	Member portal will enable expansion of self-service options and compliance with NCQA requirements. Provider Portal is necessary to meet regulatory requirements (e.g. SB 137). Affects multiple departments, with IT as lead.

Compliance

Material	Action	Regulatory Agency
Cal MediConnect Part D	Formulary in all threshold languages updated with March 2016 files; posted on website Step Therapy and Prior Authorization documents updated with March 2016 files; posted on website	CMS, DHCS
Cal MediConnect 2016 Member Materials	Provider/Pharmacy Directory updated with March 2016 files; posted on website	CMS, DHCS
Cal MediConnect 2016 Member Notices	English: • Pharmacy termination notice –approved; translations submitted and accepted; mailed to 53 CMC members • Formulary Change Notice – posted on website; uploaded to HPMS • QNXT – ongoing implementation of threshold language versions of UM notices • A&G – ongoing updates for alternate languages/formatting • Part D letters – MedImpact – updated versions with 2016 disclaimers uploaded to HPMS	CMS, DHCS
Cal MediConnect 2016 Website	Online provider search engine; instructions on how to access the provider search engine; edited eligibility criteria; all approved	CMS, DHCS

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Material	Action	Regulatory Agency
Medi-Cal Appeals and Grievance letters	Updated; finalized; translations under way	DHCS
Medi-Cal EOC	Redline and summary of changes submitted to DHCS; received comments from DHCS re transportation as an EPSDT benefit	DHCS
Medi-Cal Formulary	Updated formulary posted	DHCS
Medi-Cal/HK Member Letter	Pharmacy termination notice approved and translated; sent to 667 Medi-Cal/HK members	DHCS
Winning Health Member Newsletter	Spring 2016 MC/HK and CMC issues – approved/accepted by DHCS/CMS	CMS, DHCS
Medi-Cal Behavioral Health Transition	Mailed 78 BHT transition notices	DHCS
Cal MediConnect Deeming	Mailed notices to 49 members	CMS, DHCS
Cal MediConnect HRAs	Mailed 758 HRAs to CMC members who requested a mailed copy or who could not be reached (416 daily; 342 month end)	CMS, DHCS
Healthy Kids	Completed monthly mailings for statements (833), reinstatements (11), renewals (247), terminations (325)	DMHC

Outreach

SCHEDULED EVENTS – 2016				
Date	**Event**	**Audience**	**Primary Messaging**	**Approximate # of Attendees**
03/19/2016	Rocketship Mosaic Health and Safety Fair (information)	Families	Medi-Cal; Healthy Kids	200

Santa Clara Family Health Plan
Operations Report
January thru March 2016

SCHEDULED EVENTS – 2016				
Date	**Event**	**Audience**	**Primary Messaging**	**Approximate # of Attendees**
03/24/2016	Hospice of the Valley Compassion in Action Conference	Healthcare professionals	CMC	200
03/25/2016	Santa Clara County Medical Association – CMC presentation	Providers	CMC	40
04/03/2016	Vietnamese Reach for Health Coalition Community Forum	Adults	CMC, Medi-Cal	150-200
04/16/2016	6th Annual Caregivers Conference – Aging Services Collaborative	Caregivers	CMC, SPD	200
04/17/2016	Healthy Living Fair 2016 – Our Lady of Guadalupe Church, San Jose (sponsored by Congregation Shir Hadash)	Adults, Families	Medi-Cal; Healthy Kids; Medi-Cal Expansion; MLTSS	200
05/01/2016	March of Dimes – March for Babies	Families	Medi-Cal, Healthy Kids	3500

Communications

Item	**Audience**
Provider CMC In Action brochure – printed, in use	Providers
CMC Member Perspectives brochure – all languages finalized, to print	Community, Members
Provider communications • Website additions/updates as noted below • Brochure order form updated; to reps for distribution • Claims and Auth Status Inquiry forms – drafted • Provider memos • Formulary Alternates – for Premier Care providers	Providers

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Item	Audience
Cal MediConnect • Care plan cover letter – edited for clarity • Revised NCD desktop procedure • Template letter for member notification of provider terms - drafted	
Health Education • Diabetic eye exam flyer – drafted	Members, Providers
Winning Health Member Newsletter • Spring 2016 MC/HK and CMC issues – finalized; to production • Summer 2016 MC/HK and CMC issues – content defined	SCFHP
Member Orientation videos • Scripts for next three videos reviewed with Member Services focus group	Members, Community
Member Communication Alerts for internal SCFHP staff • Pharmacy closing – notice sent to members • Using the Website Video	SCFHP
MC/HK ID card redesign v4	Members

Website and Social Media

Item	Audience
Home Page Carousel • Cervical Cancer Screening – updated information	Community, Members
Meetings and Agendas • 01/27/2016 CMC Consumer Advisory Board – posted meeting minutes • 02/04/2016 Provider Advisory Council – posted agenda • 02/17/2016 CCI Stakeholder Meeting – posted updated agenda • 02/24/2016 CMC Consumer Advisory Board – posted agenda • 02/25/2016 Executive Committee – posted agenda and agenda packet	Community, Members, Providers

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Item	Audience
Cal MediConnect Member page edits • Provider search – added links, informational text • Posted March 2016 Formulary • Posted March 2016 Prior Auth requirements, Step Therapy requirements • Posted March 2016 Provider and Pharmacy Directory • Edited CMC eligibility text • FAQs – added three new, based on analysis of search terms – I lost my ID card, how do I get a new one; How do I change my address; How do I change my PCP.	Members, Providers, Community
Medi-Cal and Healthy Kids landing pages edits • Edited headings to match frequent search terms	Members
For Members • How to Use the Website video posted • New FAQs written and posted based on analysis of search terms – I lost my ID card, how do I get a new one; How do I change my address; How do I change my PCP.	Members
For Providers • Provider Search Launch Memo • Quick Reference Guide – updated; description added to website • Provider Education packet • Change Notification Form – updated to include link to W9 • CCI Provider Webinar information • Zika	Providers
Community – News, Events, Newsletters, Resources • March for Babies – March of Dimes - updated • Citizenship Day – added • 2016 Tax Preparation Assistance; link to DHCS FAQs re 1095s; tax help flyers – updated • Alum Rock Counseling Center – added to Resource page	Members, Community, Providers
Website project – launched Provider Search Redesign	Members, Providers, SCFHP
Website management – clean up from Provider Search Redesign launch; began transition to osCaddie	SCFHP
Website monthly review: All CMC pages reviewed, in compliance with MMG requirement	SCFHP

Santa Clara Family Health Plan
Operations Report
January thru March 2016

Item	Audience
Facebook • Shared FIRST 5 post regarding Children's Dental Health Month; reached 17 people • Published SCFHP Getting Started video; reached 25 people, resulted in 11 video views • ACAP "liked" the SCFHP Facebook page	Members, Community

Website Analytics

Note: Self-referral error in Google Analytics continues to inflate traffic numbers. Issue has been submitted to Appnovation for resolution.

Getting Started Videos

"Getting Started with SCFHP" – Published October 16, 2015

- **Video Views:** 295 in February (vs 301 in January); 1,758 lifetime views
- **Views with Subtitles:** English – 22, Chinese – 4, Vietnamese – 1, Spanish - 1
- **Average View Duration:** 82% (1:29/1:49)

"Using the Website – For Medi-Cal & Healthy Kids Members" – Published 1/27/2016

- **Video Views:** 129 in February, 165 lifetime views.
- **Views with Subtitles:** English – 13,Chinese – 2, Vietnamese 1
- **Average View Duration:** 74% (1:08/1:39)

"Using the Website – For Cal MediConnect Members" – Published 1/27/2016

- **Video Views:** 45 in February, 71 lifetime views.
- **Views with Subtitles:** English – 3, Chinese -1, Spanish -1, Vietnamese - 1
- **Average View Duration:** 64% (1:15/1:39)

Fun Facts

- Beginning January 26, Google Analytics now reports error messages.
    1. Please enter some keywords. (Results from site searches with no entry – Viewed 322 times)
    2. Please select a plan type. (Plan type is required field for provider search – Viewed 274 times)
    3. You must include at least one positive keyword with 3 characters or more. (Results from site searches – Viewed 8 times)
    4. The answer you entered for the CAPTCHA was not correct. (Submit Dispute Form – Viewed 4 times)

5. Sorry, unrecognized username or password. Have you forgotten your password? (Internal user login, scfhp.com/user – Viewed 3 times)
6. The text size have not been saved, because your browser do not accept cookies. (Text size adjustment – Viewed 3 times)

- Top 10 Most Downloaded PDFs from Provider Forms & Docs: Marketing investigating ways to make it easier to find the most downloaded PDFs
    1. Prior Auth Form (213)
    2. Medi-Cal Rx Drug Prior Auth (95)
    3. Medi-Cal Prior Auth Grid (33)
    4. Authorized Representative Form – English (26)
    5. CMC Prior Auth Grid (18)
    6. Staying Healthy Assessment English 12-17 years (13)
    7. Discharge Notification/Bed-hold Request (12)
    8. Address Change Notification Form (8)
    9. Long-Term Care Notification (8)
    10. Staying Healthy Assessment English 7-12 months (7)

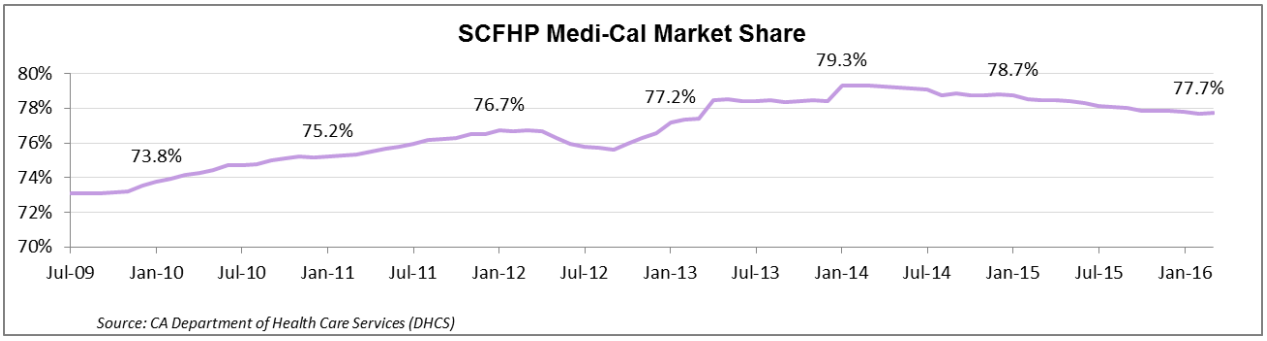
Heat map of scfhp.com homepage for February (next page)

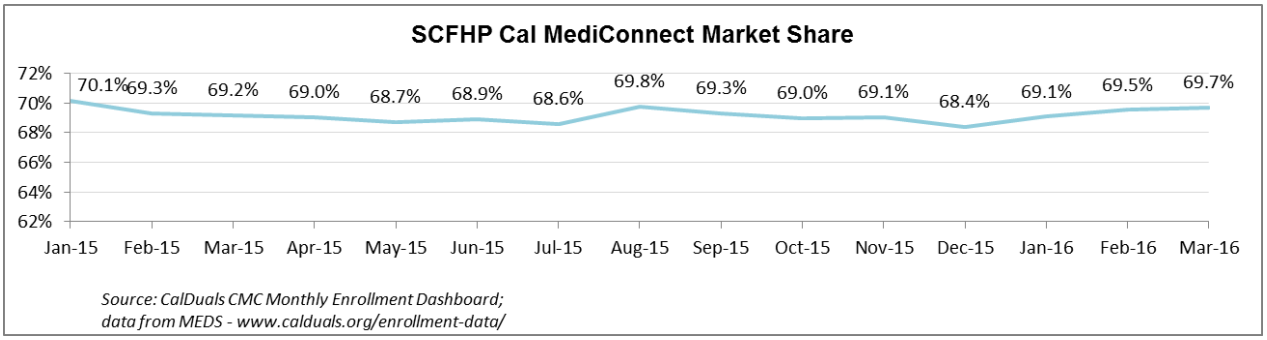
- **Red**: Highest percentage of clicks. **Green**: Lowest percentage of clicks (above 0.1%)
- Heat mapping is generated by the total number of clicks to a link on this page (i.e. the Home page is linked from the logo and the Home link in the top navigation. Together, they make up 14% of clicks on the homepage).
- This report can help us visually identify what's important to users and what's not.
- There aren't really any surprises. What's notable is how few users access information on our "Community" pages from the home page (0.3%). Need to consider how we optimize these pages to make them more useful and draw attention to community information that is important.

Marketing and Communications
March 2016

Market Share

As of March 1, 2016





Marketing Changes/Trends

Change/Trend	Implications/Actions
Cal MediConnect: end of passive enrollment December 1, 2015; DHCS proposed sustainability changes – streamlined enrollment, passive enrollment, continuity of care	Maintaining and/or growing enrollment will require programs to both increase retention and encourage active selection by Medi-Cal members eligible for CMC but not enrolled, Medi-Cal members aging into Medicare, and/or Medicare enrollees newly enrolled in Medi-Cal. Beyond Marketing, requires Customer Service and Case Management involvement for successful onboarding and retention of new members.
New state (SB 137) and federal regulations for provider directories and provider search functions; increased monitoring by state.	Requires comprehensive plan to acquire, update, maintain, and publish provider information in compliance with all existing and new regulatory requirements; implementation of Provider Portal.
Members and Providers: Expect communications to	Plans need to incorporate the use of mobile (both

be delivered/available in alternate and multiple electronic formats, e.g., mobile, text, video, social media.	website responsive design and mobile apps), video, text messaging, social media (e.g. Facebook, LinkedIn), etc.
Members and Providers: Expect self-service options for interaction with a health plan.	Member portal will enable expansion of self-service options and compliance with NCQA requirements. Provider Portal is necessary to meet regulatory requirements (e.g. SB 137). Affects multiple departments, with IT as lead.

