



Santa Clara
Family Health Plan

The Spirit of Care

AGENDA

Santa Clara County Health Authority Governing Board Retreat

Thursday, December 12th, 2013

12:00-4:00 PM

210 E. Hacienda Avenue

Campbell CA 95008

1. Roll Call Ms. Lew

2. Action item: Review and approval of October 24th, 2013 meeting minutes Ms. Lew

3. Public comment Ms. Lew

Members of the public may speak to any item not on the agenda; 2 minutes per speaker. The Board reserves the right to limit the duration or public comment period to 30 minutes

4. Action item: Approval of October 2013 financial Statements Mr. Cameron
Ms. Darrow

5. Action item: Approval of FY13-14 Budget Revision Mr. Cameron
Ms. Darrow

6. Action item: Approval to sign 3-way contract for Cal MediConnect Mr. Cameron
Ms. Darrow

7. Action item: Approval of moving forward with Management Services Organization for Valley Medical Center Ms. Darrow

8. Discussion item: Profile of SCFHP Membership Mr. Johnson
Dr. Robertson
- A presentation of the current membership of SCFHP including enrollee demographics and disease burden will be given.
9. Discussion item: Significant Initiatives for 2014 Ms. Darrow
- An outline of key initiatives for CY 2014 will be presented
10. Committee reports
- a. Consumer Affairs Committee: Dr. Wenner
1. Discussion item
- A recap of recent Committee proceedings will be presented
- b. Provider Advisory Council: Dr. Robertson
1. Discussion item
- A recap of recent Council proceedings will be presented
11. Action item: Approve 2014 Meeting calendar(s) Ms. Darrow
- Executive Session*
12. Adjourn to closed session Ms. Lew
- a. Pending Litigation (Government Code 54956)
- It is the intention of the Governing Board to meet in closed session to discuss pending litigation issues.
13. Report from closed session Ms. Lew

14. Adjournment

Ms. Lew

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MINUTES
Santa Clara County Health Authority
Governing Board Regular Meeting

Thursday, October 24th, 2013
2:30 PM-5:00 PM
210 E. Hacienda Avenue
Campbell CA 95008

Board members present:

Ms. Michele Lew
Dr. Dale Rai
Dr. Wally Wenner
Ms. Emily Harrison
Ms. Laura Jones
Mr. Daniel Peddycord
Ms. Linda Williams
Ms. Pattie DeMellopine
Ms. Liz Kniss
Ms. Dolores Alvarado
Ms. Jolene Smith

Board members not present:

None

Others present:

Ms. Elizabeth Darrow, Chief Executive Officer
Mr. Dave Cameron, Chief Financial Officer
Mr. Matt Woodruff, Chief Operations Officer
Mr. Jeff Robertson, Chief Medical Officer
Mr. Rayne Johnson, Chief Information Officer
Ms. Shannon McNally, Secretary
Ms. Beth Paige, Compliance Officer
Ms. Robin Bilinski, Manager, Government Relations
Mr. Paul Lorenz, Chief Executive Officer, Santa Clara Valley Medical Center
Dr. Jeff Smith, County Executive, Santa Clara County
Mr. Rene Santiago, Deputy County Executive and Director, Santa Clara Valley Health and Hospital System
Mr. Richard Spohn, Attorney at Law, Nossaman LLP

1. Roll Call

Chairman Lew called the meeting to order at 2:42pm. Roll call was taken, and a quorum was established.

2. Action item: Review and approval of June 20th meeting minutes.

It was moved, seconded, and approved to accept minutes as presented. Board members Jolene Smith, Dolores Alvarado and Emily Harrison abstained.

3. Public comment

There was no public comment.

4. Discussion item: Joint Powers Authority

Mr. Spohn, General Counsel to Santa Clara Family Health Plan, gave an in depth overview of what a JPA is and how it relates to the Health Plan. The Health Plan and the County have been working for quite some time to try and use some reconfigurations to achieve greater efficiencies, cost savings, quality enhancements and appropriate health care services. Alvarez & Marsal consulting firm was also brought in to help facilitate these proposed changes and at some point there came to be an aspiration to create some type of unified managed care structure. One of the recommendations coming out of the Alvarez & Marsal dialogue process was to establish a Joint Powers Authority came between the Health Plan, the Health and Hospital System and Valley Health Plan.

The Alvarez report came with the recommendation, quite pronounced, that the JPA be pursued from a legal perspective and analyzed thoroughly. The report was submitted to the Health and Hospital Committee. Mr. Santiago delivered a lengthy letter, going along the same lines as the Alvarez report which were received by the Committee last September and discussed at considerable length. Coming out of that Health and Hospital Committee process was not only a dialogue about approaches but also a very much on record, difference of opinion on how a JPA should be pursued. The Chair of the Health and Hospital Committee, Ms. Kniss, had one approach while Supervisor Yeager had a slightly different approach. The Chair, with respect to the recommendation to establish a JPA, wanted it referred to the County Counsels office to get feedback and analysis and to then move forward to negotiate the JPA and also noted that they should discuss the objectives proposed with the

Stakeholders Committee. Yeager's approach was to enter JPA and incorporate objectives.

The two recommendations went to the Board of Supervisors. There was considerable comment recorded from both Supervisor Yeager and also Supervisor Cortese. Both of them were very clear that things needed to move forward and that things needed to be carefully looked at. Mr. Santiago's letter has the same press to it. The Chair agreed and asked for a motion. There was no specific recommendation. The unwritten motion was seconded by another Supervisor and passed. It was not clear as to what had passed or what the Board intended with respect to the development of the JPA.

Ms. Liz Kniss commented that Ms. DeMellopine who was her Chief of Staff during this time had taken the minutes of the meeting. Ms. DeMellopine stated that the Board had accepted the action item listed on the Board agenda, which was to accept the report from Health and Hospital Committee. It is stated in the report that there was a split recommendation. Ms. DeMellopine noted that a split recommendation happens frequently and typically goes forward with no motion made.

Mr. Spohn commented that there are specific guidelines when it comes to entering into a JPA such as the powers need to be the same or common. The Health Plan is, under statute and licensure, authorized to provide and arrange for the provision of care. It is not licensed to provide care. Both agencies would need to come up with common powers and compare them to the objectives to see if there is a fit. There is an immediate need for Valley to receive administrative services from the Health Plan. The provision of those services can easily be achieved through an inter agency agreement, not a JPA.

Mr. Santiago commented that the A&M recommendation was very explicit about the way to get to a Unified Managed Care Strategy which was through a JPA. Mr. Santiago stated that since he has arrived, in 2012, that there were several discussions between the County and the Health Plan and that he and his colleagues had been working with Elizabeth Darrow and Dave Cameron for the last several months. Mr. Santiago also felt that it was important to note the significant changes that have materialized since last year. Those changes included a change in the Health Authority's board members and Bylaws, Medi-cal Expansion and also realignment and the financial impact on the County.

Mr. Santiago continued with suggesting that it would be beneficial to have the Health Plan and Valley Health Plan making joint investments so that not only would they be able to compete in commercial markets, but would also provide similar standards

and similar care. Mr. Santiago noted, from his perspective, that a JPA is needed. There are more compelling reasons today and despite the difference of opinions, Mr. Santiago feels the environment is changing so drastically that having an integrated unified public healthcare safety net is more important now than even last year. Mr. Santiago also noted that an interagency agreement, or any type of an agreement that gets things moving forward, is progress.

Dr. Jeff Smith commented that the goal expressed both by Supervisor Yeager and Supervisor Kniss was that the two Health Plans needed to find a way to work in a complimentary and cohesive manner. Things have been a mess with delegated patients and poor communication, difficult data transfer, repeating the same processes over and over, etc. The concept of a unified health care plan was to accomplish an interagency agreement in some way so that, as a group, these issues could be resolved.

Dr. Smith noted that, in his opinion, the JPA should be put on hold and suggested trying to focus on accomplishing the goals. The Health Plan's financial report emphasizes that right now your major book of business, which is Medi-Cal, is losing money and you've got to get into some other market for the Health Plan to survive in the future. Medicare is one of them. At the same time, Valley Health Plan is looking at getting out of Medi-Cal because it doesn't make sense to have two health plans doing Medi-Cal. Valley Health Plan applied for Covered California and already has around 20k commercial lives that are employees and In Home Support Services workers. The two plans working together could benefit from each other by being in different parts of the market. Dr. Smith commented that this means that the two health plans need some agreement, in a formal way, to cooperate in strategic planning and deciding which markets would be complimentary and obviously not limiting each others authority. Dr. Smith stated that even though he disagrees that we couldn't do a JPA, he is for some type of agreement where both plans can discuss these issues on a regular basis. He requested we get going on a MSO agreement.

It was agreed to move forward developing an agreement for SCFHP to take over the MSO functions currently performed by VHP for the Medi-Cal line of business.

5. Report of the Chief Executive Officer

a. Discussion items:

1. Medicare Update

Ms. Darrow gave an update on the Duals Demonstration project commenting that an announcement was made to push back the demonstration to April of 2014. The Health Plan continues to work on implementation. Budget allocations for the Dual Demonstration start-up costs were presented to, and approved, by the Executive Committee.

6. Action item: Acceptance of July and August 2013 Financial Statements

Mr. Cameron presented highlights for the two months ending August 2013:

- For the month of August 2013, SCFHP recorded an operating loss of \$328 thousand compared to a budgeted operating loss of \$55 thousand, resulting in an unfavorable variance from budget of \$273 thousand. For year to date August 2013, SCFHP recorded an operating loss of \$483 thousand compared to a budgeted operating loss of \$161 thousand resulting in an unfavorable variance from budget of \$322 thousand.
- The Health Plan recorded net revenue of \$24.6 million for the month of August 2013, compared to budgeted revenue of \$25.1 million, resulting in an unfavorable variance from budget of \$536 thousand, or 2.1%. For year to date August 2013, the plan recorded net revenue of \$50.4 million compared to budgeted revenue of \$50.3 million, resulting in a favorable variance from budget of \$100 thousand, or 0.2%.
- For the month of August 2013, and August 2013 year to date, overall member months were lower than budget by 1,006 members (-0.7%), and 1,760 (0.6%), respectively.
- For the month of August 2013, medical expense was \$23.4 million compared to budget of \$23.5 million, resulting in a favorable budget variance of \$28 thousand, or 0.1%. For year to date August 2013, medical expense was \$47.8 million compared to budget of \$46.9 million, resulting in an unfavorable budget variance of \$844 thousand, or -1.8%. Increases for the two months, through August 2013, includes costs over budget in the areas of inpatient hospitalization and outpatient services.
- Overall administrative costs were under budget by \$403 thousand (+11.6%), for year to date August 2013. Administrative expenses were 6.1% of revenues for year to date August 2013.

