

September 2014 Financial Summary

Board of Governors Meeting November 13, 2014



Fiscal Year 2014-15 Highlights

Operating Surplus:

- September \$1.2m and YTD \$10.2m (\$4.6m favorable to budget)
- ➤ Attributed to Medi-Cal: \$10.1m surplus due to Medi-Cal Expansion growth, lower Medical and Administrative costs YTD

Enrollment

- > September 2014 membership: 207,204 (9.2% favorable to budget)
- > September YTD: 615,705 member months (9.5% favorable to budget and 33% higher than last year)
- Continued growth in Medi-Cal Expansion membership (59.3% favorable to budget)



Consolidated Performance September 2014 and Year to Date

		Septe	mber				Year - To - Date					
Anton		5	\$		%			5	\$		%	
	Actual	Budget	Varia	nce	Variance		Actual	Budget	Vā	ariance	Variance	
	207,204	189,754		17,450	9.2%	Member Months	615,705	562,376		53,329	9.5%	
	\$55,019,458	\$49,768,361	\$5,2	251,097	10.6%	Revenues	\$155,280,145	\$145,048,491		\$10,231,654	7.1%	
	\$51,798,863	\$45,394,874	(\$6,4	403,989)	-14.1%	Medical Expenses	\$139,177,757	\$132,504,893		(\$6,672,864)	-5.0%	
\$	1,955,770	\$ 2,214,176	\$ 2	258,406	11.7%	Administrative Expenses	5,721,140	\$ 6,621,159	\$	900,019	13.6%	
\$	(84,530)	\$ (90,000) \$	(5,470)	6.1%	Non Operating	\$ (135,050)	\$ (270,000) \$	(134,950)	50.0%	
\$	1,180,295	\$ 2,069,311	\$ (8	889,016)	-43.0%	Net Surplus	\$ 10,246,198	\$ 5,652,439	\$	4,593,760	81.3%	
	94.1%	91.2%	Ď	-2.9%		Medical Loss Ratio	89.6%	91.4%	, D	1.7%		
	3.6%	4.4%	, D	0.9%		Administrative Loss ratio	3.7%	4.6%	, D	0.9%		



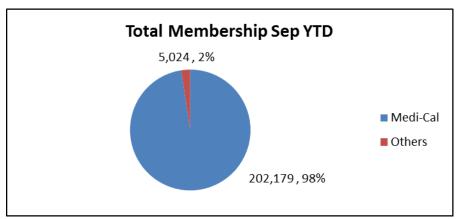
Enrollment Summary September and YTD

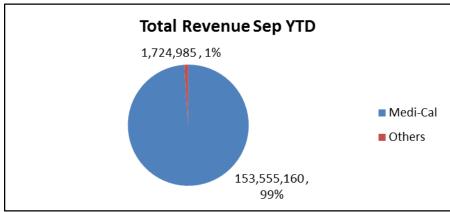
Santa Clara Family Health Plan Enrollment Summary

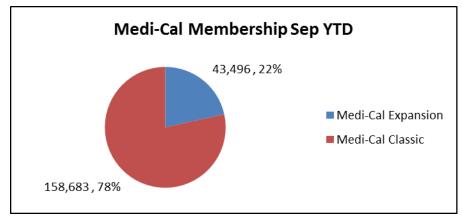
	For the M	onth of Septen	nber 2014	YTD Three Months Ending September 2014						
	<u>Actual</u>	Budget	% Variance	<u>Actual</u>	Budget	<u>%</u> Variance	Prior Year Actual	<u>% Change</u> <u>FY15 vs FY14</u>		
Medi-Cal	202,180	184,442	9.62%	600,389	546,440	9.87%	444,352	35.12%		
Healthy Families	-	-	0.00%	-	-	0.00%	179	(100.00%)		
Healthy Kids	4,910	5,196	(5.50%)	14,974	15,588	(3.94%)	16,294	(8.10%)		
Agnews	114	116	(1.72%)	342	348	(1.72%)	369	(7.32%)		
Healthy Workers			0.00%			0.00%	1,800	(100.00%)		
Total	207,204	<u>189,754</u>	9.20%	615,705	<u>562,376</u>	<u>9.48</u> %	<u>462,994</u>	<u>32.98</u> %		

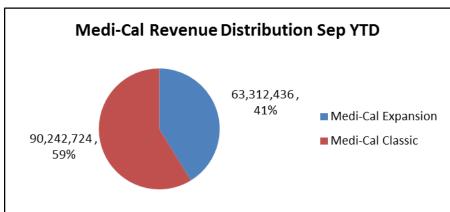


Medi-Cal Expansion comprises 22% of the plan's Medi-Cal membership and 41% of the Medi-Cal Revenue for Year – To – Date September 2014