Compliance

Material	Action	Regulatory Agency
Cal MediConnect Part D	Formulary in all threshold languages updated with April 2016 files; posted on website Step Therapy and Prior Authorization documents updated with April 2016 files; posted on website Formulary Change Notice; posted on website	CMS, DHCS
Cal MediConnect 2016 Member Materials	Provider/Pharmacy Directory updated with April 2016 files; posted on website	CMS, DHCS
Cal MediConnect 2016 Member Notices	English: • PCP termination notice template – submitted in HPMS • Formulary Change Notice – posted on website; uploaded to HPMS • QNXT – ongoing implementation of threshold language versions of UM notices • A&G – ongoing updates for alternate languages/formatting	CMS, DHCS
Cal MediConnect 2016 Website	Updated CMC FAQs and added CMC member stories page	CMS, DHCS
Medi-Cal Appeals and Grievance letters	Updated; finalized; translations under way	DHCS
Medi-Cal EOC	Resubmitted to DHCS and DMHC, addressing DHCS comments regarding transportation as an EPSDT benefit	DHCS

Material	Action	Regulatory Agency
Medi-Cal Timely Access Survey	Completed 2015 submission	DHCS
Winning Health Member Newsletter	Spring 2016 MC/HK and CMC issues – approved/accepted by DHCS/CMS	CMS, DHCS
Finance Unclaimed Property	Mailed 21 unclaimed property notices	State of CA
Medi-Cal Behavioral Health Transition	Mailed 124 BHT transition notices	DHCS
Cal MediConnect Deeming	Mailed notices to 42 members	CMS, DHCS
Cal MediConnect HRAs	Mailed 707 HRAs to CMC members who requested a mailed copy or who could not be reached (410 daily; 297 month end)	CMS, DHCS
Healthy Kids	Completed monthly mailings for statements (923), reinstatements (14), renewals (290), terminations (385)	DMHC

Outreach

COMPLETED EVENTS – 2016				
Date	**Event**	**Audience**	**Primary Messaging**	**Approximate # of Attendees**
03/16/2016	Health Plan Fair, PMGSJ	Families	Medi-Cal; Healthy Kids, CMC	130
03/19/2016	Rocketship Mosaic Health and Safety Fair (information)	Families	Medi-Cal; Healthy Kids	200
03/24/2016	Hospice of the Valley Compassion in Action Conference	Healthcare professionals	CMC	60+
03/25/2016	Santa Clara County Medical Association – CMC presentation	Providers	CMC	40

SCHEDULED EVENTS – 2016				
Date	**Event**	**Audience**	**Primary Messaging**	**Approximate # of Attendees**
04/03/2016	Vietnamese Reach for Health Coalition Community Forum	Adults	CMC, Medi-Cal	150-200
04/07/2016	Alum Rock Counseling Center annual luncheon – sponsor	CBOs	Safety Net	200
04/16/2016	6th Annual Caregivers Conference – Aging Services Collaborative	Caregivers	CMC, SPD	200
04/17/2016	Healthy Living Fair 2016 – Our Lady of Guadalupe Church, San Jose (sponsored by Congregation Shir Hadash)	Adults, Families	Medi-Cal; Healthy Kids; Medi-Cal Expansion; MLTSS	200
05/01/2016	March of Dimes – March for Babies	Families	Medi-Cal, Healthy Kids	3500
05/24/2016	Mountain View Senior Resource Fair	Seniors	CMC, MLTSS	200

Communications

Item	**Audience**
CMC Member Perspectives brochure – all languages approved and printed	Community, Members
Provider communications • Website additions/updates as noted below • Provider dispute form – drafted • Presentation for Santa Clara County Medical Association • Provider memos • SARC Early Start Program	Providers
CCI Sustainabiltiy • Email sent to CBOs from SCFHP CEO re formation of Californians for Coordinated Care and importance to CMC sustainability • Scripted action items for CBOs in support of CMC • SCFHP workgroup – analyzed data; developed work plan	

Item	Audience
Cal MediConnect • Care plan cover letter – edited for clarity • Revised NCD desktop procedure • Template letter for member notification of provider terms - drafted	
Healthy Kids • Transition to Medi-Cal – drafted letters and web content	Members, Providers
Health Education • 2016 swim program letters – edited • Member incentive cover letter – drafted; to translation	Members, Providers
Winning Health Member Newsletter • Spring 2016 MC/HK and CMC issues – in home • Summer 2016 MC/HK and CMC issues – drafted content • Standing element list – reviewed and updated against regulatory requirements	SCFHP
Member Orientation videos • Scripts for next three videos – reviewed with Consumer Advisory Committee; finalized; started work on visuals	Members, Community
Member Communication Alerts for internal SCFHP staff • Cervical Cancer Screening • CAHPS Survey	SCFHP

Website and Social Media Posts

Item	Audience
Home Page Carousel and footer • Member Stories – Cal MediConnect • Nurse Advice Line – added 24/7	Community, Members
Media • Californians for Coordinated Care – posted press release	Community, Members, Providers
Meetings and Agendas • 10/08/2015 Provider Advisory Council – reposted meeting minutes • 03/08/2016 Consumer Advisory Committee – posted agenda • 03/24/2016 Executive Committee – posted agenda and agenda packet • 04/01/2016 Unified Managed Care Strategy Board Team – posted agenda and agenda packet	Community, Members, Providers

Item	Audience
Cal MediConnect Member page edits • FAQs – added mental health information • NCDs – added 7 NCDs • Landing page and Case Management/Care Coordination – posted member stories text and link • Part D – posted Formulary Change Notice	Members, Providers, Community
Medi-Cal and Healthy Kids landing pages edits • MC page – posted CMC member stories text and link	Members
For Members • Find a Doctor – updated mental health page • FAQs – added mental health information	Members
For Providers • SBIRT training information • CDC immunization schedules • Quick reference – updated • Provider orientation PowerPoint – edited and posted • CMC Prior Auth Grid – updated • Cal Duals Provider webinar information • FSR tools - updated	Providers
Community – News, Events, Newsletters, Resources • Do you need vaccinations article and Childhood vaccination schedules • Healthy Living Fair • March for Babies – March of Dimes – updated • HK dental benefits – updated • Quit Smoking – updated • CMC Stories and CMC Perspectives • Medi-Cal for all children • Newsletters – Spring – MC and CMC in all threshold languages	Members, Community, Providers
Website management – transition to osCaddie	SCFHP
Website monthly review: All CMC pages reviewed, in compliance with MMG requirement	SCFHP
Facebook • Timpany Center Diabetes Study • Scan Foundation Coordinated Care Stories • National Nutrition Month	Members, Community

Projects

Item	Audience
CCI Sustainabiltiy • Launch of Californians for Coordinated Care – sent email to CBOs from SCFHP CEO re formation of Californians for Coordinated Care and importance to CMC sustainability; CCC press release attached • Action items for CBOs in support of CMC – written and sent to inquiring CBOs, posted on website • SCFHP workgroup – analyzed data; developed work plan • CAHP Sustainability workgroup/PR workgroup – provided input to plans and feedback on communications	
Valley PCP Assignment • Communications – plan developed; communicated to/coordinated with initial clinics • Member letter – written; translated; implemented • Member notification – initial mailing completed • Member Communication Alert – drafted	
SB 137 – Provider Directory • Workplan for filing – developed interdepartmental plan • Procedures – identified new procedures required by filing; assigned to departments • Print directory – identified required changes to listings and to text • Website – identified required changes; developed specifications	
SB 75 – Medi-Cal for all children – developed initial project scope	
CCHIP to Healthy Kids – education on current status; process; issues	
MC/HK ID card redesign v5 • Emergency Admission text – finalized • Changes to file layout and matrix content – specifications drafted	Members
DHCS-DMHC audit – requested documents – prepared and uploaded	
SEIU Contract Negotiations	

Website Analytics

Note: Self-referral error in Google Analytics continues to inflate traffic numbers. Appnovation is currently working to resolve this.

Getting Started Videos:

"Getting Started with SCFHP"

- **Video Views:** 280 in Feb. 1,499 lifetime views.
- **Views with Subtitles:** English – 24, Chinese – 16, Spanish – 5, Vietnamese – 1
- **Average View Duration:** 87% (1:35/1:49).

"Using the Website – For Medi-Cal & Healthy Kids Members"

- **Video Views:** 155 in March. 300 lifetime views.
- **Views with Subtitles:** English – 21,Chinese – 8, Vietnamese 3, Spanish - 1
- **Average View Duration:** 76% (1:15/1:39)

"Using the Website – For Cal MediConnect Members"

- **Video Views:** 73 in March. 147 lifetime views.
- **Views with Subtitles:** English – 8, Chinese - 3, Spanish -1
- **Average View Duration:** 73% (1:27/1:58)

Social Referrals:

- Linked – 36 sessions, up 80% from last month
- Facebook – 29 sessions, up 262.50% from last month
- Glassdoor – 10 sessions, up 100% from last month
- Yelp – 2 sessions, up 100% from last month

Member Perspectives Campaign:

- Sessions from Carousel – 8
- Sessions from MC landing page – 7
- Sessions from MC Newsletter - 16
- Sessions from CMC Newsletter – 3

Mobile Usage

- The percentage of mobile/tablet users is slowly increasing.
    - March 2015 – 5.62% of sessions were on a mobile or tablet device, compared to 6.78% in March 2016.
- Mobile/tablet usage is higher on the weekends (13-15% vs. 5-7% during the week)
- For a page that is directly targeted to members, (*For Members* landing page) **78.23%** of pageviews were on a mobile or tablet device. Conclusion: SCFHP members primarily access our website via mobile devices.

Top 10 Most Visited Pages – Desktop vs. Mobile/Tablet		
	Desktop	**Mobile/Tablet**
1	/provider/access.aspx	Home page

2	Home page	/provider/access.aspx
3	Provider Login	Medi-Cal Landing Page
4	Medi-Cal Landing Page	Find A Doctor
5	Find a Doctor	Career Search
6	Career Search	Contact
7	/404.html?page=/provider/access.aspx&from=	Healthy Kids Landing Page
8	Cal MediConnect Landing Page	Getting Started
9	Contact	Member FAQ
10	Provider Forms & Docs	For Members Landing Page

Careers

- Career pages saw a huge spike in pageviews on Tuesday, March 29 (1,094). As a whole, pageviews on our Career pages are up 75% compared to last month.
- Job Posting Pageviews:

Job Posting	**Pageviews**
Care Coordinator I	326
Support Services Representative	250
Member Services Representative I	248
Utilization Review Nurse-LTC	184
Support Services Supervisor	179
Business Systems Analyst II	166
Behavioral Health Case Manager	160
UNK	118
Utilization Management Support Specialist	107
Delegation Oversight Analyst	97
Director, Health Services	96
CMC CLAIMS ANALYST II	77
Medi-Cal Claims Analyst II	70
Medical Review Nurse	69

Job Posting	Pageviews
UNK	68
UNK	57
UNK	55
Application Developer III	48
Director Contact Center Ops & Service Excellence	45
Member Service Supervisor	43
UNK	40
Temp Quality Improvement Registered Nurse	2
UNK	1

Definitions

- Session= A session is a group of interactions that take place on your website within a given time frame. (30 minutes)
- Users= The Users metric shows how many users viewed or interacted with your content within a specific date range.
- Pageviews= An instance of a page being loaded (or reloaded) in a browser. Pageviews is a metric defined as the total number of pages viewed.

Pharmacy Department
January - March 2016

PDE rejection rate is high due to a formatting issue with a data field. This has been corrected.

	GOAL (if applicable)	Jan	Feb	Mar
PA volume		146	184	183
Approved PAs		68	109	116
Denied PAs		45	48	44
PA approval rate		47%	59%	63%
PA audit sample size		20	20	20
PA audit pass		18	In Progress	In Progress
PA audit fail		2		
PA pass rate	100%	90%		
MTM Eligible Members (YTD)		8,638	8,728	8,824
MTM Qualified Members (YTD)		1,105	1,348	1,534
MTM CMR Completion (YTD)		0	66	105
MTM CMR Completion Rate (YTD)	22% (at year end)	0%	5%	7%
Total claims		57,171	55,606	58,755
Approved claims		30,324	29,356	30,547
Rejected claims		26,847	26,250	28,208
Claim approval rate		53%	53%	52%
Transition fills		382	184	114
PDE rejection rate	<0.26%	0.92%	0.42%	30.58%
Denied claims - % reviewed		77%	100%	100%
Formulary, PA, & ST posting		31-Dec	1-Feb	29-Feb
Formulary upload to CMS		4-Jan	4-Feb	3-Mar

Medi-Cal				
PA volume		1624	1909	1966
PA audit sample size		20	20	20
PA audit pass		In Progress	In Progress	In Progress
PA audit fail				
PA pass rate	100%			

Prior Authorization Report:

- Medi-Cal: PA volume has increased significantly in February and March which is consistent with seasonal variation. Turnaround time compliance rates continue to be high.

Month	# of PAs	Approved	Closed	Denied	# of PAs not approved in time	% PAs approved w/in 24 hrs
October	1474	736	284	375	1	99.93%
November	1336	709	224	285	5	99.63%
December	1755	996	309	396	11	99.37%
January	1660	898	320	442	60	96.39%
February	1932	1136	312	480	0	100.00%
March	1966	1101	299	511	6	99.69%

- Cal Medi-Connect: PA volume has increased significantly in March which is consistent with seasonal variation. Turnaround time compliance rates continue to be high.

Month	# of PAs	Approved	Closed	Denied	# of PAs not approved in time	% PAs approved on time
October	137	67	11	28	0	100%
November	132	57	14	26	0	100%
December	208	103	28	44	0	100%
January	147	69	15	41	1	99.32%
February	159	92	10	42	0	100%
March	193	120	12	27	0	100%

Pharmacy Costs:

All lines of business has slightly elevated PMPM which is seasonal in January.

	Month	Nov-15	Dec-15	Jan-16	Feb-16	Running Year Avg
Medi-Cal (includes Agnews; includes HF starting Jan 2013)	Mbr Months	228,643	232,392	229,879	229,921	217,562
	Generic ($)	2,605,117	2,827,347	2,702,425	2,767,651	$ 2,692,143
	Generic (vol)	137,296	149,772	150,434	152,672	142,755
	Brand ($)	6,582,413	7,130,669	7,371,717	7,118,374	$ 6,352,395
	Brand (vol)	17,198	18,002	17,327	17,520	17,061
	Claim admin fee	$ 163,764	$ 177,840	$ 177,827	$ 180,404	$ 169,405
	Total	**$ 9,351,294**	**$ 10,135,857**	**$ 10,251,968**	**$ 10,066,428**	**$ 9,213,943**
	PMPM	**$ 40.90**	**$ 43.62**	**$ 44.60**	**$ 43.78**	**$ 42.33**
	# of Rx PMPM	0.68	0.72	0.73	0.74	0.74
	% Generic ($)	29%	29%	28%	29%	31%
	% Generic (vol)	89%	89%	90%	90%	89%
	Avg Cost/Rx	$ 60.53	$ 60.41	$ 61.11	$ 59.15	$ 57.64
Healthy Kids	**Month**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**	**Running Year Avg**
	Mbr Months	4,325	4,273	4,186	4,114	4,423
	Generic ($)	12,694	10,718	11,408	12,719	$ 12,855
	Generic (vol)	458	393	494	560	496
	Brand ($)	13,310	19,568	20,660	16,974	$ 17,262
	Brand (vol)	58	55	55	61	68
	Claim admin fee	$ 547	$ 475	$ 582	$ 658	$ 598
	Total	**$ 26,551**	**$ 30,761**	**$ 32,650**	**$ 30,351**	**$ 30,715**
	PMPM	**$ 6.14**	**$ 7.20**	**$ 7.80**	**$ 7.38**	**$ 6.96**
	# of Rx PMPM	0.12	0.10	0.13	0.15	0.13
	% Generic ($)	50%	36%	37%	44%	44%
	% Generic (vol)	89%	88%	90%	90%	88%
	Avg Cost/Rx	$ 51.46	$ 68.66	$ 59.47	$ 48.88	$ 55.44
CMC (January 2015 onwards)	**Month**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**	**Running Year Avg**
	Mbr Months	8,686	9,116	8,850	8,742	7,716
	Generic ($)	734,412	819,162	752,710	715,927	$ 674,693
	Generic (vol)	23,549	26,484	25,112	24,431	21,992
	Brand ($)	2,173,188	2,370,506	2,378,367	2,155,843	$ 1,999,668
	Brand (vol)	4,600	5,020	4,754	4,650	4,305
	Claim admin fee	$ 49,993	$ 55,951	$ 53,042	$ 51,648	$ 46,703
	Total	**$ 2,957,593**	**$ 3,245,619**	**$ 3,184,118**	**$ 2,923,418**	**$ 2,721,063**
	PMPM	**$ 340.50**	**$ 356.04**	**$ 359.79**	**$ 334.41**	**$ 354.37**
	# of Rx PMPM	3.24	3.46	3.37	3.33	3.42
	% Generic ($)	26%	27%	25%	26%	26%
	% Generic (vol)	84%	84%	84%	84%	84%
	Avg Cost/Rx	$ 105.07	$ 103.02	$ 106.61	$ 100.53	$ 103.58

Claims Department
January 2016

COMPLIANCE: % OF CLAIMS PROCESSED WITHIN 64 CALENDAR DAYS (45 WORKING DAYS) (DMHC MINIMUM IS 95%)

2016	**2015**
January: 76%	January: 82%

*Claims received in January are considered new and are still in progress (claims received in January will be processed in January and February.) SCFHP has 64 calendar days from the day of receipt to process these claims.