- Tangible net equity (TNE) was \$32.1 million at August 31, 2013, compared to the minimum TNE required by the Department of Managed Health Care (DMHC) of \$7.6 million (as per last filing for quarter ended 06-30-13). A chart showing TNE trends is shown on page 12 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 August 31, 2013, the Plan’s reserves are about \$14.7 million below this reserves target (see calculation below)

It was moved, seconded, and approved to accept the financial statements as presented.

7. Action item: Approval of Resolution regarding employee healthcare.

Ms. Valdez presented a Resolution fixing the Employer’s contribution under Public Employees’ Medical and Hospital Act.

It was moved, seconded, and approved to accept the Resolution regarding employee healthcare as presented.

8. Action item: Approval of publicly available salary schedule.

Ms. Valdez presented an updated salary schedule for the Health Plan. In August 2011, SCFHP engaged the services of CBIZ Human Capital Services (“CBIZ”) to provide competitive market review and develop a salary structure for all employees.

It was moved, seconded, and approved to accept the publicly available salary schedule as presented.

9. Committee reports

a. Consumer Affairs Committee

i. Discussion item

A recap of recent Committee proceedings were presented.

b. Provider Advisory Council

i. Discussion item

A recap of recent Committee proceedings were presented.

10. Adjourn to closed session

a. Personnel (Government Code 54957)

It is the intention of the Governing Board to meet in closed session to consider the performance evaluation of the Chief Executive Officer.

11. Report from closed session

The board discussed personnel issues and no action was taken.

12. Adjournment

It was moved, seconded, and approved to adjourn the meetings at 4:48pm.

Shannon McNally, Secretary to the Board



October 2013 Financial Summary

Board of Directors Meeting
December 12, 2013



Consolidated Performance

October 2013 and Year to Date

	Month of October	FYTD thru October
Revenue	\$26.2 million *	\$102.3 million
Medical Costs	\$23.8 million	\$95.8 million
Medical Loss Ratio *	90.8%	93.6%
Administrative Costs	\$1.9 million (7.3%)	\$3.1 million (6.1%)
Other Income/ Expense	(\$32,905)	(\$27,737)
Net Surplus (Loss)	\$394,825	(\$483,438)
Cash on Hand	(33 days)	\$27.7 million
Receivables		\$38.1 million
Current Liabilities		\$34.8 million
Tangible Net Equity		\$32.1 million
Pct. Of Min. Requirement		396%

* Revenue reflects a 3% increase based on Capitation rates received from DHCS effective October 1st, 2013. Rates increase do not include ACA 1202 PCP increase.



Enrollment Summary

October and YTD

Santa Clara Family Health Plan Enrollment Summary

	For the Month of October 2013			YTD Four Months Ending October 2013				
	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year Actual</u>	<u>% Change FY14 vs FY13</u>
Medi-Cal	147,465	149,596	(1.42%)	591,817	596,894	(0.85%)	462,169	28.05%
Healthy Families	20	0	0.00%	199	146	36.30%	66,697	(99.70%)
Healthy Kids	5,342	5,500	(2.87%)	21,636	22,000	(1.65%)	23,901	(9.48%)
Agnews	118	126	(6.35%)	487	504	(3.37%)	518	(5.98%)
Healthy Workers	<u>548</u>	<u>581</u>	<u>(5.68%)</u>	<u>2,348</u>	<u>2,324</u>	<u>1.03%</u>	<u>2,082</u>	<u>12.78%</u>
Total	<u>153,493</u>	<u>155,803</u>	<u>(1.48%)</u>	<u>616,487</u>	<u>621,868</u>	<u>(0.87%)</u>	<u>555,367</u>	<u>11.01%</u>



Enrollment by Network - YTD

**Santa Clara County Health Authority
Enrollment Summary by Network
October 2013**

	Medi-Cal		Healthy Families		Healthy Kids		AG		Healthy Workers		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	9,692	7%	0	0%	160	3%	118	100%	0	0%	9,970	6%
SCVHHS, Safety Net Clinics, FQHC	69,146	47%	8	40%	3,694	69%	0	0%	548	100%	73,396	48%
Palo Alto Medical Foundation	3,412	2%	0	0%	50	1%	0	0%	0	0%	3,462	2%
Physicians Medical Group	36,712	25%	9	45%	1,313	25%	0	0%	0	0%	38,034	25%
Premier Care	9,871	7%	3	15%	125	2%	0	0%	0	0%	9,999	7%
Kaiser	18,632	13%	0	0%	0	0%	0	0%	0	0%	18,632	12%
Total	<u>147,465</u>	<u>100%</u>	<u>20</u>	<u>100%</u>	<u>5,342</u>	<u>100%</u>	<u>118</u>	<u>100%</u>	<u>548</u>	<u>100%</u>	<u>153,493</u>	<u>100%</u>
Enrollment @ 6-30-13	<u>148,874</u>		<u>146</u>		<u>5,565</u>		<u>126</u>		<u>604</u>		<u>155,315</u>	
Net % Change from Beginning of FY	<u>-0.95%</u>		<u>-86.30%</u>		<u>-4.01%</u>		<u>-6.35%</u>		<u>-9.27%</u>		<u>-1.17%</u>	

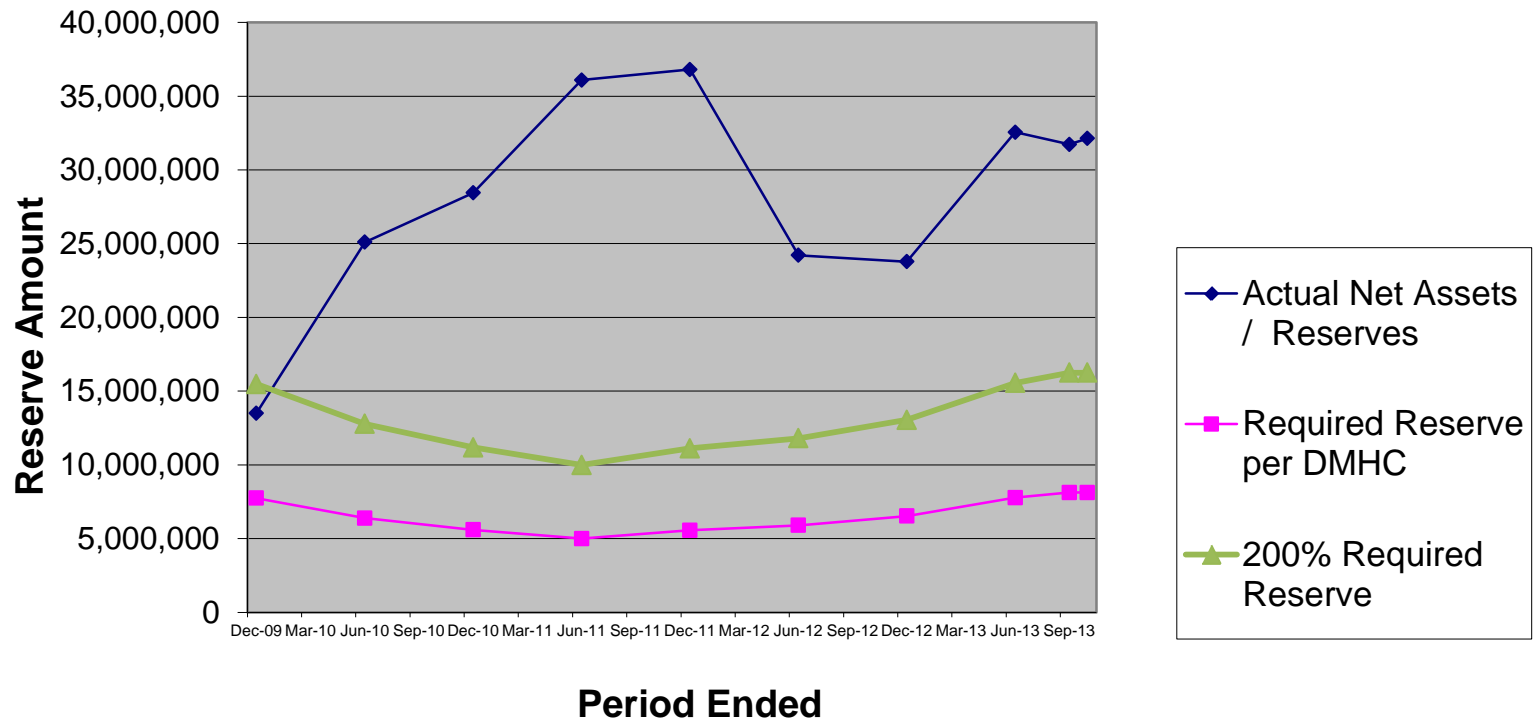
Membership dropped in July 2013 from member counts as of June 2013, and has been running slightly below budget for each of the four months of fiscal year 2014, resulting in overall membership lower than expected. Most of this variance is due to Medi-Cal, however, Healthy Kids is also lower than budget and lower than member counts as of June 2013.



Tangible Net Equity at October 31, 2013

TNE is \$32.1 million or 3.96 times the minimum TNE required by the Department of Managed Health Care (DMHC). The Plans reserves are roughly \$19.4m below the reserves targeted by the Authority Board of two months capitation revenue.