Enrollment by Network - YTD

Santa Clara County Health Authority Enrollment Summary by Network September 2014

	Medi-Cal		Healthy Kids		AG		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	13,125	6%	151	3%	114	100%	13,390	6%
SCVHHS, Safety Net Clinics, FQHC	110,658	55%	3,404	69%	0	0%	114,062	55%
Palo Alto Medical Foundation	4,879	2%	46	1%	0	0%	4,925	2%
Physicians Medical Group	39,095	19%	1,142	23%	0	0%	40,237	19%
Premier Care	13,444	7%	167	3%	О	0%	13,611	7%
Kaiser	20,979	10%	0	0%	<u>O</u>	<u>0%</u>	20,979	10%
Total	202,180	100%	4,910	100%	114	100%	207,204	100%
Enrollment @ 6-30-14 Net % Change from Beginning of FY	187,085 8.07%		<u>5,323</u> - <u>7.76</u> %		<u>115</u> - <u>0.87</u> %		192,523 7.63%	

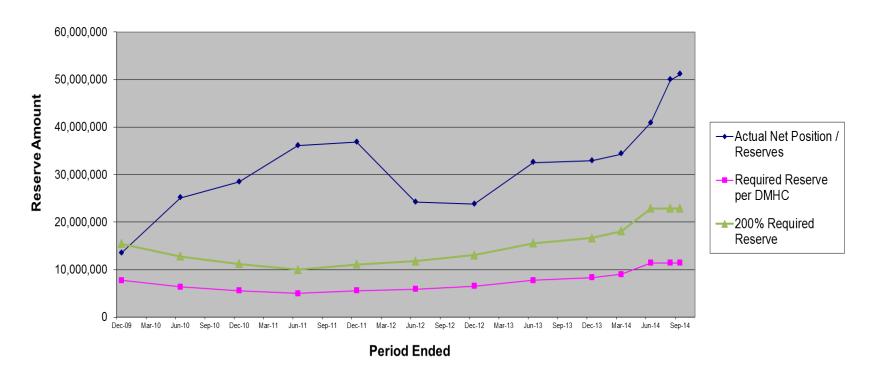
Membership has increased 8.07% since the beginning of the Fiscal Year, primarily as a result of Medi-Cal Expansion which started January 1, 2014 and has grown to 43,496 members.



Tangible Net Equity at September 30, 2014

TNE is \$51.1 million or 4.47 times the minimum TNE required by the Department of Managed Health Care (DMHC). The Plans reserves are roughly \$58.2m below the reserves targeted by the Authority Board of two months capitation revenue.

TNE Actual vs. Required



Santa Clara Family Health Plan

An Exceptional Year

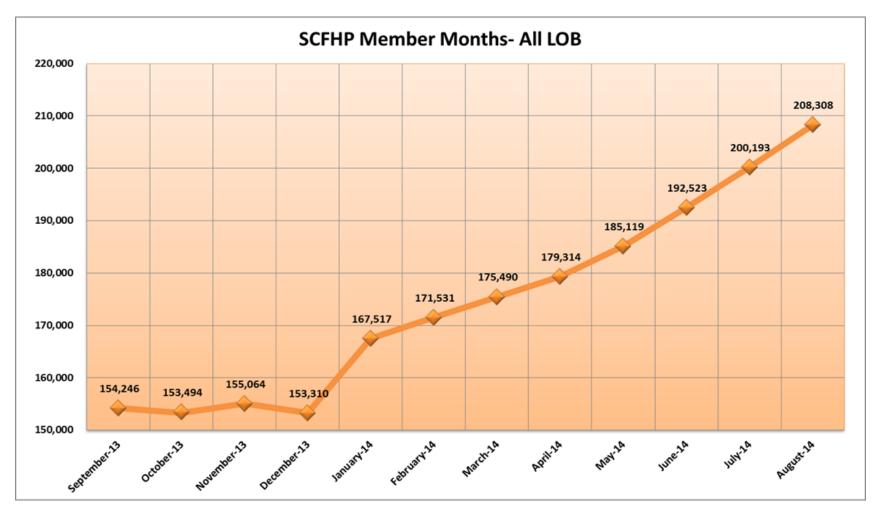
2014 in Review

Jeff Robertson MD
Chief Medical Officer





Growth - the BIG story



Avg Age 20.77 27.30

- Low Income Health Program 1/1/14
- Expanded criteria for qualification
- CalFresh express enrollment
- ACA Physician enhanced payment
- MLTSS delinked from CCI