CLAIMS VOLUME

2016	**2015**
January: 59,773	January: 39,113

PERCENTAGE OF CLAIMS RECEIVED ELECTRONICALLY (EDI) (GOAL IS 85%)

2016	**2015**
January: 82%	January: 92%

AUTO ADJUDICATION PERCENTAGE (GOAL IS 85%)

2016	**2015**
January: 55%	January: 68%

ANALYST PRODUCTIVITY (# OF CLAIMS PROCESSED PER HOUR) (GOAL IS 12 PER HOUR)

2016	**2015**
January: 18	January: 10

AGE OF PENDED CLAIMS AT MONTH END (CLAIMS MUST BE PROCESSED WITHIN 64 CALENDAR DAYS)

2016		**2015**	
0-30 DAYS	**OVER 30 DAYS**	**0-30 DAYS**	**OVER 30 DAYS**
January: 16,308	6590*	January: 5331	1398*

*Claims over 30 calendar days old are **not** out of compliance. It is simply a claims aging measure designed to identify which claims need immediate resolution. SCFHP has 64 calendar days from the day of receipt of the claim to either pay or deny the claim.

Claims Department
February 2016

COMPLIANCE: % OF CLAIMS PROCESSED WITHIN 64 CALENDAR DAYS (45 WORKING DAYS) (DMHC MINIMUM IS 95%)

2016	**2015**
February: 67%	February: 85%

*Claims received in February are considered new and are still in progress (claims received in February will be processed in January and February.) SCFHP has 64 calendar days from the day of receipt to process these claims.

CLAIMS UPDATE: Percentage of claims processed on time in 4th Quarter 2015: **95% (DMHC compliance threshold is 95%).**

CLAIMS VOLUME

2016	**2015**
February: 61,492	February: 46,192

PERCENTAGE OF CLAIMS RECEIVED ELECTRONICALLY (EDI) (GOAL IS 85%)

2016	**2015**
February: 85%	February: 82%

AUTO ADJUDICATION PERCENTAGE (GOAL IS 85%)

2016	**2015**
February: 60%	February: 76%

ANALYST PRODUCTIVITY (# OF CLAIMS PROCESSED PER HOUR) (GOAL IS 12 PER HOUR)

2016	**2015**
February: 15	February: 11

AGE OF PENDED CLAIMS AT MONTH END (CLAIMS MUST BE PROCESSED WITHIN 64 CALENDAR DAYS)

2016		**2015**	
0-30 DAYS	**OVER 30 DAYS**	**0-30 DAYS**	**OVER 30 DAYS**
February: 20,793	9524*	February: 7900	1537*

*Claims over 30 calendar days old are **not** out of compliance. It is simply a claims aging measure designed to identify which claims need immediate resolution. SCFHP has 64 calendar days from the day of receipt of the claim to either pay or deny the claim.

Claims Department
March 2016

COMPLIANCE: % OF CLAIMS PROCESSED WITHIN 64 CALENDAR DAYS (45 WORKING DAYS) (DMHC MINIMUM IS 95%)

2016 **2015**

March: 69% March: 84%

*Claims received in March are considered new and are still in progress (claims received in March will be processed in March and April). SCFHP has 64 calendar days from the day of receipt to process these claims.

CLAIMS VOLUME

2016 **2015**

March: 72,918 March: 49,594

PERCENTAGE OF CLAIMS RECEIVED ELECTRONICALLY (EDI) (GOAL IS 85%)

2016 **2015**

March: 80% March: 83%

AUTO ADJUDICATION PERCENTAGE (GOAL IS 85%)

2016 **2015**

March: 55% March: 75%

ANALYST PRODUCTIVITY (# OF CLAIMS PROCESSED PER HOUR) (GOAL IS 14 PER HOUR)

2016 **2015**

March: 15 March: 15

AGE OF PENDED CLAIMS AT MONTH END (CLAIMS MUST BE PROCESSED WITHIN 64 CALENDAR DAYS)

2016		**2015**	
0-30 DAYS	**OVER 30 DAYS**	**0-30 DAYS**	**OVER 30 DAYS**
March: 20,028	11422*	March: 8489	2007*

*Claims over 30 calendar days old are **not** out of compliance. It is simply a claims aging measure designed to identify which claims need immediate resolution. SCFHP has 64 calendar days from the day of receipt of the claim to either pay or deny the claim.

Medical Management
March2016

Inpatient/Outpatient : Inpatient Only

Month	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Agnews (AM)	1	0	1	0	0	0	1	0	0	0	1	1	0
Healthy Kids (HK)	3	4	1	1	1	1	1	1	0	1	2	0	1
Medi-Cal (MC)	289	300	313	390	416	381	390	389	388	423	407	429	483
Cal-MediConnect	121	176	172	243	239	238	224	250	292	142	342	559	455
Total	414	480	487	634	656	620	616	640	680	566	752	989	939

Inpatient/Outpatient : Outpatient Only

Month	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Agnews (AM)	8	7	4	4	8	6	4	7	6	9	3	5	3
Healthy Kids (HK)	1	12	2	1	3	0	3	2	1	2	2	2	3
Medi-Cal (MC)	604	594	553	558	596	658	542	552	483	536	520	569	643
Cal-MediConnect	224	190	205	242	177	234	207	270	208	191	359	365	398
Total	837	803	764	805	784	898	756	831	698	738	884	941	1047

Inpatient/Outpatient : Inpatient and Outpatient

Month	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Agnews (AM)	9	7	5	4	8	6	5	7	6	9	4	6	3
Healthy Kids (HK)	4	16	3	2	4	1	4	3	1	3	4	2	4
Medi-Cal (MC)	893	894	866	948	1012	1039	932	941	871	959	927	998	1126
Cal-MediConnect	345	366	377	485	416	472	431	520	500	333	701	924	853
Total	1251	1283	1251	1439	1440	1518	1372	1471	1378	1304	1636	1930	1986

Provider Network Management
March 2016

Provider Operations

Provider Services Provider Operations Department has 4 Provider Services Representatives - Art Shaffer, Abby Baldovinos, Claudia Graciano and Irene Walsh. Provider Calls are taken by all PSR's.

Encounters by Provider Type

Provider Type*		
Answer Options	**Response Percent**	**Response Count**
Agnews	0.0%	0
Arcwell Administration	0.0%	0
ASC	0.0%	0
Audiology & Hearing Aids	0.0%	0
Autism	0.5%	1
CBAS	1.4%	3
Chiropractic	0.0%	0
CHME	0.0%	0
Community Clinics	2.4%	5
Dialysis	0.0%	0
DME/MS/Orth/Proth	1.4%	3
Home Health	0.5%	1
Home Infusion	0.0%	0
Hospice	0.0%	0
Hospital	0.5%	1
IPC Healthcare PCP	0.0%	0
Laboratory	0.5%	1
LTC PCP	0.5%	1
Mental Health	0.0%	0
Mid-levels	0.0%	0
MSSP - Sourcewise	1.4%	3
Non-contracted providers	7.1%	15
NT 10 PCP	2.8%	6
NT 10 Specialists	20.8%	44
PAMF	0.0%	0
PMG - PCP and SPEC	31.6%	67
Premier Care - PCP and SPEC	7.5%	16
PT/OT/ST	0.5%	1
Radiology	0.0%	0
Sleep Disorder	0.0%	0
SNF	18.4%	39
Stanford / LPCH	0.0%	0
Transportation	0.0%	0
Urgent Care	0.0%	0
VMC Clinics	2.4%	5
Wound Care	0.0%	0
Other (please specify)		124
	answered question	212

Encounters by Category

Reason		
Answer Options	**Response Percent**	**Response Count**
Member Access	4.2%	9
Claims	7.1%	15
Authorization	2.4%	5
Eligibility User Name/Password	1.4%	3
Connect User Name/Password	0.9%	2
Eligibility or Benefits for a Member	0.5%	1
New Provider Orientation	0.5%	1
Provider Education - Operations	55.7%	118
Provider Network - General*	26.9%	57
Training - New Program, Services, Regulations	0.0%	0
Provider Request for Member Reassignment	0.0%	0
Billing/Member Refund	0.5%	1
ICD-10	0.0%	0
*Provider Education General Detail		61
	answered question	212

Provider Database

Oct-15	
Providers Added	146
Providers Term	94
Other changes*	45
Lic verification	245
W-9	75

*Open, close panels, changed address, add LOB, add network, On Call changes.

Letter of Agreement (LOA)

Date SCFHP Signed	Provider	Provider - Ty	Rate	Reason	LO
03/10/16	Center for Autism and Related Disorders (CARD)	ABA	F/U & Reassessment and/or Supervision per 15min: Rate = $20 / Hourly Rate = $80 Initial Assessment & Service Plan Development per Hour: Rate $100; Hourly Rate = $100 Therapeutic Behav Srvcs and/or Parent Training per 15min: Rate = $12.50; Hourly Rate = $50	COC	MC
03/11/16	Los Altos Subacute & Rehab Center	SNF	SNF MCR Level II - $619.44 / Day	COC	MC
03/16/16	Alere Home Monitorin	DME	Original Medicare FFS Rates	COC	CMC
03/17/16	Summit Therapeutic Services	ABA	F/U & Reassessment and/or Supervision per 15min: Rate = $20 / Hourly Rate = $80 Initial Assessment & Service Plan Development per Hour: Rate $100; Hourly Rate = $100 Therapeutic Behav Srvcs and/or Parent Training per 15min: Rate = $12.50; Hourly Rate = $50	ST OT PT	MC
03/23/16	O'Connor Hospital	Outpatient	110% of Medi-Cal Rates	Outpatient Surgery	MC
03/29/16	STARS Therapy Services	ABA	$85 / Day	Therapy	MC
03/29/16	STARS Therapy Services	ABA	$85 / Day	Therapy	MC
03/29/16	STARS Therapy Services	ABA	$85 / Day	Therapy	MC
03/29/16	UCSF	Dental Surgery	50% Billed Chares for Facility & Anes Services	Oral / Max Surgery	MC
03/30/16	UCSF	Opthalmology	50% Billed Chares for Facility & Anes Services	Blepharitis bilat eyelids	MC

Quality Improvement
March 2016

Potential Quality Issues

Potential Quality of Care Issue - A Potential Quality of Care Issue (PQI) - is a means a suspected deviation from expected provider performance, clinical care or outcome of care that cannot be confirmed without additional review. Such issues PQIs must be referred to the Quality Improvement Department for review. Not all PQIs are found to be quality of care problems.

Four cases identified: All four are being investigated

PQI Levels

No PQI's were closed in March

Facility Site Review

Facility Site Review is a means of assessing a primary care provider's ability to meet state defined standards for the ability to;

- Provide appropriate primary health care services;
- Carry out processes that support continuity and coordination of care;
- Maintain patient safety standards and practices; and
- Operate in compliance with all applicable local, state, and federal laws and regulations.

Five Facility Site Reviews were completed in March

One Medical Record Review was completed in March

One Physical Accessibility Review

Customer Service
January 2016

Member Services Department – All Calls

	January 2016	January 2015	Change	Target KPI *
Total Inbound Calls	20,191	26,291	+23%	----------
Average Talk Time	4:51 minutes	5:03 minutes	-12 seconds	----------
Average Speed of Answer	45 seconds	61 seconds	-16 seconds	<30 seconds
Service Level	63.1%	51.4%	+11.7%	80% in <30 seconds
Abandonment Rate	3.45%	5.07%	-1.62%	<5%
Average Hold Time	47 seconds	33 seconds	+14 seconds	≤ 25 seconds

Medi-Cal / Healthy Kids Calls

	January 2016	January 2015	Change	Target KPI *
Total Inbound Calls	17,744	23,486	-24.44%	----------
Average Talk Time	4:29 minutes	4:50 minutes	-21 seconds	----------
Average Speed of Answer	61	79 seconds	-18 seconds	<30 seconds
Service Level	55%	44.4%	+10.6%	80% in <30 seconds
Abandonment Rate	3.62%	5.44%	-1.82%	<5%
Average Hold Time	47 seconds	32 seconds	+15 seconds	≤ 25 seconds

Cal-Medi-Connect Calls

	January 2016	January 2015	Change	Target KPI *
Total Inbound Calls	2,447	2,805	-12.76%	----------
Average Talk Time	6:32 minutes	5:55 minutes	+37 seconds	----------
Average Speed of Answer	14 seconds	16 seconds	-2 seconds	<30 seconds
Service Level	78%	70.3%	+7.7%	80% in <30 seconds
Abandonment Rate	2.2%	1.99%	+0.21%	<5%
Average Hold Time	48 seconds	37 seconds	+11 seconds	≤ 25 seconds

*KPI – Key Performance Indicator

Customer Service
February 2016

Member Services Department – All Calls

	February 2016	February 2015	Change	Target KPI *
Total Inbound Calls	19,049	24,974	+23%	----------
Average Talk Time	4:40 minutes	4:49 minutes	-9 seconds	----------
Average Speed of Answer	70 seconds	69 seconds	1 second	<30 seconds
Service Level	71.1%	46.45%	+24.65%	80% in <30 seconds
Abandonment Rate	4.7%	5.93%	-1.23%	<5%
Average Hold Time	46 seconds	29 seconds	17 seconds	≤ 25 seconds

Medi-Cal / Healthy Kids Calls

	February 2016	February 2015	Change	Target KPI *
Total Inbound Calls	16,976	--------	--------	----------
Average Talk Time	4:20 minutes	--------	--------	----------
Average Speed of Answer	92	--------	--------	<30 seconds
Service Level	63.9%	--------	--------	80% in <30 seconds
Abandonment Rate	5.05%	--------	--------	<5%
Average Hold Time	46 seconds	--------	--------	≤ 25 seconds

Cal-Medi-Connect Calls

	February 2016	February 2015	Change	Target KPI *
Total Inbound Calls	2,073	--------	--------	----------
Average Talk Time	6:02 minutes	--------	--------	----------
Average Speed of Answer	25 seconds	--------	--------	<30 seconds
Service Level	85.5%	--------	--------	80% in <30 seconds
Abandonment Rate	2.2%	--------	--------	<5%
Average Hold Time	47 seconds	--------	--------	≤ 25 seconds

Customer Service
March 2016

Member Services Department

	March 2016	March 2015	Change	Target KPI *
Total Inbound Calls	20,436	27,272	-25%	----------
Average Talk Time	4:31 minutes	4:49 minutes	-18 seconds	----------
Average Speed of Answer	29 seconds	82 seconds	-53 seconds	<30 seconds
Service Level	77%	46%	+31%	80% in <30 seconds
Abandonment Rate	2.3%	6.88%	-4.6%	<5%
Average Hold Time	42 seconds	32 seconds	+10 seconds	≤ 25 seconds

Medi-Cal / Healthy Kids Calls

	March 2016	March 2015	Change	Target KPI *
Total Inbound Calls	18,346	21,838	-15%	----------
Average Talk Time	4:10 minutes	4:37 minutes	-27 seconds	----------
Average Speed of Answer	40 seconds	18 seconds	+22 seconds	<30 seconds
Service Level	89%	81.7%	+7.3%	80% in <30 seconds
Abandonment Rate	2.4%	2.8%	-0.4%	<5%
Average Hold Time	41 seconds	29 seconds	+12 seconds	≤ 25 seconds