TNE Actual vs. Required





Near Term Financial Items

- Affordable Care Act (ACA) PCP Medicare Bump – SCFHP anticipates first round of payment disbursements, to qualifying physicians, occurring in January 2014.
- Prepare for a Medical Loss Ratio (MLR) audit scheduled for the 1st quarter of next year.
- Medi-Cal Expansion members will be added to the Medi-Cal population beginning in January 2014. Initial estimates are approximately 14,000 new members.
- The Healthy Workers program is scheduled to end operations as of December 2013.



Santa Clara Family Health Plan

Budget Revision FY 13/14

(Four months actual plus eight months forecast)

Board of Directors Meeting
December 12, 2013



Overview

- Assumptions Update
- Enrollment Projection
- Revenue and Medical Expenses
- Cal-MediConnect Implementation Projection



Key Budget Assumptions Updates

- Medi-Cal
 - <Reflects FY13-14 Final Capitation Rates from DHCS.
 - <Reflects updated LIHP transitioning enrollment and Capitation Rates.
- Cal MediConnect
 - <Reflects implementation costs through June 30, 2014



Enrollment

- Increased transitioning LIHP members to Medi-Cal by 1,000 between January and June 2014.
- Current Medi-Cal membership is down slightly from budget thru October 2013.
- No other Line's of business were adjusted from original budget.



Revenue and Medical Expenses

- Medi-Cal

- Revenue

- < New Capitation rates for existing Medi-Cal membership reflect a 3% increase, or \$5.9m.
 - <Medi-Cal Expansion rates are still draft and reflect a \$26.1m increase from the original budget.
 - < The ACA 1202 increase is not part of this revised budget.

- Medical Expenses

- < Existing Medi-Cal membership is based on current provider capitation contracts and FFS utilization.
 - <Medi-Cal Expansion population is expected primarily to be enrolled with the County under a global capitation agreement.



Cal MediConnect Projected Costs

- Start Dates adjusted
 - LTC/IHSS start July 1, 2014; Medicare enrollment January 1st, 2015.
 - Staffing costs ramping up in April of 2014; approximately 17 FTE's, \$347 thousand.
 - Contract Services and other services already started; additional \$1.6 million in FY 13/14.



Santa Clara County Health Authority										
Budget Revision Summary - Consolidated										
		Original Approved Budget for FYE 6/30/2014			Budget Revision FYE 6/30/2014 (Actual through 10-31-13, + Nov'13 - June'14 forecast)			Variance		
Consolidated		PMPM Ratios			PMPM Ratios			PMPM Ratios		
1	Enrollment	1,939,577			1,934,196			(5,381)		
2	Revenues	\$ 312,337,740	\$ 161.03		\$ 345,433,480	\$ 178.59		\$ 33,095,740	\$ 17.56	
3	Medical Expenses:	\$ 291,960,560	150.53	93.5%	\$ 323,362,259	167.18	93.6%	\$ 31,401,699	16.65	
	MLR	93.5%			93.6%					
4	Gross Margin	\$ 20,377,180	\$ 10.51	6.5%	\$ 22,071,222	\$ 11.41	6.4%	\$ 1,694,041	\$ 0.91	-0.13%
5	G & A Expenses	\$ 20,443,651	\$ 10.54	6.5%	\$ 22,467,923	\$ 11.62	6.5%	\$ 2,024,272	\$ 1.08	-0.04%
6	Other Revenue/Expenses	\$ (280,000)	\$ (0.14)	-0.1%	\$ (261,729)	\$ (0.14)	-0.1%	\$ 18,271	\$ 0.01	0.01%
7	Net Surplus (before Board Adj)	\$ (346,470)	\$ (0.18)	-0.1%	\$ (658,430)	\$ (0.34)	-0.2%	\$ (311,959)	\$ (0.16)	-0.08%



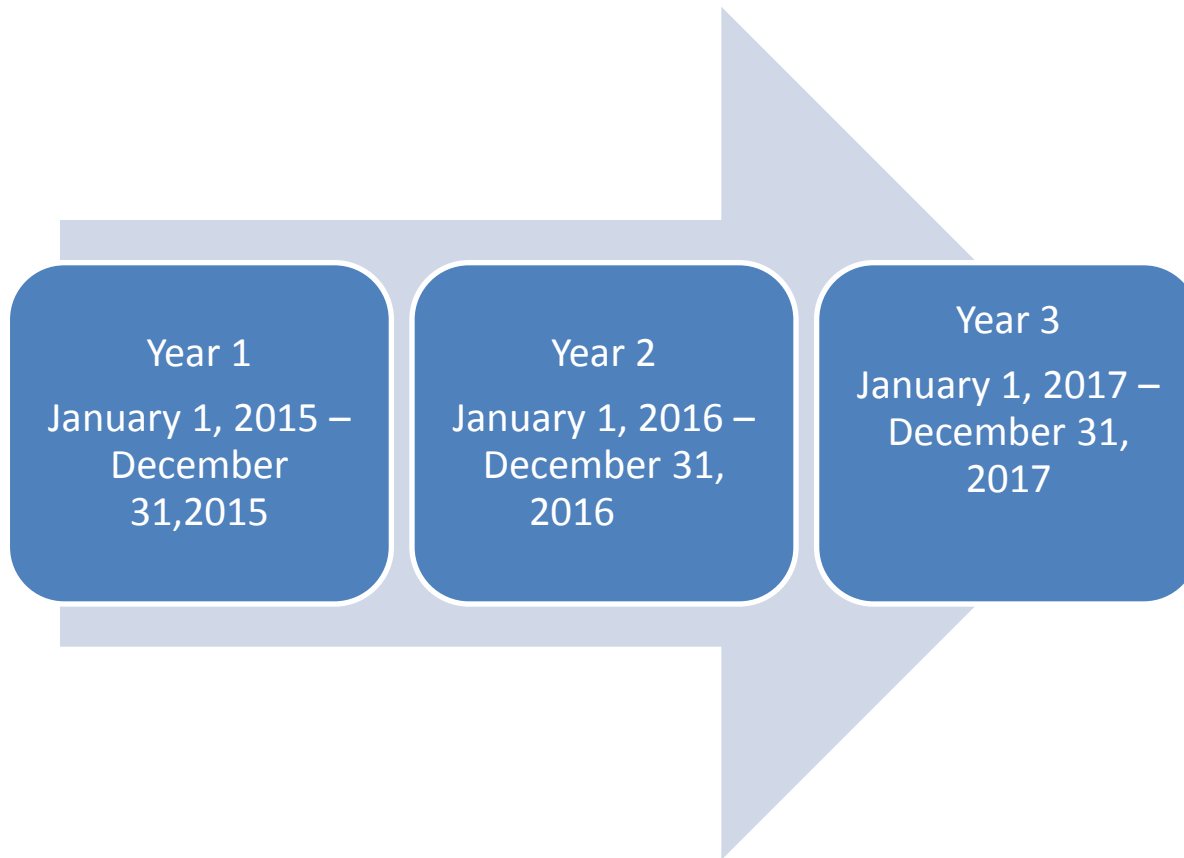
Santa Clara Family Health Plan Cal MediConnect updates

Board of Directors Meeting
December 12, 2013



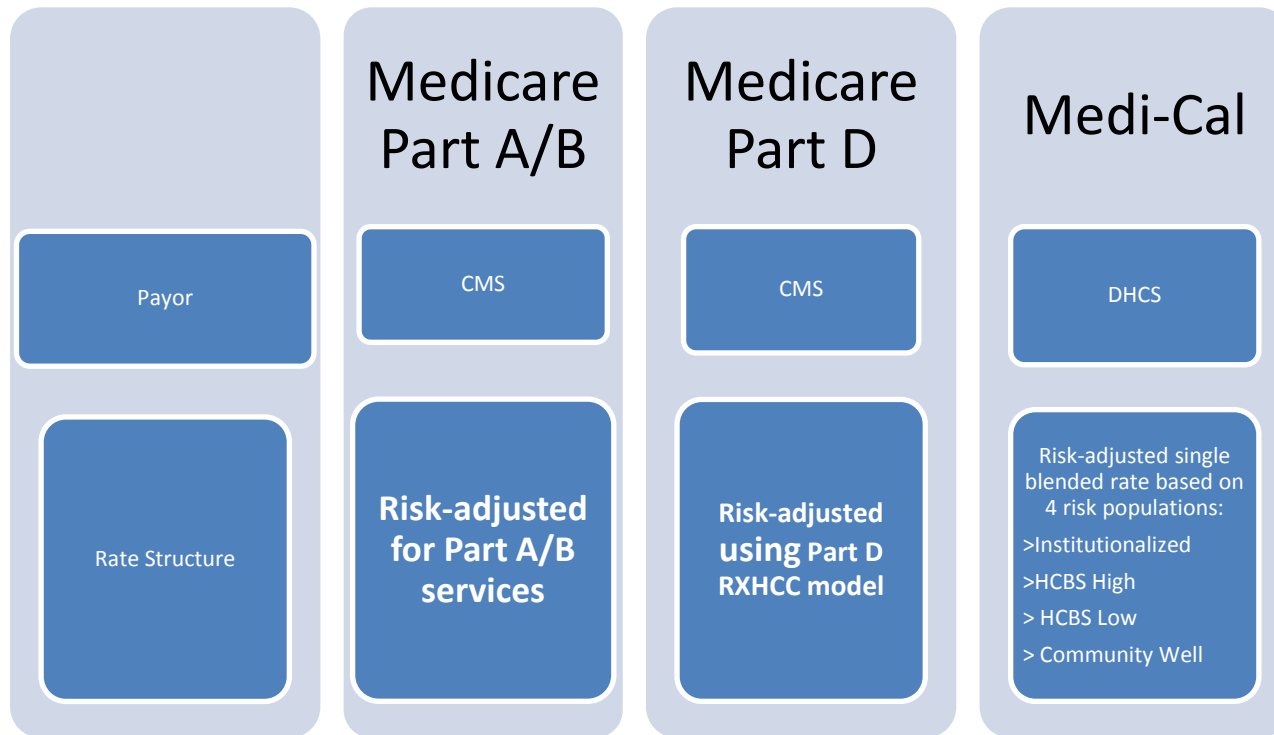
Timeline

Date	Description
12/13/2013	Sign Three-Way Contract
7/1/2014	Long Term Care and IHSS transitions to Health Plan
10/1/2014	Cal MedConect marketing begins
1/1/2015	Demonstration operational start date