MLTSS – new program

- Managed Long Term Services and Supports
 Effective July 1, 2014, independent of CCI
- Long Term Care (Custodial Care)
 - MCP responsible for all skilled and unskilled institutional care after 2nd month
- IHSS (in Home Support Services)
- MSSP (Multipurpose Senior Services Program)

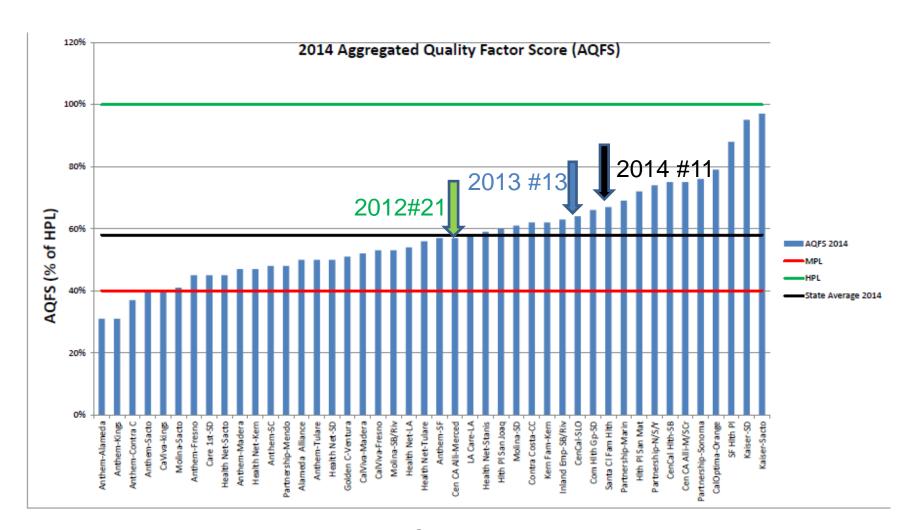


Behavioral Health - new benefit

- Behavioral Health Carve-In
 - Mild-Moderate Behavioral disorders
- Substance Use Disorders SBIRT
 - Screening Brief Intervention and Referral to Treatment
- Autism (ASD) coverage of BHT (ABA)
 - CMS determination ASD included in EPSDT
 - July 7, 2014
 - DHCS APL for coverage, network, policies
 - Sept 15, , 2014
 - Transition plan from SARC



Maternal Child Health Quality





Patient Safety – Prescribed Opioids

- Leading cause of death in young adults
- Anticipated Overutilization/Polypharmacy
- Pharmacy Data Deep Dive
 - Members with multiple doctors and pharmacies
 - Number of opioid prescriptions, patients, refills, pill count, product variation
 - Non-contracted "pain angels"
- Unanticipated Results



Breathtaking Breakthroughs

- Hepatitis C
 - Sovaldi, Olysio, Harvoni (and more in 2015)
 - \$1000/pill, treatment cost average \$120K/patient
 - Prevalence 2% US, 6% Vietnam, 15% Egypt
 - Estimated 8000 SCFHP members infected







2014-2015 Drug Pipeline

- More Hepatitis C agents 4 more by year-end
 - Competition increases price in Health Care
- Oral Anticoagulants no more blood tests
- Insulin Nasal Spray no more needles
- Injectable Cholesterol medications WTH?
- Breakthrough agents for Parkinson's, Multiple Sclerosis, Schizophrenia, HIV, Cystic Fibrosis
- Dozens of specialized Cancer drugs
- Celebrex, Nexium generic available 2015

"It's tough to make predictions, especially about the future" - Yogi Berra

- Accelerated funneling of MC FFS to MC MC
- California Children's Services (CCS) Oct 2015
- Gradual Carve-In of Carve-Outs SMI, GHPP
- Housing as MediCal Benefit
- Reintroduction of 2009 exclusions
- Breathtaking breakthroughs have disproportionate impact on Medicaid plans

Cal MediConnect – Jan 1, 2015

"Never before in history have we had such an opportunity to roll up our sleeves and make a difference to the community of the frail, disabled elderly" - Richard Bringewatt, Nat'l Health Policy

- Comprehensive Clinical Coordination
 - Extraordinarily integrated, new processes
 - Clinical Care Management Platform (Altruista)
- Reporting
 - additional data set for HEDIS
- Compliance and Appeals & Grievances
 - due process protections
- Part D Complex, high risk, high visibility



All Eyes on Cal MediConnect

- Everyone is watching the rollout of Cal MediConnect
- Other states/counties have started and others are interested
- Mixed reviews so far:
 - Physicians and advocates voice concerns
 - Confusion re opt-out (30 to 35% average)
 - Concerns about networks and social supports in community