Cal-Medi-Connect Calls

	March 2016	March 2015	Change	Target KPI *
Total Inbound Calls	2,090	3,136	-33%	----------
Average Talk Time	5:53 minutes	5:46 minutes	+7 seconds	----------
Average Speed of Answer	31 seconds	18 seconds	+13 seconds	<30 seconds
Service Level	71%	57.6%	+13.4%	80% in <30 seconds
Abandonment Rate	1.4%	2.8%	-1.4%	<5%
Average Hold Time	42 seconds	36	+6 seconds	≤ 25 seconds

Healthy Kids Program

January 2016

- Healthy Kids Application Activity: 73 applications processed
- Healthy Kids Renewal Applications Activity: 178 renewal applications processed
- Healthy Kids Renewal Applications Families Transitioned to Medi-Cal for Families: 32 Families and 36 Children

February 2016

- Healthy Kids Application Activity: 91 applications processed
- Healthy Kids Renewal Applications Activity: 197 renewal applications processed
- Healthy Kids Renewal Applications Families Transitioned to Medi-Cal for Families: 30 Families and 41 Children

March 2016

- Healthy Kids Application Activity: 139 applications processed
- Healthy Kids Renewal Applications Activity: 179 renewal applications processed
- Healthy Kids Renewal Applications Families Transitioned to Medi-Cal for Families: 32 Families and 42 Children

RESOLUTION OF THE GOVERNING BOARD OF THE SANTA CLARA COUNTY HEALTH AUTHORITY IMPLEMENTING POLICY RELATING TO DONATIONS AND SPONSHORSHIPS

WHEREAS, Santa Clara County Health Authority is a public agency doing business as Santa Clara Family Health Plan ("the Health Authority"); and

WHEREAS, the Health Authority was created to meet the problems of delivery of publicly assisted medical care in Santa Clara County, to demonstrate ways of promoting quality care and cost efficiency, and to further such purposes as are contemplated by Section 14087.38 of the California Welfare and Institutions Code; and

WHEREAS, the Health Authority's mission is to provide high quality, comprehensive health care coverage to those in Santa Clara County who do no have access to, or are not able to purchase, good health care at an affordable price; and

WHEREAS, the Health Authority supports projects that strengthen community health and fills gaps in health coverage for low-income people in Santa Clara County; and

WHEREAS, the Health Authority Governing Board wishes to give direction and set policy on donations and sponsorships made by the Health Authority to support its mission; and

WHEREAS, the Health Authority's *Donations and Sponsorship Policy,* attached hereto as Exhibit "a" and incorporated herein, is intended to give guidance to the current and future Governing Board and staff on donations and sponsorships made by the Health Authority; and

WHEREAS, the *donation and Sponsorship Policy* can be changed by adoption of a resolution approved by a majority of the Governing Board;

NOW, THEREFORE, BE IT RESOLVED, that the Governing Board of the Health Authoroity adopts this resolution and policy governing donations and sponsorships made by the Health Authority.

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

		FY 2015			FY 2016			FY 2017		
Organization	**Event Name**	**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			
Alum Rock Counseling Center	Annual Luncheon				12/10/2015	4/7/2016	$ 500			
Asian Americans for Community Involvement	Annual Event	5/1/2014	9/20/2014	$ 5,000	5/14/2015	10/10/2015	$ 5,000			
	Donation - Med Homes for Duals				7/1/2015		$ 5,000			
California Association for Adult Day Services	N Calif Spring Conference: The Quality Imperative				3/17/2016	5/11/2016	$ 250			
Community Health Partnership	21st Anniversary Celebration	4/24/2014	9/10/2014	$ 5,000						
Foundation for Mental Health	2014 Shining Stars Event	9/4/2014	10/16/2014	$ 1,750						
Gardner Family Health	Annual Event	8/14/2014	10/25/2014	$ 5,000	3/17/2016	4/16/2016	$ 2,000			
Healthier Kids Foundation	Annual Symposium on Status of Children's Health in Santa Clara County				TBD	5/13/2016	$ 5,000			
Hospice of the Valley	Compassion in Action Conference	2/5/2015	3/27/2015	$ 1,000	2/25/2016	3/24/2016	$ 1,000			
	Annual Gala 2015	4/30/2015	6/13/2015	$ 2,000						
Indian Health Center Santa Clara Valley	Annual Event	8/21/2014	10/18/2014	$ 5,000	8/21/2015	10/17/2015	$ 5,000			
Justice in Aging	Take a Stand Against Poverty	2/12/2015	4/16/2015	$ 500	3/3/2016	4/7/2016	$ 2,500			
March of Dimes	March of for Babies	10/1/2014	4/25/2015	$ 5,000	12/10/2015	5/1/2016	$ 5,000			
Momentum for Mental Health	Annual Shining Stars Benefit				10/22/2015	11/23/2016	$ 1,500			
Planned Parenthood		5/14/2015		$ 5,000						
Silicon Valley Council of Non Profits	Be Our Guest Annual Luncheon; Housing Summit	10/9/2014	10/30/2014	$ 2,000	7/1/2015	11/16/2015	$ 5,000			
Silicon Valley Independent Living Center	Disability Pride Parade	4/24/2014	7/19/2014	$ 500						
	CCT Program Presentation	3/31/2016	4/16/2015	$ 300						
United Way Silicon Valley	Annual Community Breakfast	8/29/2014	9/10/2014	$ 1,000						
VMC Foundation	Annual Gala				4/30/2015	10/10/2015	$ 5,000	TBD	9/24/2016	$ 5,000
Working Partnerships USA	20 Years in Action				12/3/2015	12/10/2015	$ 300			
	TOTAL			**$ 39,050**			**$ 43,250**			**$ 5,000**

Santa Clara Family Health Plan
The Spirit of Care

www.scfhp.com

Excerpt from
MINUTES
Santa Clara County Health Authority Governing Board Regular Meeting

Thursday, November 4, 2010
12:45-5:00 PM
210 E. Hacienda Avenue
Campbell CA 95008

Board members present:
Mr. Bob Brownstein
Ms. Hao Bui
Ms. Judy Chirco
Mr. Christopher Dawes
Ms. Sonja Dillard
Supervisor Liz Kniss
Ms. Michele Lew
Mr. Will Lightbourne
Dr. Thad Padua
Dr. Dale Rai

Board members not present:
Supervisor George Shirakawa

Staff present:
Ms. Elizabeth Darrow, Chief Executive Officer
Mr. Dave Cameron, Chief Financial Officer
Mr. Matt Woodruff, Chief Operations Officer
Dr. Lily Boris, Chief Medical Officer
Mr. Ron Schmidt, VP Information Systems
Ms. Phyllis Romito, Recording Secretary

Others present:
Ms. Elizabeth Pianca, Deputy County Counsel
Mr. Robert McGarry, Glaxo SmithKline

9. Consideration and action on resolution to establish guidelines for the transfer of Health Authority funds to public agencies and not-for-profit organizations

Ms. Darrow explained that the Health Plan is frequently solicited for donations to local not-for-profit organizations which are partners in serving our enrollees, including such organizations as Gardner Family Health Network, AACI, VMC Foundation, PACT, etc. Historically, although donations were frequently made, these were done without consideration of their legality and in the absence of Board-established policy guidelines. Today's resolution drafted by County Counsel's office is meant to establish precise directives for the CEO, in keeping with applicable law and the collective wishes of Governing Board members.

There was much discussion questioning both the $25,000 maximum set for a single donation and the absence of reference to a maximum dollar amount that could be donated in any given fiscal year.

It was moved, seconded, and approved to approve an amended resolution to grant the CEO authority to make single donations up to $5,000; to require Executive Committee approval for single donations over $5,000; and to limit total donations to $125,000 in any given budget year.

Santa Clara
Family Health Plan
The Spirit of Care

www.scfhp.com

210 East Hacienda Avenue • Campbell, CA 95008
ph 408.376.2000 • fax 408.376.2191 • www.scfhp.com

February 19, 2016

Christine Tomcala, CEO
Santa Clara Family Health Plan
210 East Hacienda Ave
Campbell, CA 95008

Dear Christine:

The purpose of this letter is to request $25,000 in funding to support enrollment of 50 Community Health Center Medi-Cal managed care patients at risk for diabetes into the Centers for Disease Control (CDC) approved, evidence-based Diabetes Prevention Program (DPP). The program will be offered by the YMCA of Santa Clara County. This enrollment is a component of a pilot program implemented by Community Health Partnership that will test the extension of DPP services to Medi-Cal patients. This pilot is a critical component in the long term strategy to prevent diabetes by extending critical prevention resources to those who would otherwise be unable to afford these services.

The YMCA DPP program is based on the *Prevent* curriculum and consists of 16 weekly sessions led by a trained life style coach over the course of 4 months. Each cohort will include 10-12 participants. The $25,000 funding will allow our patients to access a program in which they will learn how to maintain a healthy lifestyle and significantly decrease the chances of developing more serious, chronic conditions that can incur high costs for health plans. The full program cost of $429 per participant can prove to be an insurmountable barrier to patients who are below 138% of the Federal Poverty level.

The CDC approved *Prevent* curriculum promotes healthy eating and sustainable weight loss by providing participants with the knowledge, strategies and support they need to cut back on empty calories. Participants are asked to track their daily intake of food and beverages, included details on cooking methods and the general size and quality of their meals and snacks. A very important aspect of the program is individualized support. Coaches provide personalized recommendations on individual nutrients whenever helpful. Participants are taught to anticipate and successfully manage the social, emotional, social, situational and environmental

cues that contribute to unhealthy eating. These supportive techniques are essential to the long-term success of community health clinic patients who may be grappling with several social, emotional and situational barriers to health.

The program pilot period is planned to start no later than June 2016. CHP will work with identified clinics to develop a system to proactively identify patients at risk for diabetes, develop mutually agreed upon workflows, and training for clinic and CBO staff on these newly identified workflows.

BACKGROUND/IMPORTANCE OF DIABETES PREVENTION

The CDC estimates that 1 out of 3 adults have pre-diabetes, which translates to approximately 486,000 adults in Santa Clara County. Low-income populations are at higher risk for diabetes, 25% higher than the national rate. Being able to provide quality prevention services for a growing population with chronic conditions like diabetes is one of the major challenges facing our health care delivery system. Sustaining a quality safety-net system will require developing and implementing effective and affordable clinic to community strategies to *prevent* new cases of chronic disease. Without a concerted effort in prevention, we are unlikely to slow the rise in health care costs.

On February 10, 2015, the Santa Clara County Board of Supervisors unanimously approved the Diabetes Prevention Program Initiative. As stated in the February 10, 2015 Board of Supervisors transmittal, "if an effective diabetes prevention program for patients of the local health care safety net could be implemented on a large scale, the potential for financial savings is substantial." Following this approval, a committee of stakeholders was convened to provide input on target populations, strategies, service capacity and gaps. These stakeholders, including Community Health Partnership, contributed to a county wide diabetes prevention plan that is split into three identified priority areas: Diabetes Prevention Awareness; Prediabetes/Diabetes Screening; and Diabetes Prevention Community Resources. This plan was approved by the Health and Hospital Committee on March 10, 2015.

Community Health Partnership was identified as the lead agency in the effort to identify diabetes prevention community resources. This work was completed through the creation of a healthy lifestyle resource list and implementation of stakeholder interviews which assess resource gaps and referral roadblocks. Through this process we found that there is a lack of evidence based diabetes prevention programs that are available and accessible to Medi-Cal patients. The proposed pilot program will provide these patients with an evidence based resource that will result in better health outcomes. This will be accomplished by ensuring that people with prediabetes are identified and connected to prevention education thereby increasing a healthy lifespans and decreasing the burden of illness.

EVALUATION & PROPOSED OUTCOMES

The CHP Diabetes Prevention Program Coordinator will be responsible for the evaluation and monitoring of the DPP pilot program. As part of this evaluation, the coordinator will submit a report that addresses number of patients served, successes, barriers and lessons learned. The desired outcomes of the pilot program are:

- Enroll 50 Medi-Cal patients who are at risk for diabetes in DPP services at the YMCA by no later than June 2016
- At least 70% of enrolled patients will complete the Diabetes Prevention Program, per CDC standards (9 of 16 core lessons)

The lessons learned in this pilot will be shared with Santa Clara County, the Santa Clara County Family Health Plan, and key stakeholders to continue the momentum of the countywide diabetes prevention initiative, which will ultimately reduce future costs for the health plan.

Thank you for your consideration. I look forward to discussing next steps with you.

Sincerely,

Dolores Alvarado, MSW, MPH
CEO

C: Jenny Subil, MSW
Diabetes Prevention Linkages Coordinator

March 25, 2016

Christine Tomcala, CEO
Santa Clara Family Health Plan
210 East Hacienda Ave
Campbell, CA 95008

Dear Christine:

Subject: Diabetes Prevention Program (DPP) – Pilot Program

I am writing to provide additional information regarding the proposed DPP program for 50 Medi-Cal Managed Care patients receiving primary care services at our community health centers who are at risk for diabetes. Per your request, please see below for more detailed programmatic information.

Patient Eligibility Requirements

Patients selected for the DPP Pilot will meet the eligibility criteria listed below. Patients must have a diagnosis of pre-diabetes for the pilot and eligibility into YMCA's DDP services. Patient eligibility requirements include:

1. Clinical diagnosis of pre-diabetes (this can be defined as either HbA1c range of 5.7-6.4 or a fasting glucose level of 100-125)
2. Currently a Medi-Cal managed care member (Santa Clara Family Health Plan)
3. English or Spanish-speaking adult, between 18-65 years of age
4. Member of one of Community Health Partnership's community health centers
5. Referral to DPP by member's primary care provider

Patient Selection Process

A standardized method for identifying patients with pre-diabetes that meet the above criteria will be further developed during the initial three-month planning phase of the project. Under consultation by CHP's Medical Director and leadership of the Chief Medical Officer/Medical Director at the pilot clinic, CHP's Linkage Coordinator will work in partnership with the clinic team to identify patients via the Electronic Health Record and to create a list of patients who fit the above criteria. Patients on the list will be contacted by a member of the care team at the clinic either during the office visit or via telephone to refer patients into DPP as part of their agreed upon treatment plan to prevent diabetes. Using health coaching techniques, care team members will engage the patient on an on-going basis to positively motivate the patient to enroll and adhere to the 16-week program. CHP will work with the designated care team to design the clinical workflows in order to facilitate a smooth referral process.

Program Pilot Evaluation

Using qualitative and quantitative evaluation methods, CHP will evaluate the effectiveness of the clinical-community linkage referral workflow in successfully linking Medi-Cal Managed Care clinic patients into the YMCA's Diabetes Prevention Program. Qualitative methods may include interviews with key clinic and YMCA staff to assess the barriers encountered and identify lessons learned throughout the referral process. Below is an preliminary outline of quantitative data to be collected to inform the evaluation. Further metrics will be mutually agreed upon by the CHP Medical Director and the pilot clinic Medical Director:

- Number of patients referred to the DPP
- Number of patients successfully enrolled into DPP
- Number of patients completing the DPP
- Percent of decrease in BMI and/or Percent change in HbA1C scores and/or decrease in weight.

An evaluation report will be developed at the end of the pilot year summarizing lessons learned and recommendations for expansion of the pilot.