Three rate components





Efficiency Targets

	Year 1	Year 2	Year 3
Savings Target	1.23%	3.45%	4.95%

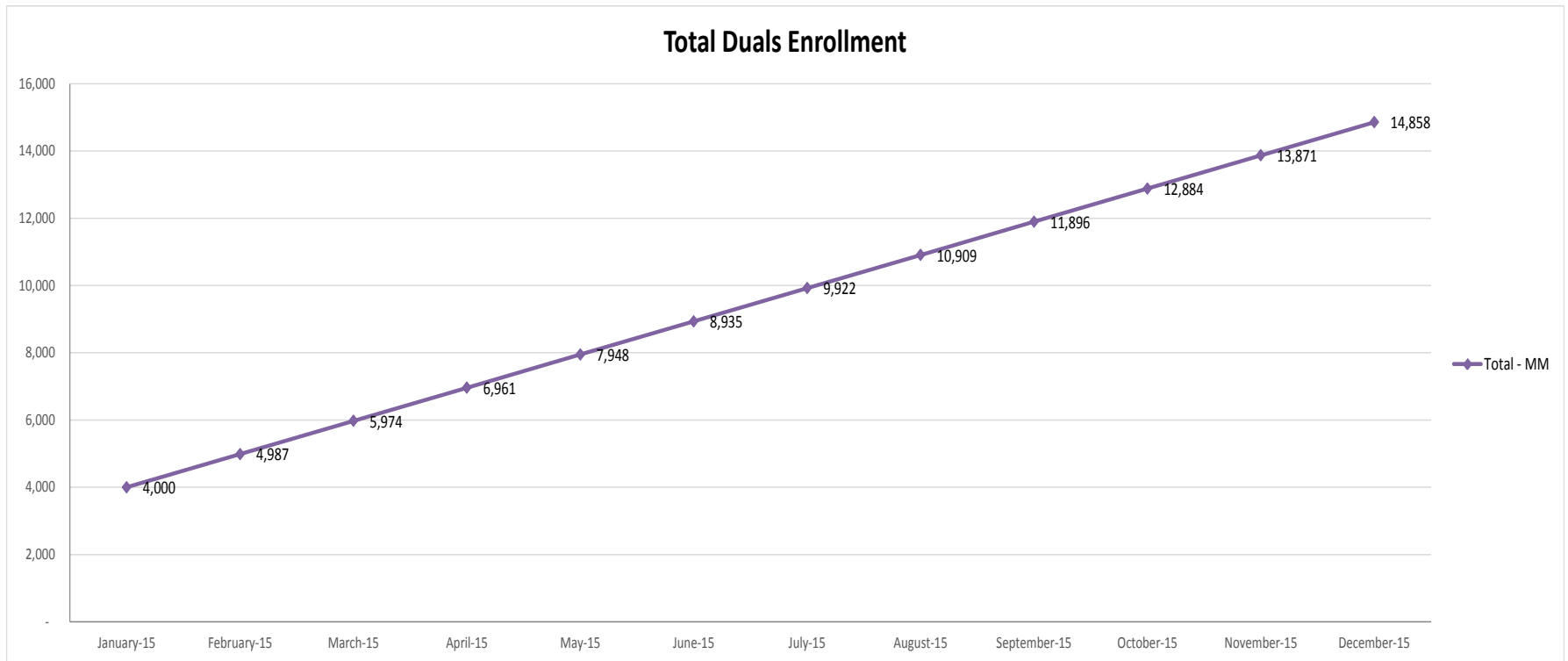
Quality Withhold

- DHCS and CMS will withhold a percentage of their respective components of the capitation rate, with the exception of the Medicare Part D rate component.
- DHCS and CMS will evaluate SCFHP's performance against specified metrics to earn back the withheld amount for a given demonstration year.

	Year 1	Year 2	Year 3
Quality Withhold	1.0%	2.0%	3.0%



Projected Enrollment (SCFHP)





Enrollment Assumptions

- Begins January 1, 2015 with an estimated 4,000 members.
- Assumes 20% pre-enrollment opt-out
- Grows by approximately 987 per month (net) expecting 14,858 by December of 2015.

Revenue Assumptions

- Estimates are \$1,897.52 PMPM
- Medicare rates received in October 2013
- Medi-Cal rates received in December 2013
- Risk adjusts Medicare and Medi-Cal rates according to specified rate development methodologies.
- Applies appropriate savings targets and quality withholds over the next 3 years.



Medical Cost Assumptions

- Working with our actuaries we used a combination of benchmark data for these populations and actual experience for Santa Clara County to develop our costs.
- Excluded supplemental benefits with the exception of mental health and transportation services
- Includes program guidelines that require higher levels of case management and health services



Administrative Cost Assumptions

- Includes \$4.1 million in implementation costs to prepare systems, processes, and staffing prior to launch.
- Three-Way agreement specifies certain staffing requirements (e.g. Compliance, customer service)
- Estimate 30 FTEs scheduled between April 2014 and December 2014.
- Costs are ramped up approximately 3 months prior to membership enrollment.



Financial Projections

	Implementation	Year 1	Year 2 (Fully Implemented)
Average Enrollment	0	9,429	14,858
Member Months for Year	0	113,146	178,292
<u>Revenue</u>	\$0	\$ 214,696,572	\$ 338,312,347
PMPM	\$0	\$1,898	\$1,898
<u>Expenses</u>			
Medical costs	\$0	\$ 203,697,552	\$ 320,980,426
Administrative Costs	\$4,062,375	\$ 7,545,632	\$ 9,656,815
Total Expenses	\$4,062,375	\$ 211,243,184	\$ 330,637,240
<u>Operating Surplus (Loss)</u>	(\$4,062,375)	\$3,453,388	\$7,675,107
Margin	0.00%	1.61%	2.27%
Medical-Loss Ratio	0.00%	94.88%	94.88%



Management Services Organization

**Santa Clara Family Health Plan and Valley
Medical Center**

Board of Directors Meeting
December 12, 2013



Objectives

- To explain what an MSO is
- To describe the current arrangement
- To describe the proposed arrangement
- To provide an opportunity for questions and further clarification, as needed.



What is an MSO?

- An MSO generally provides practice management and administrative support to health care providers.
- One purpose of MSOs is to relieve providers of non-medical business functions so that they can concentrate on the clinical aspects of their practice.
- The administrative functions include such things as utilization management, contracting and credentialing, claims payment, etc.
- The range of services depends on the functions for which the providers are responsible.



Current Arrangement

- Valley Medical Center currently contracts with Valley Health Plan for MSO services
- SCFHP delegates approximately 70,000 lives to Valley Health Plan who are assigned to the Valley Medical Center network which includes non-VMC community clinics and other community providers.
- SCFHP pays Valley Health Plan a global capitation rate
- Global Capitation includes the following healthcare services (a set amount per member per month):
 - ✓ Inpatient and outpatient hospital care
 - ✓ Primary and Specialty physician services
 - ✓ Ancillary services such as Durable Medical Equipment, Home Health, Skilled Nursing Facility, emergency transportation
 - ✓ Emergency and urgently needed care



Current Arrangement

Valley Health Plan performs the following functions on behalf of VMC:

- ✓ Contracts and credentials health care providers
- ✓ Processes and pays medical claims
- ✓ Conducts utilization review, approves and denies referrals and authorizations
- ✓ Performs case management



Why Change?

Valley Health Plan is focused on growing their commercial line of business:

- County Employees and Retirees
- Small Groups
- Anticipates filing a Medicare Advantage plan

Valley Health Plan is also focused on Covered California

- Complex program with 4 different individual plans to administer
- They are currently transitioning to a new operating system to support their Covered California program



Why Change?

Opportunity for more efficiency:

- These are SCFHP enrollees so their data already resides in our system
- Our focus is government programs
- Historically, SCFHP has not had a direct relationship with the VMC delivery system and we believe there is opportunity to improve health outcomes with a direct relationship
- We are interested in working with VMC to decrease the use of outside providers for their assigned enrollees and should work on joint care management



Next Steps

VMC has engaged a consultant who will issue a final report by end of December outlining:

- All operational steps required, identifying key responsible parties at VMC, VHP and SCFHP
- Outlining a draft timeline with deliverables
- An upcoming meeting is planned with VMC leadership, SCFHP legal counsel and County Counsel to explore structure and design options, legal and regulatory requirements and filings
- Development of a contract to begin negotiations and agreement on pricing
- SCFHP internal assessment with respect to FTE and system investments



Other Considerations

- Relationship and contracts with community providers
- Board of Supervisors approval
- Finalizing an agreeable and realistic timeline



QUESTIONS



Key Initiatives for 2014

- Replace VHP as VMC's Management Services Organization - Ongoing
- Medi-Cal expansion population – Begins January 2014
- Medi-Cal Managed Long term Care and Long Term Supports System – Begins July 2014
- Cal-Medi-Connect preparation – Ongoing with go-live January 2015
- ICD-10 Compliance Date – October 2014
- Address Retiree Health Care through work with legal counsel and employee benefits/PERS expert – by Open Enrollment

Chief Operations Officer Department Dashboard

**Santa Clara Family Health Plan Governing Board
Activity Report
December 2013**

Chief Operations Officer Department Dashboard

Member Services, Enrollment and Eligibility and Outreach Activity Report for October 2013

Member Services Department

	Oct 2013	Oct 2012	Change	Target KPI *
Total Inbound Calls	12,038	12,175	1.2% decrease	-----
Average Talk Time	4:23 minutes	4:38 minutes	5.3% decrease	-----
Average Speed of Answer	23 seconds	25 seconds	8% decrease	<30 seconds
Service Level	84%	-----	-----	80 % in <30 seconds
Average Calls Abandoned	2.2%	5.3 %	58 % decrease	<5%
Average Hold Time	19 seconds	26 seconds	27% decrease	≤ 25 seconds