Program Management

CHP will manage the overall coordination and evaluation of the clinic-community linkage pilot of the Diabetes Prevention Program with the YMCA. In order to ensure strong communication and to clarify pilot expectations, CHP has created a Program Charter. The purpose of the Program Charter will be to clarify roles, channels of communication, and expectations of all partners in the pilot, including Santa Clara Family Health Plan's role as funder for the 50 patients into YMCA's DDP. The charter will be agreed upon with all partners as a program management tool. The charter will be managed by the CHP Linkages Coordinator, Jenny Subil, MSW. Jenny will be the key contact in ensuring communication between pilot partners.

We look forward to implementing the pilot in partnership with Santa Clara Family Health Plan and the YMCA by June 2016. Please advise regarding next steps, including the development of a contractual relationship with the YMCA for Diabetes Prevention Services at $429.00 per Medi-Cal beneficiary. The coordination and evaluation of this pilot program will be supported by other sources of funding.

If you have questions, please do not hesitate to contact me at 408-556-6605.

Sincerely,

Dolores Alvarado, MSW, MPH
Chief Executive Officer

Attachment 1

Criteria for Clinic Site Selection for DPP Pilot Project

*Below is a snapshot of the Criteria for Clinic Site Selection document that shows the 11 screening criteria for site selection. The full screening document displays expanded columns listing specific clinic sites (ex: Gardner South County, PPMM Blossom Hill)

	Gardner	Mayview	PPMM
Does clinic offer Primary Care Services?			
Approximate # of SCFHP Patients at clinic?			
Does Clinic utilize DRVS?			
Distance to closest YMCA?			
Is there potential for strong leadership buy in at this clinic?			
Does clinic have care team capacity to support pilot?			
Does clinic currently have a list of diabetic and pre-diabetic patients?			
Is clinic a PHASE site?			
Does the pilot timeline conflict with any projects that the clinic is already engaged in?			
Do patient demographics align with YMCA DPP Program capacity (ex: language)?			
Is there an easily identifiable candidate to become pilot "champion?			

Attachment 2

Project Charter: Clinic- Community Linkages to Enhance Community Resources to Prevent Diabetes DRAFT

Purpose
Providing quality prevention services for a growing population with chronic conditions, like type II diabetes, is one of the major challenges facing our health care delivery system. Engaging safety net patients beyond the walls of the clinic will require concerted partnerships between clinic and community resources to actively engage patients with chronic conditions as partners in improving their health. The purpose of this project is to link the clinic and the community based agency by piloting a clinic-community referral system. This referral system will be tested by linking 50 clinic patients into the evidence based DPP Program offered by the YMCA.

Scope
A total of 50 community health clinic patients from one identified clinic site will be referred to an evidence based Diabetes Prevention Program offered by the YMCA of Silicon Valley through this project. One community clinic care team will be identified to champion the project within the clinic. As part of the pilot, the clinic and YMCA will work with CHP between April 1 and September 30, 2016 to: • Guide the development of a standardized process to identify pre-diabetic patients • Develop workflows and protocols for referrals into the DPP program • Guide the development of protocols for care transition system • Track referrals to DPP • Participate in training on referral workflows and protocols The linkages coordinator at CHP will work to establish and maintain communication between all parties and ensure information is exchanged between the CBO and identified clinic in a timely and confidential manner. The CHP linkages coordinator will also work closely with the identified clinic to assess how the pilot referral protocols can be standardized across the organization with other CBOs.

Project Team/Initial Activities

Program Population:
Community health center patients (covered by Santa Clara Family Health Plan) who fit the established criteria to be identified as at risk for diabetes. Patients must be 18+

Project Team:

- Community Health Partnership
  -Linkages Coordinator
  -QI Director
  -Population Health Coordinator
  -Chief Executive Officer
  -Medical Director
- Community Based Organization: YMCA of the Silicon Valley
  - Chief Operations Officer
  - Community Wellness Director
  - Lifestyle Coaches
- CHP Member Community Health Clinic
  - Medical Director
  - Primary Care Physician
  - Clinic Coordinator
  - Additional Identified Care Team Members
- Santa Clara Family Health Plan (SCFHP)
  -Chief Executive Officer

Team Roles & Expectations
**Below is a draft list of roles/expectations which will be edited during the course of the pilot project as agreements are established between project teams*

- **Community Health Partnership (CHP)**
  -Identify a team of clinic leaders to champion the pilot program within the clinic
  - Establish a system for communication between the clinic and community based organization
  -Identify clinic's current process for community based referrals
  -Work with clinic to develop a new community linkages referral protocol
  -Provide training to the clinic and community based organization on established referral protocols and referral tracking
  -Be available to field questions and assist with any barriers that may happen during the pilot period.

- **YMCA of the Silicon Valley**
  - Facilitate the evidence based/CDC approved diabetes prevention curriculum for 50 clinic patients
  - Keep record of referred patients who attend program sessions
  - Provide YMCA approved marketing materials on DPP Program

- Maintain communication with CHP Team and alert of any issues or barriers regarding the project that may happen during the pilot period

- **CHP Member Community Health Clinic**
  -Follow established protocols to identify patients eligible for YMCA DPP Program
  -Follow established protocols to track patients who have been referred into the DPP Pilot program
  -Work with Linkages Coordinator to identify a care team within clinic to champion the pilot project
  -Maintain communication with CHP Team and alert of any issues or barriers regarding the project that may happen during the pilot period

Proposed Outcomes

The desired outcomes of the pilot program are:

- Enroll 50 Medi-Cal patients who are at risk for diabetes in DPP services at the YMCA
- Establish clinic protocols for referrals to community based resources as part of the clinic's larger referral management system.

POLICY

Santa Clara
Family Health Plan

Policy Title:	**Organizational Policies**	**Policy No.:**	GO.01
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Administration	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To provide guidance across Santa Clara Family Health Plan (SCFHP) in the development of policies in order to ensure a consistent approach and compliance with the approval process.

II. Policy

Policies will be developed as concise formal statements of principles that indicate how SCFHP will act in a particular aspect of its operation. Policies regulate and direct actions and conduct, and act as the business rules and guidelines under which the organization is operated. Policies will be implemented in accordance with Procedures and supporting documents which provide instructions and set out processes to implement a Policy.

Policies will be created using a Policy Template approved by the Executive team, and will be approved by first and second level approvers as defined in associated procedure(s).

III. Responsibilities

All department managers, directors and executives have responsibility to develop and approve of policies in accordance with this policy.

IV. References

N/A

V. Approval/Revision History

First Level Approval	Second Level Approval
Signature	Signature
Name	Name
Title	Title
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			

Santa Clara
Family Health Plan

Santa Clara
Family Health Plan

Santa Clara County Health Authority

Credentialing & Peer Review Committee Charter

Purpose

Santa Clara Family Health Plan (SCFHP) shall obtain meaningful advice and expertise from participating practitioners when it makes credentialing decisions [NCQA CR2]. SCFHP shall give the Credentialing & Peer Review Committee authority to conduct a peer-review process to make recommendations regarding credentialing decisions.

The Committee shall also have authority to conduct peer review and make recommendations regarding Quality of Care and Quality of Service matters that fall outside of the credentialing process on an ongoing basis.

The Committee shall document discussions about credentialing in meeting minutes [NCQA CR2.A.2] and provide a de-identified report to the Quality Improvement Committee.

Members

SCFHP shall appoint a Credentialing & Peer Review Committee of five (5) to eleven (11) voting members ranging from among the multidisciplinary specialities of the contracted provider community [NCQA CR2.A.1].

The Chief Medical Officer and Medical Director of the Health Authority shall serve as ex-officio members of the Committee, and shall have voting rights.

Additional attendees may include the following, non-voting, Health Plan staff: CEO, Director of Provider Network Management, Manager of Contracting and Credentialing, and/or the Credentialing Analyst and Recorder.

The Committee reserves the right to call upon other contracted providers for file reviews that require expertise in a specific specialty [refered to here as subject matter experts (SME)].

Each member must complete an annual “Confidentiality, Conflict of Interest and Non-Discrimination Agreement” and abide by the Credentialing Committee Policy and Process.

Meetings

The Credentialing & Peer Review Committee shall be scheduled on a bi-monthly basis. Additional special meetings may occur as circumstances dictate. Special ad-hoc meetings that require decision between regularly scheduled meetings may be held in real-time or virtually (through video/web conference), but shall not be conducted through e-mail [NCQA CR2A2]. Ad-hoc discussions will be documented and reported in the same manner as regularly scheduled meetings.

The presence of a majority of the voting Committee members shall constitute a quorum for the transaction of business.

Responsibilities

The following functions shall be the common recurring activities of the Credentialing & Peer Review Committee. These functions should serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal, or other conditions. The Committee shall also carry out any other responsibilities delegated to it by the SCCHA Governing Board or QIC.

Credentialing Responsibilities

- Administer SCFHP’s Credentialing Program.
- Review and recommend approval of practitioners and providers that have completed the credentialing process and have been found to meet the credentialing requirements of the Health Plan.
- Be informed of “clean” files that have been approved by the Chief Medical Officer [NCQA CR2.A.3] outside of the Committee.
- Review and recommend action on all sanctions and licensure matters.
- Adhere to the governing rules and guidelines set forth by the Department of Health Care Services, Centers for Medicare and Medicaid Services and National Committee for Quality Assurance guidelines; SCFHP’s and policies and procedures; and any special rules of order ratified by the Credentialing & Peer Review Committee.

Peer Review Responsibilities

- At the request of the QIC, review and recommend actions for practitioners and providers that have been found to be out of compliance with the Health Plan's participating provider requirements.
- Make final decisions with respect to Level of Severity, related Corrective Action Plans (CAPs), and trending patterns. Track effectiveness of CAPs.
- Adhere to the governing rules and guidelines set forth by the Department of Health Care Services, Centers for Medicare and Medicaid Services and National Committee for Quality Assurance guidelines; SCFHP's policies and procedures; and any special rules of order ratified by the Peer Review Committee and/or Quality Improvement Committee.

Santa Clara
Family Health Plan

Santa Clara County Health Authority

EXECUTIVE/FINANCE COMMITTEE CHARTER

Purpose

The Executive/Finance Committee shall have and may exercise the authority delegated to it by the Governing Board for any and all matters except amendments to the Bylaws, filling vacancies on the Governing Board, or establishing compensation of Governing Board members. The members of the Executive/Finance Committee shall also serve as the Audit Committee of the Governing Board, and shall ensure performance of all requisite functions of that Committee. Any Governing Board member elected to the Executive/Finance Committee may require that a decision of the Committee be referred to a regular or special meeting of the Board for final resolution. The Committee shall provide minutes of its actions to the Board for review, and all actions of the Committee shall be reported at the next regularly scheduled Board meeting.

In the event of a financial, operational, legal, personnel, or public relations emergency, which the Chief Executive Officer or the Executive/Finance Committee reasonably determines requires handling before the next scheduled meeting of the Governing Board or before a special meeting of the Board can be called, the Executive/Finance Committee shall have all of the powers and authority of the Governing Board to act in the intervals between meetings of the Board.

Members

Pursuant to the Bylaws, the Governing Board shall appoint a five (5) member Executive/Finance Committee from among the Governing Board members of the Authority. At least one of the members of the Committee shall have financial expertise. One Alternate may be appointed by the Governing Board. The Alternate shall be entitled to vote as an Executive/Finance Committee member when a Committee member is absent from the Executive/Finance Committee meeting.

The Committee shall consist of a Chair, appointed by the Governing Board, plus four (4) other Board members. The Alternate shall be a Board member.

The Chief Executive Officer and Chief Financial Officer of the Health Authority shall serve as ex officio members of the Executive/Finance Committee, without vote.

Meetings

Regular meetings of the Executive/Finance Committee shall be scheduled in those months the Board is not scheduled to convene a regular meeting. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, the Chief Executive Officer, or a majority of the members of the Committee.

Committee members may attend each meeting in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of the voting members of the Committee shall constitute a quorum for the transaction of business.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an agenda item, as necessary.

Meetings of the Committee shall be open and public, except such meetings or portions thereof that may be held in closed session to the extent permitted by applicable law including, but not limited to, the Ralph M. Brown Act (Gov. Code 54950 *et seq.*) and Section 14087.38.

Minutes of all meetings of the Committee shall be recorded.

Responsibilities

The following functions shall be the common recurring activities of the Executive/Finance Committee. These functions should serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal, or other conditions. The Committee shall also carry out any other responsibilities delegated to it by the Board from time to time.

Executive Responsibilities

- Serve in an advisory capacity for management on emerging issues, problems, and initiatives.
- Exercise decision-making authority between Governing Board meetings as needed, with actions to be ratified by the full Board at its next meeting.
- Oversee organizational dashboard metrics.
- Review potential provider and vendor agreements that fall outside the parameters of contracting policy.

Financial Responsibilities

- Review and approve finance, accounting, and investment policies.
- Ratify investment activity on an annual basis.
- Review the proposed annual operating budget and variations from the budget.
- Review and accept monthly financial statements.

- Oversee the financial strength of capitated and delegated entities.

Audit Responsibilities

- Oversee selection, appointment, and compensation of the audit firm for the external audit.
- Meet with the external auditors annually, or more often as needed, and review the results of the audit.
- Review with management the results of any regulatory financial audits.

Oversee related party agreements.

Santa Clara
Family Health Plan

Santa Clara County Health Authority

Provider Advisory Council Charter

Purpose

Pursuant to the Bylaws, the Governing Board shall establish a Provider Advisory Council to provide expertise to the Health Plan relative to their respective specialties. The Provider Advisory Council shall act as an advisory committee to assist Santa Clara Family Health Plan (SCFHP) in creating and maintaining a system of care in accordance with the six C's of care— Community, Collaboration, Coordination, Communication, Caring, and Compassion.

The Council's mission is to discuss regional or national issues regarding the relationships and interactions between providers, their patients, and SCFHP. These issues include improving health care and clinical quality, improving communications, relations and cooperation between providers and SCFHP, and clinical or regulatory matters that affect interactions between providers and SCFHP.

Members

The Provider Advisory Council shall have a sufficient number of members to provide the necessary expertise and to work effectively as a group. The Provider Advisory Council shall include 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 and representation from the behavioral health community.

All Provider Advisory Council members, including the chairperson, shall be appointed by the Health Plan's Chief Executive Officer.

All PAC members, including the Chair, serve two- year terms which may be renewed at the discretion of CEO, provided that the member is in compliance with the requirements set forth in this charter.

Provider Advisory Council members shall annually sign a Confidentiality Agreement. Failure to sign the agreement or abide by the terms of the agreement shall result in removal from the Committee.

Meetings

Regular meetings of the Provider Advisory Council shall be scheduled quarterly. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chair, the Chief Executive Officer, or a majority of the members of the Committee.

Committee members must attend at least two meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of the Committee members shall constitute a quorum for the transaction of business.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an agenda item, as necessary.

Meetings of the Provider Advisory Council shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

The Director of Provider Network Management is responsible for notifying members of the dates and times of meetings and preparing a record of the Council's meetings.

Responsibilities

The following goals and objectives shall serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal, or other conditions. The Committee shall also carry out any other responsibilities delegated to it by the Board from time to time.

- Address clinical and administrative topics that affect interactions between physicians/providers and SCFHP.
- Discuss regional, state, and national issues related to enhancing patient care.
- Provide input on health care services of SCFHP.
- Provide input on the coordination of services between networks of SCFHP.
- Improve communications, relations, and cooperation between physicians/providers and SCFHP.
- Provide expertise to SCFHP relative to their area of practice.