*KPI – Key Performance Indicator

Membership Accounting

	Oct 2013	Oct 2012	Change
Medi-Cal	147,465	115,699	27.5% Increase
Healthy Families *	20	16,604	99% Decrease
Healthy Kids	5,342	5,843	8.6% Decrease
Agnews	118	130	9.2% Decrease
Healthy Workers	548	545	0.55% Increase
Total Membership	153,493	138,821	10.6% Increase

*Jan 2013 HFP Transition / Kaiser HFP addition April 2013

Special Populations

	Oct 2013	Oct 2012	Change
SPD* / Non Dual	16,756	16,212	3.3% Increase
Dual **	7,604	6,882	10.4% Increase
Non Dual / Non SPD	123,105	92,605	33% Increase
CBAS***	Not Available	-----	-----

*Seniors and Persons with Disabilities / ** Dual Medicare Part AB and D and Medi-Cal / ***CBAS start Oct 2012 ** Includes Agnews

Chief Operations Officer Department Dashboard

Eligibility and Enrollment Department

- Healthy Kids Application Activity: 104 applications processed
- Healthy Kids Renewal Applications Activity: 272 renewal applications processed
- Healthy Kids Renewal Applications Families Transitioned to Medi-Cal for Families: 5 Families and 7 Children

Outreach Department

- New applications completed*:
 - October 2013: 71 applications for 88 children
 - October 2012: 172 applications for 264 children
- Renewal applications completed*:
 - October 2013: 95 renewal applications for 130 children
 - October 2012: 115 renewal applications for 186 children

*** Includes Hacienda and AAC Locations and Health Kids and Medi-Cal for Families programs**

Chief Operations Officer Department Dashboard

Member Services, Enrollment and Eligibility and Outreach Activity Report for November 2013

Member Services Department

	Nov 2013	Nov 2012	Change	Target KPI *
Total Inbound Calls	10,205	10,762	5.1% decrease	-----
Average Talk Time	4:41 minutes	4:44 minutes	1.1% decrease	-----
Average Speed of Answer	38 seconds	26 seconds	46% increase	<30 seconds
Service Level	73.9%	-----	-----	80 % in <30 seconds
Average Calls Abandoned	2.7%	3.8 %	28% decrease	<5%
Average Hold Time	20 seconds	26 seconds	23% decrease	≤ 25 seconds

*KPI – Key Performance Indicator

Membership Accounting

	Nov 2013	Nov 2012	Change
Medi-Cal	149,086	117,721	26.6% Increase
Healthy Families *	12	16,567	99% Decrease
Healthy Kids	5,319	5,832	8.7% Decrease
Agnews	117	127	7.8% Decrease
Healthy Workers	530	553	4.15% Decrease
Total Membership	155,064	140,800	10.1% Increase

*Jan 2013 HFP Transition / Kaiser HFP addition April 2013

Special Populations

	Nov 2013	Nov 2012	Change
SPD* / Non Dual	17,028	16,403	3.8% Increase
Dual **	7,685	6,925	10.9% Increase
Non Dual / Non SPD	124,373	94,393	31.7% Increase
CBAS***	475	-----	-----

*Seniors and Persons with Disabilities / ** Dual Medicare Part AB and D and Medi-Cal / ***CBAS start Nov 2012 ** Includes Agnews

Chief Operations Officer Department Dashboard

Eligibility and Enrollment Department

- Healthy Kids Application Activity: 94 applications processed
- Healthy Kids Renewal Applications Activity: 340 renewal applications processed
- Healthy Kids Renewal Applications Families Transitioned to Medi-Cal for Families: 8 Families and 14 Children

Outreach Department

- New applications completed*:
 - November 2013: 50 applications for 86 children
 - November 2012: 98 applications for 155 children
- Renewal applications completed*:
 - November 2013: 94 renewal applications for 151 children
 - November 2012: 136 renewal applications for 226 children

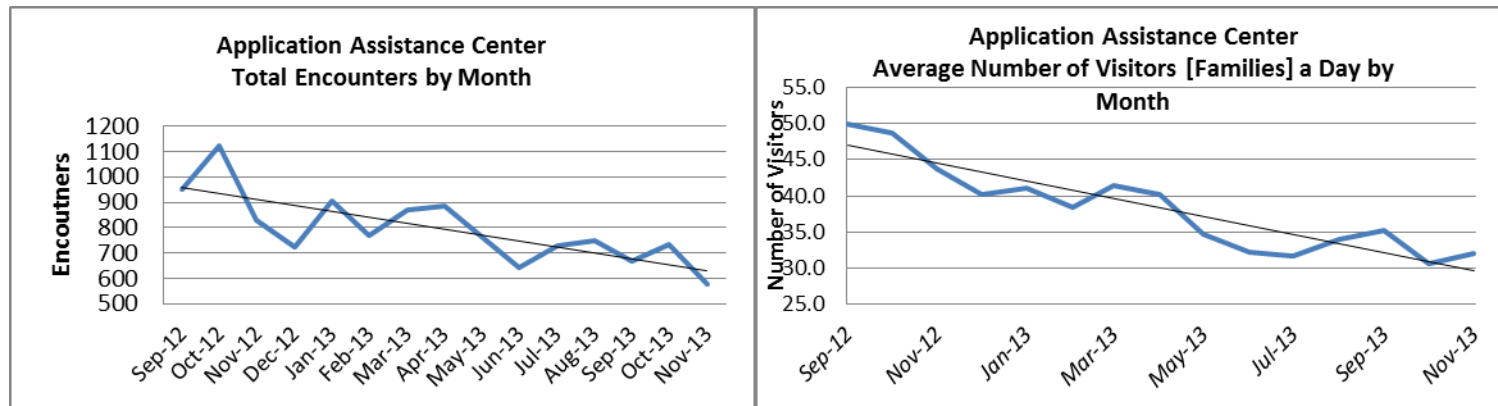
*** Includes Hacienda and AAC Locations and Health Kids and Medi-Cal for Families programs**

Chief Operations Officer Department Dashboard

Application Assistance Center Staffing and Productivity

Application Activity Year to Date

Assistance Requests by Type	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Application Completed *	163	217	173	153	167	162	180	201	163	121	159	155	144	140	134
Renewal Application Completed *	261	292	215	211	231	186	243	179	162	151	182	212	198	192	161
Telephone Kiosk - Member Services	49	73	47	43	53	33	37	39	24	54	20	19	21	12	37
Telephone Kiosk - Enrollment and Eligibility	214	247	168	122	170	145	152	125	86	41	112	54	94	64	28
Payments required assistance	51	40	41	34	32	59	50	66	68	51	60	93	50	58	34
General Assistance	108	230	159	151	203	178	186	231	174	107	118	127	162	268	183
Not assisted/no data	103	17	28	4	51	2	22	44	67	106	57	79	1	0	0
total signed in	949	1116	831	718	907	765	870	885	744	631	708	739	670	734	577
Payments dropped off **	172	180	208	216	167	174	90	211	137	N/A	133	99	157	174	172
Documents dropped off **	23	17	21	27	22	16	6	12	15	N/A	15	4	33	37	5



We continue to see a decline in the work performed at the AAC mainly due to the Healthy Families program moving into Medi-Cal.

Chief Operations Officer Department Dashboard

Business Development

Marketing

Compliance

Material	Action	Regulatory Agency
Medi-Cal Provider Directory	Posted to website; print version delivered to distribution vendor	DHCS
Medi-Cal EOC	Edited to add required Mental Health language	DHCS
Winning Health Newsletter – Fall 2013	Delivered in-home to members	DHCS
Winning Health Newsletter – Spring 2014	Content drafted	DHCS
Event approval requests	Submitted and approved: • Sourcewise CCI Stakeholder event	DHCS
Satellite Provider Directory	Advised on directory organization; input translated headers	CMS
Coordinated Care Initiative Q&As	Translated into Spanish, Vietnamese, Chinese	CMS/DHCS
Sourcewise Stakeholder Event	Created SCFHP presentation for presentation to 400 event attendees	DHCS
Health Education Flyer – Healthy Kids Dental	Created and submitted to DMHC reminder dental appt flyer for HK members	DMHC

Outreach

COMPLETED EVENTS				
Date	Event	Audience	Primary Messaging	Approximate # of Attendees
7/20/2013	4 th Annual West Coast Disability Pride Parade & Festival	Adults; Disabled	Medi-Cal	400
9/9/2013	CCI Cal MediConnect Education Forum for Providers (Morgan Hill)	Providers – South County	Coordinated Care Initiative	7
9/14/2013	Mid-Autumn Festival & Resource Fair (sponsored by San Jose Vice Mayor Madison Nguyen)	Families; Vietnamese	Medi-Cal; Healthy Kids	400
10/6/2013	Premier Care Health and Wellness Fair	Families; Vietnamese	Medi-Cal; Healthy Kids; Medi-Cal Expansion	500
10/12/2013	Open Air Health Fair – Berryessa Flea Market	Adults; Families	Medi-Cal; Healthy Kids; Medi-Cal Expansion	750-800
10/13/2013	Open Air Health Fair – Berryessa Flea Market	Adults; Families	Medi-Cal; Healthy Kids; Medi-Cal Expansion	200-150

Chief Operations Officer Department Dashboard

10/19/2013	Health Care and Medicare Forum (sponsored by State Senator Jim Beall)	Adults; Stakeholders	Cal MediConnect	230
10/24/2013	Senior Wellness Fair	Adults; Seniors	CCI - Medi-Cal Managed Care; Cal MediConnect	650
11/1/2013	Coordinated Advocacy for Duals (CAD) Consumer Advisory Meeting	CCI Stakeholders	CCI – Medi-Cal Managed Care and Cal MediConnect	15
11/5/2013	Sourcewise CCI Stakeholder Event	Adults; Medi-Cal and Medicare	CCI – Medi-Cal Managed Care Cal MediConnect	400

SCHEDULED EVENTS				
Date	Event	Audience	Primary Messaging	Expected Attendance
12/14/2013	O'Connor Health Fair	Adults; Famillies	Medi-Cal; Healthy Kids;	200

Digital Communications

Item	Audience
Website – Updated Personal Representative Request Forms	Members
Website – Updated Accommodation Check Sheet, Change Notification Form, Record Release Forms, Mental Health and SCFHP/CMHD forms	Providers
Website – Posted Agenda Packet for 10/24/2013 Governing Board Meeting	Community, Members, Providers
Website – Posted Agenda Packet for 9/12/2013 Executive Committee Meeting	Community, Members, Providers
Website – Posted Agenda Packet for 10/10/2013 Provider Advisory Committee Meeting	Community, Providers, Members
Website – Posted update on DME transition and contact information	Providers
Website – Posted Pharmacy and Therapeutics Bulletin Summary	Providers
Website – Added Flu Shot information - slide in Home Page carousel and supporting article	Members
Website – Posted translations of CCI FAQs for members (Spanish, Vietnamese, Chinese)	Members
Website – Updated and posted 19 well visit forms	Providers
Website – Updated Healthy Families page and HFP Community News posting to reflect current status of program	Members
Website project: Cal MediConnect – ongoing work on page content	IT

Chief Operations Officer Department Dashboard

Healthy Workers

PROGRAM WITHDRAWAL		
Date	Item	Audience
4/15/2013	Three year program evaluation submitted (CA H&S Code §131550	DMHC
5/28/2013	Material Modification to withdraw program approved	DMHC
6/26/2013	180 day notices of program withdrawal mailed	HW Groups & Members
9/16/2013	CBIZ COBRA Contract termination notice and forms completed and sent to CBIZ	CBIZ (vendor)
9/25/2013	90 day notices of program withdrawal mailed	HW Groups & Members
11/25/2013	30 day notices of program withdrawal mailed	HW Groups & Members

ENROLLMENT AS OF DECEMBER 1, 2013							
	Actual December 1, 2013	Comparison: Prior Month		Comparison: Prior Year		Comparison: Forecast	
		November 1, 2013	% chg	2012	% chg	Forecast	% difference
Groups	232	240	-3.3%	265	-12.5%		
Individuals	509	531	-4.1%	578	-11.9%	531	-4.1%

TERMINATIONS EFFECTIVE NOVEMBER 30, 2013				
	Total	Voluntary	No Longer Eligible	Nonpayment
Groups	8	3	0	5
Individuals	22	10	3	9

Chief Operations Officer Department Dashboard

CLAIMS

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

	2013	2012
October:	99%	100%
November:	69%	100%

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

CLAIMS VOLUME

	2013	2012
October:	29,984	25,959
November:	31,144	25,078

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

	2013	2012
October:	85%	80%
November:	83%	79%

AUTO ADJUDICATION PERCENTAGE (GOAL IS 85%)

	2013	2012
October:	71%	67%
November:	70%	65%

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

	2013	2012
October:	12	11
November:	13	12

Chief Operations Officer Department Dashboard

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

2013			2012		
	<u>0-30 DAYS</u>	<u>OVER 30 DAYS</u>		<u>0-30 DAYS</u>	<u>OVER 30 DAYS</u>
October:	7003	*47	October:	4804	*120
November:	5994	*381	November:	5849	*80

*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.

Chief Operations Officer Department Dashboard

PHARMACY DEPARTMENT October 2013

Prescription Type: Generic = 89 % Brand = 11 %

Prior Authorization Activity: APPROVED = 934 - Withdrawn = 232 - DENIED = 0

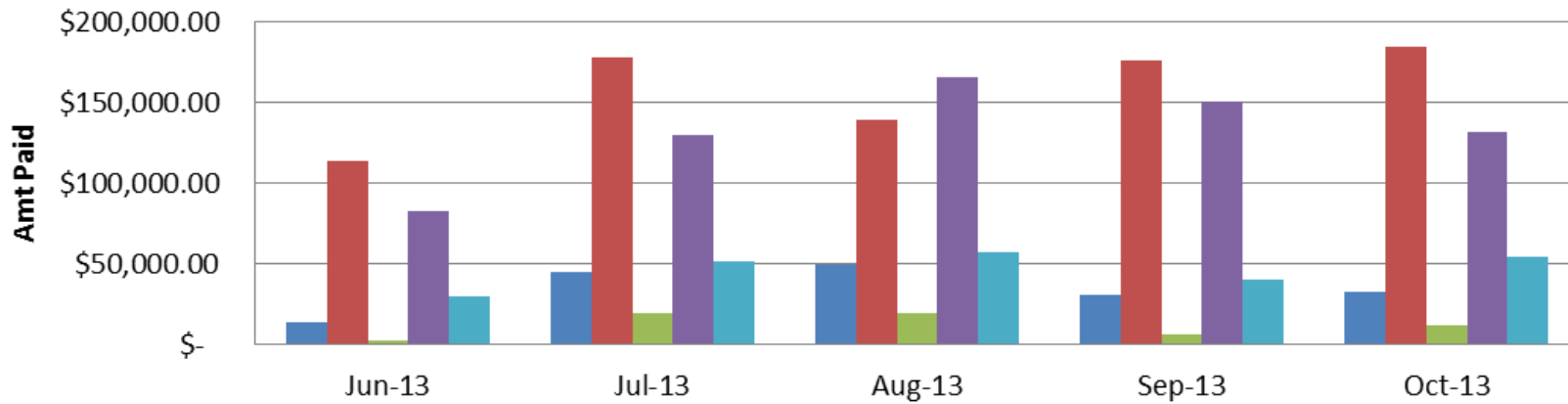
Minimum Compliance Rate: 95% (Turnaround Times within 24 hours upon receipt of a completed PA)

DRUG UTILIZATION COSTS (Generic, Brand and Specialty drugs for all lines of business)

Member Population	Data	August-13	September-13	October-13
Medi-Cal, (Non-SPD)	Total Amount Paid	\$ 1,334,073	\$ 1,329,387	\$ 1,431,276
	Total Rx Count	44,370	46,227	50,292
	Member Months	112,937	113,884	113,115
	PMPM (\$)	\$ 11.81	\$ 11.67	\$ 12.65
	Rx PMPM	0.4	0.4	0.4
Medi-Cal (SPD)	Total Amount Paid	\$1,837,898	\$ 1,785,269	\$1,951,275
	Total Rx Count	43,038	41,998	45,329
	Member Months	16,731	15,718	15,718
	PMPM (\$)	\$109.85	\$ 113.58	\$ 124.14
	Rx PMPM	2.6	2.7	2.9
Healthy Kids	Total Amount Paid	\$ 32,016	\$ 27,278	\$ 29,034
	Total Rx Count	663	604	703
	Member Months	5,419	5,398	5,342
	PMPM (\$)	\$ 5.91	\$ 5.05	\$ 5.44
	Rx PMPM	0.1	0.1	0.1

Chief Operations Officer Department Dashboard

All LOBs - Specialty Drug Costs by Network



	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
■ NT10	\$13,535.45	\$45,218.86	\$49,520.13	\$30,498.92	\$32,536.20
■ NT20	\$113,519.90	\$177,539.26	\$138,922.52	\$176,503.06	\$185,021.31
■ NT40	\$2,360.10	\$18,942.19	\$19,002.30	\$5,985.90	\$12,203.43
■ NT50	\$83,054.77	\$129,360.38	\$166,046.87	\$150,475.36	\$131,950.65
■ NT60	\$29,442.21	\$51,187.18	\$57,169.39	\$39,910.70	\$54,176.85

Chief Operations Officer Department Dashboard

PHARMACY DEPARTMENT November 2013

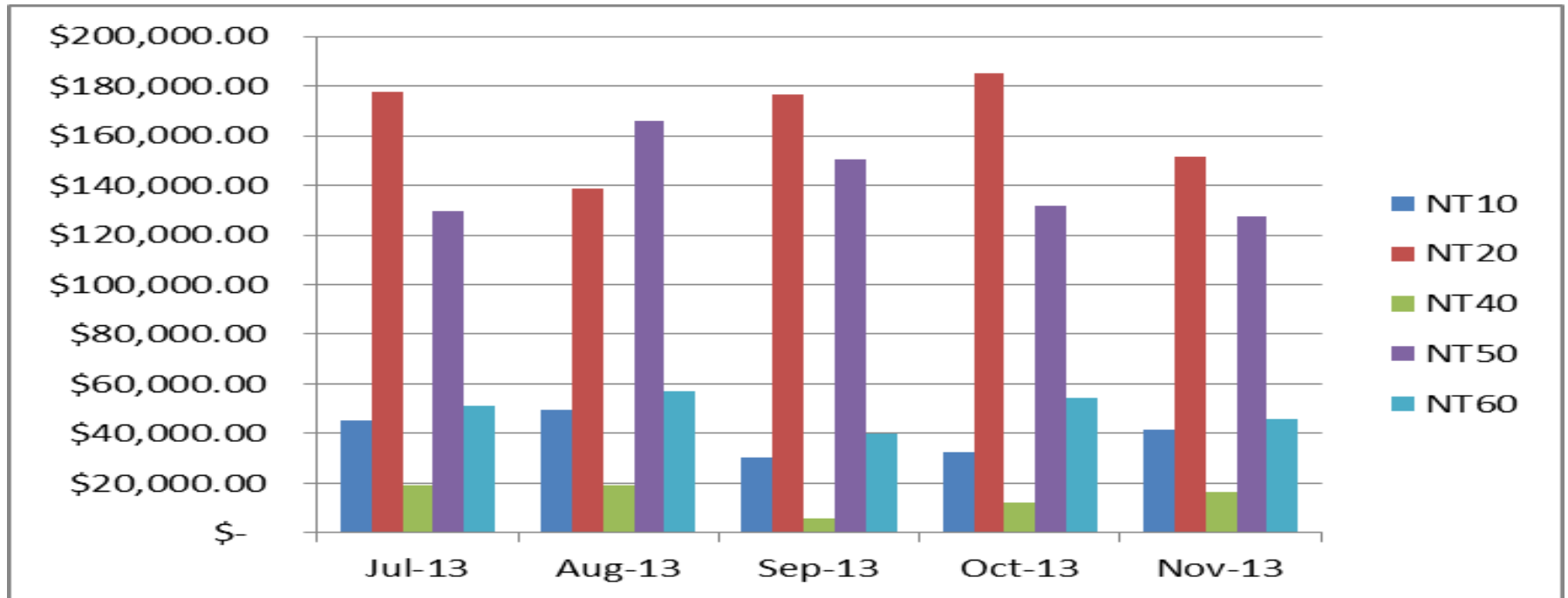
Prescription Type: Generic = 83 % Brand = 17 %