Santa Clara
Family Health Plan

Santa Clara County Health Authority

Pharmacy and Therapeutics Committee Charter

Purpose

The Pharmacy and Therapeutics Committee shall provide oversight of the Santa Clara Family Health Plan (SCFHP) pharmacy program and plan formularies, and clinical criteria to promote maximal health outcomes.

The Committee reports to the Quality Improvement Committee (QIC). Signed minutes of the Committee are presented to the QIC by the Chair or designee.

Members

The Pharmacy and Therapeutics (P&T) Committee shall have a sufficient number of members to provide the necessary expertise and work effectively as a group. Membership shall include physicians and pharmacists with a specialty mix that reflects the medical needs of the populations of the SCFHP membership, including a pediatrician, a practitioner who specializes in the care of the elderly, a community-based pharmacist, and a psychiatrist or other prescribing behavioral health practitioner. All members, including the Chair, serve two-year terms which may be renewed at the discretion of the Plan, provided that members have met the requirements set forth in this charter.

No person who holds a direct financial interest in an affiliated heatlh care entity is eligible for appointment. P&T Committee members shall annually sign a Confidentiality Agreement. Failure to sign the agreement or abide by the terms of the agreement shall result in removal from the committee.

Meetings

Regular meeting of the P&T Committee shall be scheduled quarterly. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Committee members must attend at least two meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of voting members shall constitue a quorum for the transaction of business.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an agenda item, as necessary.

Responsibilities

The following goals and objectives shall serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal and other conditions:

- Review pharmacy department policies annually and changes ad hoc.
- Provide oversight of the plan's formulary development and maintenance.
- Verify that the pharmacy department functions meet the standards and requirements of regulatory and licensing bodies.
- Oversee the creation and maintenance of clinical criteria for prior authorization.
- Review utilization reports by selected service for patterns of under and over utilization.
- Promote the delivery of quality patient care in an efficient and cost effective manner.

Santa Clara
Family Health Plan

Santa Clara County Health Authority

QUALITY IMPROVEMENT COMMITTEE CHARTER

Purpose

The Quality Improvement Committee (QIC) shall oversee Santa Clara Family Health Plan's Quality Improvement Program, which is an organization-wide commitment to utilize a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members, including those with special needs. This 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.

Members

Pursuant to the Bylaws, the Governing Board shall establish a QIC to provide expertise to the Health Plan relative to their professional experience. The QIC shall have a sufficient number of members to provide the necessary expertise and to work effectively as a group. The QIC shall include 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, and representation from the behavioral health community.

All QIC members, including the Chairperson, shall be appointed by the Health Plan's Chief Executive Officer (CEO). All QIC members, including the Chairperson, can serve up to three two-year terms. Additional terms may be appointed at the discretion of the CEO, provided that the member is in compliance with the requirements set forth in this charter.

QIC members shall annually sign a Confidentiality Agreement. Failure to sign the agreement or abide by the terms of the agreement shall result in removal from the Committee.

Meetings

Regular meetings of the QIC shall be scheduled quarterly. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Special meetings may be held at any time and place as may be designated by the Chairperson, the CEO, or a majority of the members of the Committee.

Committee members must attend at least two meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of the Committee members shall constitute a quorum for the transaction of business.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an agenda item, as necessary.

Meetings of the QIC shall be open and public pursuant to the Ralph M. Brown Act (Gov. Code § 54950 et seq.)

The Director of Quality Improvement is responsible for notifying members of the dates and times of meetings and preparing a record of the Committee's meetings.

Responsibilities

The goals and objectives below shall serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal, or other conditions. The QIC also oversees the Utilization Management Committee, Credentialing and Peer Review Committee, and Pharmacy and Therapeutics Committee. The Committee shall also carry out any other responsibilities delegated to it by the Board from time to time.

Quality improvement Program goals and objectives are to monitor, evaluate and improve:

- 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 plan population
- The important clinical and service issues facing the Medi-Cal and CMC populations relevant to its demographics, high-risks, and disease profiles for both acute and chronic illnesses, and preventive care
- The continuity and coordination of care between specialists and primary care practitioners, and between medical and behavioral health practitioners
- The accessibility and availability of appropriate clinical care and to a network of providers with experience in providing care to the population
- The qualifications and practice patterns of all individual providers in the Medi-Cal network to deliver quality care and service
- Member and provider satisfaction, including the timely resolution of complaints and grievances

- Compliance with regulatory agencies and accreditation standards
- Compliance with Clinical Practice Guidelines and evidence-based medicine
- Design, measure, assess, and improve the quality of the organization's governance, management, and support processes
- Monitor utilization practice patterns of practitioners, contracted hospitals, contracted services, ancillary services, and specialty providers
- Provide oversight of quality monitors from the contracted facilities to continuous assess that the care and service provided satisfactorily meet quality goals

Santa Clara
Family Health Plan

Santa Clara County Health Authority

Utilization Management Committee Charter

Purpose

The Utilization Management Committee shall provide oversight of the SCFHP plan for effective utilization review and management of inpatient and outpatient resources in a manner that is efficient, cost effective and promotes the highest quality of care in the community.

The Committee reports to the the Quality Improvement committee (QIC). Signed minutes of the Committee are presented to the QIC by the Chair or designee.

Members

The Utilization Management Committee shall have a sufficient number of members to provide the necessary expertise and work effectively as a group. Membership shall include primary and specialty care providers with a specialty mix that reflects the health care needs of the populations of the SCFHP membership, including behavioral health. Members are appointed by the CEO, and include the plan CMO or designated medical director. All members, including the Chair, serve 2 year terms which may be renewed at the discretion of the Plan, provided that members have met the requirements set forth in this charter.

No person who holds a direct financial interest in an affiliated heatlh care entity is eligible for appointment. UMC members shall annually sign a Confidentiality Agreement. Failure to sign the agreement or abide by the terms of the agreement shall result in removal from the committee.

Meetings

Regular meetings of the Utililzation Management Committee shall be scheduled quarterly. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Committee members must attend at least two meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d). The presence of a majority of voting members shall constitue a quorum for the transaction of business.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an agenda item, as necessary.

Responsibilities

The following goals and objectives shall serve as a guide with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal and other conditions:

A. Review the Utilization Program, Work Plan and Program evaluation annually
B. Provide oversight for review and utilization of inpatient and outpatient services.
C. Verify that utilization management functions meet thestandards and requirements of regulatory and licensing bodies
D. Oversee the adoption and usage of well defined criteria for medical decision making
E. Review utilization reports by selected service for patterns of under and over utilization
F. Promote the delivery of quality patient care in an efficient and cost effective manner

SANTA CLARA FAMILY HEALTH PLAN
PROVIDER ADVISORY COUNCIL
FEBRUARY 4, 2016
BOARDROOM

PAC Attendees:

Attendees	Specialty	Present Y/N
Thad Padua, M.D.	IHC Pediatric Center – Pediatrics	Y
Bridget Harrison, M.D.	Valley Health Plan – Family Practice	N
Dolly Goel, M.D.	Valley Health Plan Medical Director – Internal Medicine	Y
Peter Nguyen, D.O.	Kelly Park Medical Clinic – Family Practice	Y
Sherri Sager	Lucile Packard Children's Hospital	Y
Steven Ho, M.D.	Physician's Medical Group Medical Director	N
Steve Church	Willow Glen Center – SNF	Y
Tuyen Ngo, M.D.	Premier Care Medical Director	N
Jimmy Lin, M.D.	Internal Medicine	Y
Kenneth Phan, M.D.	Silicon Valley OB/GYN	N
David Mineta	Momentum for Mental Health	Guest

SCFHP Attendees: Christine Tomcala, CEO; Jeff Robertson, CMO; Lily Boris, MD, Medical Director; Dave Cameron, CFO; Ngoc Bui-Tong, Director of Health Care Economics; Jennifer Clements, Director of Provider Network Management; Lori Anderson, Operations Director, MLTSS; Abby Baldovinos, Sr. Provider Services Representative; Art Shaffer, Sr. Provider Services Rep, Robyn Esparza, Administrative Assistant

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Meeting Called To Order	Dr. Thad Padua, Chairperson, called the meeting to order at 12:20. A quorum was not present when the meeting was called to order. Dr. Padua started roll call and advised the Committee that the minutes would be approved when a quorum was present. The Committee members individually introduced themselves. Dr. Jeff Robertson, Chief Medical Officer (CMO), took the opportunity to introduce the following new attendees of the committee: Dr. Lily Boris: Dr. Robertson introduced Dr. Lily Boris as the new Medical Director of SCFHP. She joined SCFHP in December, but had previously been with the Plan for five (5) years from 2007 – 2011. She went on to become Chief Medical Officer at Alameda Alliance for Health. Mr. David Mineta: Dr. Robertson also introduced Mr. David Mineta, who is the new President and CEO for Momentum for Mental Health which is our largest mental health provider outside of County Mental Health. Dr. Robertson invited the Committee to review David's exceptional resume. Dr. Robertson offered Mr. Mineta the opportunity to address the Committee. Mr. Mineta offered his appreciation to attend the SCFHP Provider Advisory Council. He advised the	None		

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	Committee that Momentum for Mental Health is the largest adult provider in Santa Clara County. They are about a little over $34 million right now, all in Santa Clara County, with over 400+ staff. They serve over 4,700 patients a year. Momentum is the largest county contracted non-profit provider for mental health adult services.			
Public Comment	There were no public comments.	None		
Review of Minutes	Dr. Thad Padua, Chair, noted with the arrival of additional members, the Committee had a quorum. The minutes from October 10, 2015, were reviewed. Ms. Christine Tomcala, Chief Executive Officer (CEO), noted following revision to be made regarding her comments on her report: With regard to "Reductions in Cal Revenue" on Page 2, which notes that although some of the rates for this program were cut by 3 or 6%, Ms. Tomcala wanted to clarify and correct the minutes, stating that we've actually had three (3) different reductions for different time periods going back to July 2014, all retroactive. One was 6%, one was 5% and then there was another for 20%. It was quite a bit more than 3-6%. Dr. Padua asked for a motion to approve the minutes. Minutes approved with revisions as noted by Ms. Tomcala.	Minutes approved as amended.	Robyn Esparza	04/07/16
CEO Update	CONSIDERATION OF NEW COMMITTEE MEMBER Ms. Christine Tomcala, CEO, thanked Dr. Robertson for introducing Mr. David Mineta, President and CEO, Momentum of Mental Health, who is present today for consideration as a new PAC member. Ms. Tomcala requested an action by the Committee to officially recommend appointment of Mr. David Mineta to this Committee. The Committee unanimously approved the appointment. This recommendation will be taken to the next Board meeting for approval. ENROLLMENT SUMMARY Ms. Tomcala presented the Enrollment Summary as of February 1, 2016 (copy attached herein). Ms. Tomcala noted total membership of 269,000. The breakdown for each line of business is as follows: • Healthy Kids: 4,148 • Cal MediConnect: 8,886 • Medi-Cal: 255,293 • Medi-Cal Age 0 – 18: 40% (103,677) • Medi-Cal Age 19 and over: 60% (152,252	Present recommendation to Governing Board for approval. Informational	CEO	04/07/16

SANTA CLARA FAMILY HEALTH PLAN
PROVIDER ADVISORY COUNCIL
FEBRUARY 4, 2016
BOARDROOM

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	ENROLLMENT SUMMARY Ms. Tomcala noted that the Health Plan has had extended growth up to this period and we do expect that to stabilize going forward. The Medi-Cal expansion has already happened and we are no longer receiving passive enrollment on the Cal MediConnect (CMC) product. So, we do expect membership to stabilize. She also noted that the composition of our membership has changed with Medi-Cal expansion and CMC. At present, our adult population is running approximately 60% of our members and the 0 thru 18 year of age portion is running about 40%. So, that's a flip from what it used to be. CONTRACTS Ms. Tomocala announced that the Plan has signed a contract with O'Connor Hospital.	Informational		
	COMPLIANCE CONSULTANTS Ms. Tomcala advised the Committee that a key area of focus for the Health Plans is compliance. Since, it is our number one plan objective this year, the Health Plan has engaged a consulting firm by the name of WeizerMazars to provide a full assessment for our audit readiness. Our assessment will include a review of the Medi-Cal product line, the CMC product line as well as NCQA accreditation readiness. Part of the assessment includes a review of our policies and procedures to make sure they are compliant with all of these entities. It's really not a moment too soon because the Health Plan received notification that CMS and DMHC will be here for a joint medical audit in April between the 11th through the 22nd. It is a broad spectrum audit of medical operations as well as areas of focus like access and delegation oversight. Dr. Robertson reminded the Committee that there is a filed visit component to the audit, where the auditors conduct a site visit to contracted provider offices which includes a chart review. Dr. Robertson stressed the importance of taking this information back to their organizations with the reminder that the audit will be taking place and auditors must be allowed access to the offices for the purpose of reviewing records. There may only be one day notice at the most. GOVERNING STRUCTURE Ms. Tomcala noted that as part of our overall compliance assessment we anticipate changing our governing structure. During our last meeting we discussed updating our Committee charter and perhaps changes to the Bylaws. Dr. Robertson will address these changes later in the meeting.	Informational Informational		

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
ACA Payment Update	Ms. Ngoc Bui-Tong, Director of Health Care Economics, updated the Committee on the ACA payment. She advised that in the year 2015, we made a payment in December 2015. Currently, we're working on the capitated enumeration and valuing it at Medicare for payment for January through June 2015. We're probably going to continue to the end of February. Then, we will do another look back for those that we didn't capture already in the payment for the rest of calendar year 2015.	Informational		
MLTSS	COMMUNITY BASED ADULT SERVICES (CBAS) Ms. Lori Anderson, Operations Director, LTSS, presented the finalized flyer for CBAS benefits and services (copy attached herein). Ms. Anderson indicated that the document was created based on the conversation that was had at an earlier Committee meeting. A draft was presented at the last meeting and some good questions were asked (i.e., what benefits are offered at a CBAS facility; why should providers refer patients to CBAS?). So, this flyer was created with the hope that members and providers understand what the benefits are and why it's such an important program. Ms. Anderson noted the flyer is a tool for the providers to use. She highlighted that at the bottom there is contact information to discuss with a staff member to answer any questions a provider might have in regards to whether or not a patient is a good candidate for CBAS. Ms. Anderson noted that all contracted facilities have openings and are currently recruiting. Ms. Anderson noted ideally they would really like some help with getting the word out about CBAS. That's the only reason we created the flyer because it's really a program that a lot of people don't know about or understand. Committee members inquired as to how the centers monitored? Ms. Anderson explained they are actually licensed by the California Public Health Department. In addition, the Plan has Provider Service Reps that go out and visit the sites and regularly interact with the sites.	Informational		
Children's Complex Care Issues	Ms. Sheri Sager, LPCH representative, advised that since the last meeting, the Governor did sign legislation withstanding existing CCS carve out for one year. The department is now looking only at County organized health systems. They have realized that there are significant problems in acute plan county models because, why they might be able to mandate it for the local initiative, they can't for the other plans and that creates all sorts of other complications. So, for the moment, they're staying away from the two plan counties. That could change. They're focusing only on the County organized health system. There still appears to be a lack of	An update will be presented at the next meeting.	S. Sager	04/07/16

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	understanding of what the current Children's Care System (CCS) provides. There was a stakeholders meeting and reviewed a comparison chart that basically said Managed Care can provide all this, CCS doesn't provide any of this, when it's really the other way around. They don't understand the special care centers and care coordination. So, it's still going forward. Although, yesterday, despite the fact that they had a State Senate hearing, Senator Hernandez, Chair of House Committee, said I do not want to see language implementing this coming through budget trailer language. Yesterday, they proposed budget trailer language, which is what they're going to try to do. So, it is still being monitored. We're trying to work with them to make it a smoother transition for the children who live in County organized health systems. There is still a lot of concern about those kids being able to cross county lines to get to the most appropriate provider and specialist. Ms. Sager emphasized it was, no disrespect to adults, but that they really haven't worked with this population and it's not appropriate for those kids ending up at a children's' hospital or UC or Valley Medical Center, rather than a place where they have these special care centers where they get them there first, rather than last. The CCS system always dealt with physical health care issue. Although a lot of us would argue that it needs to move into the mental health. There are many examples. One of them being, for the last five years, they've been so focused on just moving into managed health care, but they haven't looked at other ways to strengthen the existing programs and to diagnosis that would actually make sense to be there. It expires December 31, 2016. We've met with the partnership plan in October and they freely admitted in a session that even if it goes live on January 1st, they are not going to be ready.			