Prior Authorization Activity: APPROVED =486, Withdrawn = 203, DENIED = 0

Minimum Compliance Rate: 95% (Turnaround Times within 24 hours upon receipt of a completed PA)

Member Population	Data	September-13	October-13	November-13
Medi-Cal, (Non-SPD)	Total Amount Paid	\$ 1,329,387	\$ 1,431,276	\$1,337,111
	Total Rx Count	46,227	50,292	45,603
	Member Months	113,884	113,115	132176
	PMPM (\$)	\$ 11.67	\$ 12.65	\$10.12
	Rx PMPM	0.4	0.4	0.3
Medi-Cal (SPD)	Total Amount Paid	\$ 1,785,269	\$1,951,275	1,923,456
	Total Rx Count	41,998	45,329	42,344
	Member Months	15,718	15,718	17,028
	PMPM (\$)	\$ 113.58	\$ 124.14	\$112.96
	Rx PMPM	2.7	2.9	2.49
Healthy Kids	Total Amount Paid	\$ 27,278	\$ 29,034	24,893
	Total Rx Count	604	703	635
	Member Months	5,398	5,342	5318
	PMPM (\$)	\$ 5.05	\$5.44	\$4.68
	Rx PMPM	0.1	0.1	0.1

All Lines of Business- SPECIALTY Drug Costs by Network



Chief Operations Officer Department Dashboard

Provider Services Department

Average Weekly Call Total: 33 calls weekly average

Monthly Call Total: Call Total for October: 90 – Call Total for November: 98

Monthly Request Total: Email requests via website/PS email for assistance: October: 21 – November: 12

IT Project Focus for Provider Operations:

- 1) Inbound and Outbound 5010/837 Compliance – 5010/837 EDI Encounters with Delegates
 - a. 5010/837 EDI Encounters PMG – Ongoing Testing – Delivery Date: 01/31/14
 - b. 5010/837 EDI Encounters PremierCare – In queue to release 01/31/14
 - c. 5010/837 EDI Encounters Kaiser – In queue to release 01/31/14
- 2) SCFHP.com Website Redesign – Internal workgroup to redesign the provider look-up feature of the website. Sensys has the project. Revised completion date 1/1/14. Project #PR13-0154
- 3) 278C Auth/Referral Files for Delegated Groups – working with delegated groups to finalize – Release queue date 01/31/14
- 4) CBAS 835 Testing – 2 pilot facilities – No longer queued – Requirements approved. To begin within one week unless other priorities.
- 5) IHC/FMA/DCHS: Working on billing issues; Claims pending.
- 6) Office Ally Attachments: Project has gone live and is working for providers on submitting attachments with claims.

Chief Operations Officer Department Dashboard Trainings:

Skilled Nursing Facilities Trainings

New Training Packet Covers:

A new training packet was created to target what Skilled Nursing Facilities (SNFs) need to know about how SCFHP operates and what to anticipate in July 2014, SCFHP becomes responsible for long term care. We began to reach out to these centers in October so we can better understand the services each partner provides. We conducted an in-service at SCFHP offices for all SNFs to come and discuss new laws affecting us in July 2014. The turnout was tremendous and we hope to keep that momentum up for the next six months. We have another in-service scheduled for January 2014.

Feedback that we received from our new trainings:

All the facilities have been positive with their feedback and have thanked SCFHP for the outreach so far in advance of the implementation date.

CME Trainings: January 2014: Sent Save the Date Notice with 4th Quarter Provider Education Packets

Connect

Connect trainings in the month of October: 14

Connect trainings in the month of November: 16

Chief Operations Officer Department Dashboard

Delegation Oversight

Valley Health Plan – Network 20

- SCFHP held a Joint Operating Committee meeting on October 25th and discussed operational issues.
- SCFHP and VHP have been working together to transition the Low Income Health Population into Medi-Cal Managed Care, effective January 1st.
- SCFHP audited Valley Health Plan on December 4th.

The following functions were audited: Claims, Credentialing, Cultural & Linguistic services, Timely Access to Care, and Utilization Management.

Premier Care of Northern California/MSO CMS – Network 60

- The 2013 audit is in process. Premier Care is gathering the documents and will send them scanned. This will be a virtual “desk top” audit. The following functions will be audited: Claims, Cultural & Linguistic services, Timely Access to Care, and Utilization Management.

They will not be audited for credentialing as they are NCOA certified for this function.

Kaiser – Network 30

- Kaiser was audited on October 15th. This was a shared audit, in conjunction with other local initiatives. SCFHP was the lead plan for the Claims and Pharmacy audits. Other functions were audited by other plans, but SCFHP reviewed our specific files. The policy audits which will be completed by the other health plans include: Cultural & Linguistic services, Timely Access to Care, Grievance and Appeals, and Utilization Management. Kaiser was not audited for credentialing as they are NCOA accredited for this function.

Chief Operations Officer Department Dashboard

Physicians Medical Group of San Jose/MSO Excel – Network 50

- SCFHP and PMGSJ met on November 6ths for a Joint Operating Committee.
- The 2013 audit is scheduled for December 10th. The following functions will be audited: Claims, Cultural & Linguistic services, Timely Access to Care, and Utilization Management.

Directly Contracted Network – Network 10

- The providers are being educated on the new capitated provider of Durable Medical Equipment Life Care Solutions.

Liberty Dental Plan

- SCFHP is working on a project with Liberty Dental Plan to increase the amount of children who are using their dental benefits. The goal is to improve health outcomes for members of Healthy Kids.
- SCFHP is gathering the documents for a desktop audit of the claims and credentialing functions.

Vision Service Plan

- SCFHP is working on a project with Vision Services Plan to increase the amount of diabetics who are utilizing their services. The goal is to improve health outcomes for members of Medi-Cal and Healthy Kids.
- SCFHP is gathering the documents for a desktop audit of the claims and credentialing functions.

MedImpact Healthcare Systems

- The 2013 audit is scheduled for December 19th and 20th.

Chief Operations Officer Department Dashboard

Issues/updates.

- SCFHP is creating the new Provider Training which is a requirement for Cal MediConnect.
- SCFHP is revising our Provider Manual to ensure that our training materials meet the regulatory requirements and are useful for all involved.
- The revamped delegation oversight process, which incorporates Medicare and NCQA guidelines, is now being used.

Chief Operations Officer Department Dashboard

Compliance Department

Grievance & Appeals:

- October 2013:
 - a. Total G&A cases received = 58
 - b. Total G&A cases closed = 62
 - Rate per 1000/members =0.38
 - c. G&A closed cases by LOB:
 - Medi-Cal = 60
 - Healthy Kids = 1
 - Healthy Workers = 1
 - d. G&A closed cases by Network
 - PAMF = 6
 - PMG = 12
 - Premier Care = 2
 - SCFHP = 5
 - VHP = 37
 - e. G&A closed cases by Category:
 - Access to Care = 2
 - Access to Specialist = 1
 - Dispute – Denied, Modified, Deferred Services = 32 (19 of these for Out of Network denials and redirection of services back into network)
 - Dissatisfaction with Level of Care = 4
 - Dissatisfaction with Level of Services = 22
 - f. State Fair Hearings:
 - Total cases opened = 3
 - Total cases closed = 1
 - # Upheld = 1
 - Total cases scheduled this month = 4
 - g. Independent Medical Review:
 - Total cases opened = 0

Chief Operations Officer Department Dashboard

Grievance & Appeals:

- November 2013:
 - h. Total G&A cases received = 44
 - i. Total G&A cases closed =49
 - Rate per 1000/members =0.29
 - j. G&A closed cases by LOB:
 - Medi-Cal = 48
 - Healthy Kids = 1
 - Healthy Workers = 0
 - k. G&A closed cases by Network
 - Kaiser =0
 - PAMF = 2
 - PMG = 11
 - Premier Care = 1
 - SCFHP = 8
 - VHP = 27
 - l. G&A closed cases by Category:
 - Access to Care = 6
 - Access to Specialist = 3
 - Dispute – Denied, Modified, Deferred Services = 25 (10 of these for Out of Network denials and redirection of services back into network)
 - Dissatisfaction with Level of Care = 4
 - Dissatisfaction with Level of Services = 7
 - m. State Fair Hearings:
 - Total cases opened = 0
 - Total cases closed = 4
 - # Upheld = 0
 - # Overturned = 0
 - # Withdrawn = 3
 - # No Show = 1
 - Total cases scheduled this month = 4

Chief Operations Officer Department Dashboard

- n. Independent Medical Review:
 - Total cases opened = 0
 - Total cases in process = 1
 - Total cases closed = 0
 - # Overturned = 0

Compliance Activities

Reporting

- Regulatory Reports/Filings:
 - DMHC Mental Health Material Modification First Phase
 - DMHC Final Exam Audit Responses Submission
 - DHCS Member Incentive Requests for HgA1C, Retinopathy, and Well Exam
 - DHCS Provider LIHP file (NPI and HCP) Data
 - CMS Notice of Intent to Apply for 2014 MAPD-DSNP
 - DMHC Timely Access Filing – Timely Access Report Comments
 - CMS/NORC Cal MediConnect Readiness Submission (CA Pre-Enrollment Validation Worksheet)
 - Preparing for DHCS Mental Health Second Phase
 - Preparing DMHC LIHP Material Modification
 - Preparing DMHC Healthy Kids Material Modification
 - DHCS Quarterly Reports
 - SPD Reporting
 - Risk Assessment and Stratification
 - Continuity of Care
 - Out of Network
 - SPD Grievance Summary
 - All member Grievance Summary
 - SCFHP & Kaiser All Grievance Logs
 - Network Adequacy
 - Detailed Provider Networks (PCP, Specialist, Physician Extenders)
 - GeoAccess
 - Targeted Low Income
 - Healthy Families Transition Report
 - CBAS 3rd Q Report

Chief Operations Officer Department Dashboard

- DMHC Quarterly Reports
 - Survey of Risk Bearing Organizations
 - Claims Settlement Practices
- CMS Report
 - 2008 Attestation of PDE and DIR Date
 - MMP Marketing Materials Spreadsheet to Contract Manager

Monitoring/Auditing

- DMHC Complaints –
 - IMR Overturn case still in process. Case Manager assigned to case to assist with setting up appointments. Work continues to contract with providers
- Affordable Care Act, Payment Increase Compliance Plan has been developed
- Produced new provider timely access surveys in accordance with the updated regulations sent out by DMHC in October
- Submitted files to MRMIB of HFP members who did not transition on November 1.