SANTA CLARA FAMILY HEALTH PLAN
PROVIDER ADVISORY COUNCIL
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ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
CMO UPDATE	AWARD Dr. Robertson noted that he will continue with the theme of compliance. The Health Plan dedicated substantial time on the agenda to discuss the charter, because this Committee reports directly to the Board. It's one of our most important committees to the Board and to our organizational structure. So, we need to redefine our charter and that includes membership and terms, but also what our vision should be. We have a new year and new CEO, who brings new vision. We have new programs that demand new solutions, like Cal MediConnect. Dr. Robertson wasn't at the last meeting because he was attending a DHCS meeting in Sacramento. During this meeting the Health Plan was awarded as the most outstanding midsize health plan in the state. There are two things Dr. Robertson stressed, first is the most outstanding and the second is midsize. When he started here three (3) years ago, we were 130,000 members, two thirds of them of them were kids and we knew what to do. However, over the last year things changed a lot. We've doubled in size, now 270,000. Kids are a third of our population, rather than two thirds of our population. We are covering one out of four citizens in Santa Clara Valley. These are the most disadvantaged and often the sickest people in our community that we are accountable for and so we are no longer just a mom and baby little plan. We are a major driver of healthcare and of innovation in our community to one out of every four citizens that lives here. VISION / RESET BUTTON Dr. Jeff Robertson, CMO, invited the Committee members to work with us, talk to us, help us think about innovation, ideas, possibilities that could help us move forward as community partners. Health Home has been proposed by the State to start in this county in July of 2017 for those with behavioral health and January of 2018 for everybody else. We've talked about Health Homes a little bit in the past, we will discuss it a lot more in the future. Health Homes is basically Cal MediConnect for Medi-Cal. So, instead of having 9,000 Cal MediConnect members we are going to have 270,000. In a short period of time we need to work toward solutions for these community issues. Innovation Dr. Robertson stressed that is kind of the vision he wants to drive toward with this group as we move forward. Dr. Robertson acknowledged that Ms. Sherri Sager has done that in the past by bringing issues to the Committee for discussion, and he invited all Committee members to bring ideas and concepts to the table.	Informational		

SANTA CLARA FAMILY HEALTH PLAN
PROVIDER ADVISORY COUNCIL
FEBRUARY 4, 2016
BOARDROOM

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
CHARTER	Dr. Jeff Robertson, CMO, advised the Committee that we need to create a Committee Charter to present to the Governing Board for review. The Committee discussed the objectives, including the six C's of care: Community, Collaboration, Coordination, Communication, Caring and Compassion. The charter also will state that membership is appointment by the CEO, confirmed by the Board of Directors. I would propose that the terms would be two years, with no maximum number of terms. We currently have term limit, which will affect everybody here by the end of the year. However, with the no maximum number of terms, there will be some requirements or reinstatement that you have to attend greater than 50% of meetings in a two year term which is eight meetings. That means you have to attend five of the eight meetings The current charter says the composition of this group is Medical Directors of each IPA and a few other individuals. Ms. Sager commented that she'd like to see other categories to include someone like me on the Committee because she would like to continue participation. Mr. Church suggested having an odd number. Dr. Robertson indicated that this particular committee doesn't vote very much because it is an advisory committee, rather than a regulatory meeting. Ms. Boris commented if there does happen to be an item that is so contentious that it requires a vote, it should probably have further discussion and come back per Ms. Boris. Dr. Robertson advised the Committee that we would take all of their suggestions and create a draft for the Committee to review at the next meeting.	Draft of charter to be emailed to committee for review and comments. It will be sent out for electronic approval.		
2016 Confidentiality & Conflict of Interest Statement	Dr. Padua presented the 2016 Confidentiality & Conflict of Interest Statement and asked the Committee members to sign and date for the record.	Informational		
Adjournment	Meeting Adjourned at 1:50. Next Meeting is scheduled for April 7, 2016. A meeting invite will be sent out.	Informational		

Signature:_____ Date:_____

DAVID K. MINETA

SUMMARY

- **Nationally recognized leader** in behavioral health prevention/promotion, treatment, and recovery programs and policies
- **Highly connected and politically savvy expert** with over 20 years experience as Office of National Drug Control Policy deputy director, elected school board trustee, state and local innovator and coalition leader, nonprofit program designer and implementer, and direct services counselor to high-risk youth
- **Skilled fundraiser** with 80-90% success rate in securing grants from Federal, state, and local government, and private foundations totaling at least $18,750,000 over course of career
- **Natural communicator** with uncanny ability to genuinely connect with wide spectrum of diverse audiences such as senior White House staff, private foundations, elected officials, boards, elementary school students, gang-members, refugees, elders, LGBT communities, and ethnic and racial minority communities
- **Innovator** in substance abuse prevention, treatment, and recovery programs, who has provided direct, life-affirming services to 12,530 youth and other clients
- **Mission-driven, compassionate manager** skilled at creating and motivating high-performing teams, cultivating collaborative workplaces that spur mutual growth of both organization and staff, and highly committed to applying strong business practices in nonprofit settings to better leverage resources
- **Passionate** about serving others, particularly vulnerable and historically underserved communities

EXPERIENCE

MOMENTUM FOR MENTAL HEALTH, San Jose, CA 2015- present
President and CEO

- Lead the organization in the development and implementation of long-term vision, strategies and plans that are designed to maximize the effectiveness of client services and meet the challenges of a changing health care landscape. Ensure ongoing assessment of current programs, administration and structure, and identify needed changes.
- Develop and support a cohesive, collaborative and effective executive team. Provide leadership to ensure a safe, productive and enjoyable working environment for staff and clients.
- Develop and support a cohesive, collaborative and effective senior management team, and ensure that human resources and management practices support a compassionate, high-performing, client-services focused culture.
- Continually monitor and assess government contracts to ensure continuity of service, and proactively assess shifts in funding in terms of program direction. Develop and implement plans for income diversification. Work closely with the Board and development staff to maintain and grow contributed revenue.
- Ensure that Momentum operates in a financially sustainable manner, and maintain effective financial management practices from the executive office to the program management level. Work closely with the Board of Directors and its committees to ensure strong and appropriate fiduciary oversight, governance and engagement.
- Assume overall accountability for programmatic success, including ensuring that outcomes are set, measured and met/exceeded. Oversee continual assessment of program relevancy and sustainability, and stay well informed on trends in behavioral health services and health care reform.

WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY, Washington, DC 2010-2015
Deputy Director, Office of Demand Reduction

- Oversee all federal drug control policy related to illicit drug demand reduction; lead overhaul of federal policy from “war-on-drugs” to balanced public health model across relevant federal agencies.
- Lead interagency budget guidance discussions connected to $10.8 billion for demand reduction programs.
- Manage 10 staff and over 20 interagency relationships to ensure robust, national substance use disorder services infrastructure.
- Oversee integration of substance use disorders into Affordable Care Act implementation by federal, state, and local agencies; provide stakeholder guidance on workforce, e-health records, and essential benefit packages.
- Established historic federal recognition of “recovery” as type of substance use disorder service; created new working group to increase resources for recovery services among federal, state, and local stakeholders.
- Founded new working group for electronic health records (EHR); established federal guidelines requiring integration of substance abuse data collection as a prerequisite to federal certification of EHR systems.

JEFFERSON UNION HIGH SCHOOL DISTRICT BOARD OF TRUSTEES, Daly City, CA 2000-2010
Trustee, Board President

- Elected to school board representing five schools and 5,000 students and families; served twice as board president.
- Selected as delegate assembly representative for San Mateo and San Francisco counties to California School Boards Association.
- Through the superintendent, oversaw implementation of No Child Left Behind in district with large population of Title I students.

- Collaborated with and member of Jefferson Council PTA for 10 years as a Trustee.
- Secured federal grant in 2006 for cutting-edge and innovative program creating small learning communities within a large underachieving comprehensive high school; leveraged stakeholder relationships to create consensus around the proposal, resulting in narrowing of the achievement gap.
- Rallied support for and passed a facilities bond that provided $136 million for district wide school facility improvements.

ASIAN AMERICAN RECOVERY SERVICES, INC., South San Francisco, CA 1996-2010
Various: Deputy Director, Associate Director, Youth Services Manager, and Program Manager
- Managed 150 staff, serving over 2,000 Asian Pacific Islander, Latino, mainstream clients annually across the Bay Area.
- Helped increase annual budget by 400% from $3 million to $12 million; exponentially increased programmatic reach, and funded infrastructure expansion from four to seven sites; directed all grants development work.
- Developed and reached targets to provide superior salary and benefits packages, including certification programs, to attract, train, and motivate the best staff.
- Represented executive director and board of directors in contract negotiations and other business matters.
- Orchestrated and led multiple community collaborations, including the "Partnership for a Safe and Healthy Pacifica," with federal, state, and local government, philanthropic organizations, and other community-based non-profits and educational institutions; successfully wrote a federal grant, securing $1 million per year for substance abuse reduction in Pacifica.
- As Associate Director for San Mateo County, supervised all agency services in the county including all adult and youth contracts; secured funding that expanded youth services from a staff of two to 20.

LUTHERAN SOCIAL SERVICES OF NORTHERN CALIFORNIA, Sacramento, CA 1995-1996
Manager, Project REACH
- Managed 10 staff to implement federally funded youth drug prevention and early intervention program targeting underserved Hmong, Mien, and Laotian families in Northern Sacramento.
- Provided culturally competent direct services to 50 middle and high school students facing acculturation issues, mental health, gang violence, and teen pregnancy. Led culturally appropriate educational outreach events.

SANTA CLARA COUNTY DEPARTMENT OF ALCOHOL AND DRUG SERVICES, San Jose, CA 1994-1995
Counselor
- Provided individual and group counseling to very high-risk substance-abusing adolescent population at Foothill Continuation High School.

SAN JOSE UNIFIED SCHOOL DISTRICT, San Jose, CA 1994-1994
Counselor
- Provided school-based crisis counseling, and assessment and referral services to elementary school children at Terrell and Randall Elementary Schools.

ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT, San Jose, CA 1991-1994
Manager, Substance Abuse Prevention for Asian Americans Project
- Managed 10 staff for CSAP-funded youth substance abuse prevention and early intervention program targeting at-risk Cambodian, Laotian, and Vietnamese youth.
- Provided individual and group counseling to students referred by high schools, coordinating all services with external evaluation consultants.
- Wrote and secured prevention grant for over $1 million annually for five years.

APPOINTMENTS AND DISTINCTIONS

- Center for Substance Abuse Prevention National Advisory Council, June 2009
- SVCF's Peninsula Partnership Leadership Council that wrote San Mateo County Children and Youth Bill of Rights, 2008-10
- Appointed by San Mateo County Board of Supervisors to San Mateo County First Five Commission, 2008-10
- Selected to represent community-based organizations for the National Network to Eliminate Disparities (NNED) in 2007, a project of the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Co-led San Mateo County committee to update the substance abuse prevention plan, entitled the Roadmap for Alcohol, Tobacco, and Other Drug Prevention, 2006.
- Selected by California Alcohol and Drug Programs to serve on the Continuum of Services System Re-Engineering Task Force to redesign the state's prevention, treatment, and recovery services, 2005.
- Co-founded the Partnership for a Safe and Healthy Pacifica, a Drug Free Communities Awardee, 2005.

SELECTED PRESENTATIONS AND SPEECHES

- Substance Use Disorders and Health Care Reform, California's Alcohol and Drug Programs Training Conference, 2012
- On local substance abuse prevention collaborations, California's 16th Cultural Competency Summit, 2009

- The Minority Male Initiative, The College Board's series on Minority Issues in Education, 2008
- On prevention and intervention for co-occurring disorders in ethnic minority communities, The American Psychiatric Association's Office of Minority and National Affairs, 2008
- On the preliminary findings on the use of the evidence-based model, Brief Strategic Family Therapy (BSFT), in Asian and Pacific American families, SAMHSA Joint Meeting on Adolescent Treatment Effectiveness (JMATE), 2008

PROFESSIONAL AFFILIATIONS (retired due to Federal conflict of interest rules)

- American Public Health Association (APHA), retired member
- California School Boards Association (CSBA), former member
- Community Anti-Drug Coalitions of America (CADCA), retired member
- National Association of Social Workers (NASW), retired member

EDUCATION

CALIFORNIA STATE UNIVERSITY, SAN JOSE, Master of Social Work, 1990

UNIVERSITY OF CALIFORNIA, BERKELEY, Bachelor of Arts in Political Science, 1986

Santa Clara Family Health Plan
The Spirit of Care

www.scfhp.com

Santa Clara County Health Authority

Unified Managed Care Strategy
Board Team Meeting

Friday, April 1, 2016
2:30 PM - 4:00 PM
Santa Clara Family Health Plan
Cambrian Room
210 E. Hacienda Avenue
Campbell CA 95008

MINUTES

Members present:
Ms. Michele Lew
Ms. Dolores Alvarado
Mr. Bob Brownstein
Mr. Paul Murphy

Members not present:
Mr. Christopher Dawes

Staff present:
Ms. Christine Tomcala

1. **Call to Order**

Mr. Brownstein called the meeting to order at 2:30 PM.

2. **Minutes Review and Approval**

The Board Team reviewed minutes from the November 6, 2016 meeting.

It was moved, seconded, and approved to approve the November 6, 2016 meeting minutes as presented.

3. **Public Comment**

There were no public comments.

3. Unified Managed Care Strategy

The Board Team reviewed notes summarizing the County's response to Santa Clara County Health Authority's Integrated Managed Care Proposal. The proposal had been discussed at a meeting with representatives from Valley Health and Hospital System (VHHS) on January 20, 2016.

The notes were from a follow-up discussion with Rene Santiago, who indicated VHHS was very receptive to collaborating on improving the health of safety net populations in a fiscally responsible manner, based on mutual agreement. He specifically expressed interest in pursuing a joint strategic planning process, and supported engagement of a consultant to assist with planning and facilitation.

Discussion ensued regarding potential consultants, discussion topics to include in strategic planning, and the process for conducting the planning. The Board Team suggested a small group could start work on strategic planning preparation now, in anticipation of conducting an intensive joint strategic planning meeting in a larger group setting after elections in November.

Ms. Tomcala reported that efforts to schedule a follow-up meeting with VHHS were underway.

4. Adjournment

The meeting was adjourned at 3:47 PM.

Santa Clara
Family Health Plan
The Spirit of Care

Regular Meeting of the
Santa Clara County Health Authority
Executive Committee

Thursday, February 25, 2016
8:30 AM - 10:00 AM
210 E. Hacienda Avenue
Campbell CA 95008

VIA TELECONFERENCE AT:
Residence
1985 Cowper Street
Palo Alto, CA 94301

MINUTES – DRAFT

Members Present
Michele Lew, Chair
Bob Brownstein
Linda Williams
Wally Wenner
Liz Kniss (via telephone)

Staff Present
Christine Tomcala, CEO
Dave Cameron, CFO
Sharon Valdez, VP Human Resources
Rita Zambrano, Executive Assistant

Other Attendees
Richard Noack, Hopkins & Carley, LLC.
Alison Hightower, Littler Mendelson P.C. (via telephone)
April Pitt, SCFHP Employee
Isabel Olazcoaga, SEIU Local 521 Representative

1. **Roll Call**

Chairperson Lew called the meeting to order at 8:30 am. Roll call was taken and a quorum was established.

2. **Minutes Review and Approval**

It was moved, seconded, and the December 17, 2015 meeting minutes were **approved** as presented.

3. Public Comment

April Pitt, an employee with SCFHP and an SEIU Local 521 member, spoke on behalf of Maria Bejarano, a SCFHP employee for 10 years and a member of the SEIU Bargaining Team. Ms. Pitt provided the Executive Committee with an update on the Bargaining Unit's progress and their three goals: Fair Compensation, Union Security, and Workers' Benefits. Two of the three goals have been achieved and the one remaining issue is Fair Compensation.

SEIU members are proposing a committee where labor and management come together to create a compensation system that is fair and transparent. The committee would also allow Management and SEIU members to build on a partnership, coming together to put community first.

4. Adjourn to Closed Session

a. Conference with Labor Negotiators
The Executive Committee conferred with its Designated Representatives: Dave Cameron, Sharon Valdez, and Mr. Richard Noack.

b. Pending Litigation
The Executive Committee conferred with Legal Counsel regarding one item of existing litigation.

5. Report from Closed Session

Michele Lew reported that the Executive Committee met with its designated representatives for item 4(a) and conferred with Legal counsel on item 4(b) and no action was taken.

6. January 2016 Financial Statements

Dave Cameron reported on the January and January YTD 2016 financials.

For the month of January, there was a surplus of $1.2m and year-to-date the plan has a surplus of $9.0m. This represents a negative variance from budget of $3.6m YTD, which is primarily attributed to higher than anticipated long-term care expenses. Mr. Cameron also reported that the new Medi-Cal Expansion (MCE) preimum rates for the next fiscal year should be coming out as early as April. We are anticipating a decrease in the rates based on preliminary feedback from DHCS.

Enrollment growth year-to-date is 5.6% favorable to budget and has primarliy been in MCE. The Cal MediConnect (CMC) membership has grown 27% since the end of last fiscal year, but is lower than budget by 6% year-to-date. Enrollment by network is stable and there are no significant changes to report.

It was moved, seconded, and approved to accept the January 2016 Financial Statements as presented.

7. External Audit

Mr. Cameron reported on the external audit process and, based on directions from the last meeting, an Audit RFP has been drafted. We plan on sending it to firms this week and expect an appointment of a new audit firm to be in late April.

It was moved, seconded, and the RFP process for External Audit was **approved.**

8. Governing Board Committee Structure

Christine Tomcala discussed proposed revisions to the Board committee structure. The Santa Clara County Health Authority Governing Board would continue to maintain four committees identified in the Bylaws, the Bylaws Committee, Executive Committee, Provider Advisory Council, and Consumer Affairs Committee. The Quality Improvement Committee and its three subcommittees, the Utilization Management, Credentialing, and Pharmacy & Therapeutics Committees, which currently exist, would become recognized as part of the Board committee structure

Santa Clara
Family Health Plan
The Spirit of Care

Regular Meeting of the
Santa Clara County Health Authority
Executive Committee

Thursday, March 24, 2016
8:30 AM - 10:00 AM
210 E. Hacienda Avenue
Campbell, CA 95008

Minutes - DRAFT

Members Present:
Michele Lew, Chair
Bob Brownstein
Wally Wenner, M.D.

Members Not Present:
Liz Kniss
Linda Williams

Staff Present:
Christine Tomcala, CEO
Dave Cameron, CFO
Sharon Valdez, VP Human Resources
Rita Zambrano, Executive Assistant

Others Present:
Richard Noack, Hopkins & Carley LLC

1. **Roll Call**

   Chairperson Lew called the meeting to order at 8:30 am. Roll call was taken and a quorum was established.

2. **Minutes Review and Approval**

   It was moved, seconded, and the February 25, 2016 meeting minutes were **approved** as presented.

3. **Public Comment**

   There were no public comments.

4. **Adjourn to Closed Session**

   a. **Conference with Labor Negotiators**
   The Executive Committee conferred with its Designated Representatives: Dave Cameron, Sharon Valdez, and Mr. Richard Noack.

   b. **Pending Litigation**
   The Executive Committee conferred regarding one item of existing litigation.

   c. **Significant Exposure to Litigation**

The Executive Committee conferred relating to one item of significant exposure to litigation.

4. Report from Closed Session

Michele Lew reported that the Executive Committee met with its designated representatives for item 4(a) and conferred on items 4(b) & (c) and no action was taken.

5. February 2016 Financial Statements

Dave Cameron reported on the February and February YTD 2016 financials.

For YTD February, the Plan showed a surplus of $10.2 million. This represents a negative variance from the budget of $0.9 million. The primary driver of the variance is higher than expected Long Term Care (LTC) costs.

Receivables from DHCS have increased $30m since the beginning of the FY, primarily because of the delays in the State performing the recast of premium rates for both CCI and CMC populations. The Plan's payable to DHCS has also increased substantially this FY with the continued overpayments of the higher prior year MCE rates. In January, DHCS began recouping the overpayments and will continue to do so until it is fully paid back.

YTD February member months are 0.1% favorable to budget and 22.2% higher than February YTD last year.

It was moved, seconded, and approved to accept the February 2016 Financial Statements as presented.

7. External Audit RFP Update

Mr. Cameron reported that the Audit RFP was sent to three regional firms and requested a PDR analysis be done. The review process has begun and meetings will be scheduled in mid-April with a decision being made in early May.

8. Policy Review: GO.01 Organizational Policies

Christine Tomcala discussed the need for overhauling the structure, content, and review process of SCFHP's policies for consistency, and to ensure they meet State, Federal, and NCQA guidelines. Ultimately, it is the Board's role to oversee policies, which provide guidance regarding how the organization is operated. The draft policy on Organizational Policies provides guidance on the development of policies, and it outlines the designated approval process. Following executive approval of a policy, it will be brought to the Board for review.

It was moved, seconded, and approved to recommend to the Governing Board adoption of Policy GO.01.

9. CEO Update 30:00

Ms. Tomcala announced that Pat McClelland accepted a position with DHCS as Chief of the Systems of Care Division and will be leaving SCFHP after 20 years of service. The Committee wished to convey appreciation to Ms. McClelland for her years of dedicated service.

Ms. Tomcala also reported that DHCS/DMHC would be on-site for a joint audit the last two weeks of April. Staff are actively preparing for the audit.

In addition, Ms. Tomcala noted that DHCS has officially requested CMS to approve the MCO tax proposal.

Lastly, Ms. Tomcala indicated discussion continues with Valley representatives Paul Lorenz and Bruce Butler

regarding default PCP assignments for Medi-Cal Expansion (MCE) members.

Wally Wenner asked for an update regarding his request to have input on appointments to the Board. Ms. Tomcala provided a document summarizing the current Board appointments and terms. Discussion ensued regarding meeting with the Supervisors prior to future appointments.

It was noted the Board Team designated to address Unified Managed Care Strategy is scheduled to meet April 1st.

It was moved, seconded, and approved to accept the CEO update as presented.

10. Adjournment

The meeting was adjourned at 9:50 am.

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Elizabeth Pianca, Secretary to the Board

and subject to the Brown Act. The Compliance Committee, which is presently an internal staff committee, would also be added to the Board committee structure.

Ms. Tomcala stated that as part of chartering the comnmittees, there needs to be discussion regarding committee composition, including potential board representation on the Compliance Committee and the Quality Improvement Committee. One challenge, as previously noted by Dr. Wenner, is that the Board does not have multiple physicians that could serve on different committees.

> **It was moved, seconded, and approved to** recommend the proposed Board committee structure for Governing Board approval.

9. Executive Committee Charter

Ms. Tomcala presented a draft committee charter that took into consideration language in the Bylaws, current practice, and a desired state. The draft proposes to use the name Executive/Finance Committee, which more clearly reflects the duties of the committee as outlined in the Bylaws. The Bylaws further state that this committee shall also serve as the Audit Committee, which has also been the practice.

Ms. Tomcala further reviewed the Purpose, Membership, and Responsibilities of the committee. The Bylaws state the CEO is an ex officio member of the committee and Ms. Tomcala recommended that the CFO also be a recognized ex officio member, given that the committee is also responsible for finance and audit functions.

While the Purpose reflects the committee's authority to act on behalf of the Board in the event of an emergency, Linda Williams suggested this decision-making authority, with ratification of any actions by the full Board at its next meeting, also be stated under Responsibilities.

There was discussion regarding what constitutes a quorum, with the language from the Bylaws indicating it is the presence of a majority of committee members. A question was raised regarding whether ex officio members count toward a quorum. Discussion also ensued regarding review of vendor and provider agreements, and the potential parameters of contracting and signing authority policies.

> **It was moved, seconded, and approved** to recommend the Executive Committee Charter, with the revision noted regarding decision-making authority, for Governing Board approval.

10. PTO Accrual

Ms. Tomcala reported the Health Plan currently has a maximum PTO cap of 480 hours and allows employees to cash out up to 80 hours annually. Given the current workload and priorities, several staff are finding it challenging to take time off. While Ms. Tomcala is not recommending lifting the cap at this time, she is requesting authorization to temporarily suspend the PTO cap at her discretion based on business needs.

> **It was moved, seconded, and approved to** authorize the CEO to temporarily suspend the PTO accrual cap as needed.

11. CEO Update

Ms. Tomcala updated the committee on the status of the MCO tax.

Ms. Tomcala further reported on audit readiness, and announced that the plan received notice of a joint DHCS/DMHC audit to be conducted in April. She also stated that the Department of Managed Health Care is starting to send representatives to attend local health plan board meetings.

Lastly, Ms. Tomcala brought to the committee's attention a change in the interpretation and calculation of MCE member default PCP assignments to the Santa Clara County Public Hospital Health System. This interpretation has

been discussed with DHCS, and will necessitate a change in the distribution of auto-assigned members between Valley Health Clinics and Community Clinics to remain compliant with the All Plan Letter issued April 23, 2014.

It was moved, seconded, and approved to accept the CEO update as presented.

12. Adjournment

It was moved, seconded, and approved to adjourn the meeting at 10:15 am.

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Elizabeth Pianca, Secretary to the Board

Santa Clara
Family Health Plan
The Spirit of Care

Consumer Affairs Committee
Meeting Minutes
March 8, 2016

In Attendance:

Committee Members: Blanca Ezquerro, Danette Zuniga, Hung Vinh, Rachel Hart, Vu Tran, Myrna Vega and Waldemar Wenner, M.D.
SCFHP Staff: Christine Tomcala, Pat McClelland, Lori Andersen, Chelsea Byom, Laura Watkins

Item	Discussion	Action	Assigned to:	Due Date
Call to Order and Roll Call	Roll call was taken. The meeting was called to order at 6:10 p.m. A quorum was present.	None		
Review of Minutes	The minutes from the December 8, 2015 meeting were reviewed and approved.	None		
Public Comment	No public comment	None		
Health Plan Updates	Ms. Christine Tomcala provided the following update: SCFHP membership continues to grow. There are currently over 272,000 members enrolled. There are over 259,000 members enrolled in Medi-Cal, 4,100 enrolled in Health Kids and there are 8,700 members in the Medicare-Medi-Cal program, Cal MediConnect. Ms. Tomcala announced that the resignation of Pat McClelland. Ms. McClelland has worked at the plan for 20 years and she will be transitioning to a new role at the Department of Health Care Services (DHCS). The CAC responsibility will transition to Laura Watkins, Marketing and Communications Director. The CAC members expressed their gratitude to Ms. McClelland for her years of service.	None		

Item	Discussion	Action	Assigned to:	Due Date
Member Stories	Ms. Lori Andersen, MLTSS Director, was introduced. Ms. Andersen oversees the long-term services and supports (MLTSS) program for both the Cal MediConnect program and the Medi-Cal programs. Long-term Services and Supports (LTSS), including In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and Long-Term Care (LTC). Ms. Andersen explained Community-Based Adult Services (CBAS) is daytime health care program that gives family members a break from caring for family members with complex medical needs. The CBAS centers provide nursing, therapy, activities and meals for people with certain chronic health conditions. Members may receive services 2 – 5 days a week. One goal of the program is to identify and coordinate community services or supports to help members to continue to live independently in their home. A member, who is transitioning between a hospital and a nursing home, may also benefit from additional services and supports. Ms. Andersen shared that all SCFHP Case Managers are trained on the MLTSS benefits and how to apply and access these services. SCFHP understands an integrated medical and support services program like Cal MediConnect (CMC) may be confusing for some people. To help current and potential members understand more about the program, SCFHP created a brochure that highlights the experiences of members who have benefited from the integrated programs and services provided through the Cal MediConnect program. This collection of member stories was developed to help increase awareness about the benefits of the Cal MediConnect program and how the CMC program is making a difference in the lives of our members. The member stories are available in all five threshold languages. Ms. Andersen encouraged	None		

Item	Discussion	Action	Assigned to:	Due Date
	the CAC members to share this information with their friends and families. The CAC members appreciated the materials being available in all 5 languages. Dr. Wally asked if the provider community is educated about the CMC program. Ms. Watkins responded that the providers are an integral part of the members' care teams and contribute to identifying care goals for each individual member. SCFHP has created a version of the member stories for outreach to providers about the CMC program.			
Member Orientation Videos Script Review	Ms. Byom, Communications Project Manager, was introduced. Ms. Byom shared 3 new videos being developed and she wanted the feedback from the group on the video scripts. The three new videos are "What is Medi-Cal," "What to do when you're not feeling well," and "How to Keep your Medi-Cal Coverage." These topics were selected based on suggestions from the Committee at the December meeting. Ms. Byom distributed copies of the new video scripts to the Committee. The group reviewed and discussed each new video script and offered the following comments and suggestions. Ms. Hart felt the information provided in the "What to do when you're not feeling well" video was very helpful. She suggested adding words like "quick" or "efficient" so people will know they will get help right away. Ms. Zuniga suggested adding information to the "What is Medi-Cal" video letting people know that Medi-Cal is also for people with disabilities. After reviewing the content for the "How to Keep your Medi-Cal Coverage" script, Ms. Ezquerro asked if someone is not sure if their Medi-Cal is still active can they call SCFHP. Ms. McClelland responded that members can call SCFHP to verify their enrollment, but if the Medi-Cal coverage has ended, SCFHP may not know the reason why. A member should contact the SCC Social Services Agency directly if they have questions about their eligibility with Medi-Cal.	SCFHP will incorporate the Committee's suggestions.	Marketing Department	

Item	Discussion	Action	Assigned to:	Due Date
Future Agenda Items	The group would like to learn more about prescription benefits.	SCFHP will schedule an appropriate speaker.	Marketing Department	June 14, 2016 meeting
Adjournment	The meeting adjourned at 7:00 p.m.			
Next Meeting Date	The next meeting is scheduled on June 14, 2016 from 6:00 - 7:00 p.m.			

Consumer Affairs Committee Chairperson **Date**