Oversight

- Monthly Conference Call with DHCS Contract Manager to review upcoming submissions.

Education/Training

- Working with Contracting Department on Bridgefront contract (online compliance training)
- Updated provider training materials related to Cultural and Linguistics
- Updated Staff and Provider Cultural and Linguistic Toolkit for NORC submission for Cal MediConnect readiness

Standards & Policies

- DMHC/DHCS Policy Changes that required review and implementation from departments
 - DHCS All Plan Letters:
 - Proper Use of and Billing for Makena
 - Staying Healthy Assessment Individual Health Education Behavioral Assessment for LIHP beneficiaries
 - MOU Requirements for Medi-Cal Managed Care Mental Health
 - Utilization Data File for Transitioning LIHP Beneficiaries
 - Open Authorizations and Scheduled Services Data for New Transitioning LIHP Beneficiaries
 - DHCS Dual Plan Letters:

Chief Operations Officer Department Dashboard

- ICT and ICP Requirements for Medi-Medi Plans
- Continuity of Care
- DHCS Policy Letters
 - Dental Services – General Anesthesia Coverage

Other

- Researched new requirements for AB1180 (AB792/SBX 12): Required to send notice to Healthy Kids members if members elect to cease their enrollment from the program.
- Researched grandfather status for Healthy Kids Program in preparing for Healthy Kids Material Modification filing.



Santa Clara
Family Health Plan

The Spirit of Care

Financial Statements
For Four Months Ended October 2013
(Unaudited)

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Santa Clara Family Health Plan CFO Finance Report

For the Month and Year to Date Ended October 31, 2013

Summary of Financial Results

For the month of October 2013, SCFHP recorded an operating surplus of \$395 thousand compared to a budgeted operating loss of \$71 thousand, resulting in a favorable variance from budget of \$466 thousand. For year to date October 2013, SCFHP recorded an operating loss of \$421 thousand compared to a budgeted operating loss of \$241 thousand resulting in an unfavorable variance from budget of \$180 thousand. 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 – October 2013
Favorable/ (Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$ 26,151,888	\$ 25,280,093	\$ 871,795	3.4%	Revenue	\$ 102,388,910	\$ 100,752,424	\$ 1,636,486	1.6%
23,818,751	23,571,249	(247,502)	-1.1%	Medical Expense	95,830,611	94,009,076	(1,821,534)	-1.9%
2,333,137	1,708,845	624,292	37%	Gross Margin	6,558,299	6,743,348	(185,049)	-3%
1,905,408	1,756,709	(148,699)	-8.5%	Administrative Expense	6,904,395	6,890,848	(13,547)	-0.2%
427,729	(47,864)	475,593	994%	Net Operating Income	(346,096)	(147,500)	(198,596)	-135%
(32,905)	(23,333)	(9,571)	-41%	Non-Operating Income/Exp	(75,061)	(93,333)	18,273	20%
\$ 394,825	\$ (71,197)	\$ 466,022	655%	Operating Surplus/ (Loss)	\$ (421,156)	\$ (240,833)	(180,323)	-75%

Revenue

The Health Plan recorded net revenue of \$26.2 million for the month of October 2013, compared to budgeted revenue of \$25.3 million, resulting in a favorable variance from budget of \$872 thousand, or 3.5%. For year to date October 2013, the plan recorded net revenue of \$102.4 million compared to budgeted revenue of \$100.8 million, resulting in a favorable variance from budget of \$1.6 million, or 1.6%.

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

Member months

For the month of October 2013, and October 2013 year to date, overall member months were lower than budget by 2,310 members (-1.5%), and 5,381 (0.9%), respectively.

In the four months since the end of the prior fiscal year, 6/30/2013, membership in Medi-Cal declined by 1.0%. Membership in the Healthy Families program (the transition is substantially complete; see below) declined by 126 members (-86.3%), and membership in the Healthy Kids program declined by 4.0%, since 6/30/2013. Member months and changes from prior year are summarized on Page 11.

The transfer of Healthy Families members to Medi-Cal has occurred in three phases of the planned Medi-Cal Healthy Families Product Transition, and is substantially complete.

Medical Expenses

For the month of October 2013, medical expense was \$23.8 million compared to budget of \$23.6 million, resulting in an unfavorable budget variance of \$248 thousand, or -1.1%. For year to date October 2013, medical expense was \$95.8 million compared to budget of \$94.0 million, resulting in an unfavorable budget variance of \$1.8 million, or -1.9%. Increases for four months through October 2013 includes costs over budget in the areas of inpatient hospitalization and outpatient services. This was partially offset by lower than anticipated Pharmacy expenses.

Administrative Expenses

Overall administrative costs were over budget by \$149 thousand (8.5%), for the month and \$14 thousand (0.2%) for year to date October 2013.

The primary reason for the unfavorable budget variance in administrative expenses for both month and year-to-date is due to the unbudgeted Duals Demonstration project expenditures. An amount of \$386 thousand and was approved at the October board meeting.

Overall administrative expenses were 6.7% of revenues for year to date October 2013.

Balance Sheet (Page 6)

Current assets at October 31, 2013 totaled \$66.4 million compared to current liabilities of \$34.8 million, yielding a current ratio (the ratio of current assets to current liabilities) of 1.9:1 as of October 31, 2013. Working capital decreased by \$428 thousand for four months year-to-date ended October 31, 2013.

Cash as of October 31, 2013, decreased by \$34.2 million compared to the cash balance as of year-end June 30, 2013. This decrease was largely due to the payment of \$27.3 million to Santa Clara Valley Medical Center for the SB 208 IGT pass through, paid in July 2013. Net receivables increased by \$6.0 million during the four months ended October 31, 2013.

Liabilities decreased by a net amount of \$28.0 million during the four months ended October 2013. This was primarily due to the payable for SB 208, as mentioned above, payable as of June 30, 2013, and paid in July 2013.

Board designated reserves for the Healthy Kids program was \$710 thousand for FY 2012. An additional amount of \$779 thousand was added to the reserve for FY 2013, bringing the total reserve to \$1.5 million as of the fiscal year ending June 30, 2013. This change is reflected on line "Board Designated Reserve – Healthy Kids" on the Balance Sheet on page 6.

Capital Expenses increased by \$106 thousand for the four months ended October 31, 2013.

Tangible Net Equity

Tangible net equity (TNE) was \$32.1 million at October 31, 2013, compared to the minimum TNE required by the Department of Managed Health Care (DMHC) of \$8.1 million (as per quarterly filing at 09-30-13). A chart showing TNE trends is shown on page 12 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 October 31, 2013, the Plan's reserves are about \$19.4 million below this reserves target (see calculation below).

Calculation of targeted reserves as of October 31, 2013

Estimate of two months' capitation (October-2013 Medi-Cal capitation of \$25,357,500 X 2 = \$50,715,000)	\$50,715,000
Less: Unrestricted Net Equity per balance sheet (rounded)	<u>\$31,310,000</u>
Approximate reserves below target	<u>\$19,405,000</u>

**Santa Clara County Health Authority
Balance Sheet**

	<u>10/31/2013</u>	<u>9/30/2013</u>	<u>8/31/2013</u>	<u>6/30/2012</u>
Assets				
Current Assets				
Cash and Marketable Securities	\$ 27,699,832	\$ 28,673,915	\$ 34,379,659	\$ 53,399,695
Premiums Receivable	38,101,214	32,048,631	31,053,871	5,105,903
Due from Santa Clara Family Health Foundation - net	9,711	6,959	6,959	34,629
Prepaid Expenses and Other Current Assets	<u>592,607</u>	<u>779,603</u>	<u>810,779</u>	<u>716,693</u>
Total Current Assets	66,403,364	61,509,107	66,251,268	59,256,920
Long Term Assets				
Equipment	6,851,379	6,814,729	6,785,307	6,320,782
Less: Accumulated Depreciation	<u>(6,336,946)</u>	<u>(6,312,526)</u>	<u>(6,289,002)</u>	<u>(5,568,491)</u>
Total Long Term Assets	<u>514,433</u>	<u>502,203</u>	<u>496,304</u>	<u>752,291</u>
Total Assets	<u>\$ 66,917,796</u>	<u>\$ 62,011,310</u>	<u>\$ 66,747,572</u>	<u>\$ 60,009,211</u>
Liabilities and Net Assets				
Liabilities				
Trade Payables	\$ 7,737,688	\$ 2,421,951	\$ 6,748,771	\$ 2,145,127
Employee Benefits	847,313	822,390	781,393	734,733
Retirement Obligation per GASB 45	150,516	100,001	66,667	-
Due to (from) Santa Clara County Valley Health Plan	1,697,171	1,908,231	1,464,264	3,145,623
Advance Premium - Healthy Kids	60,207	59,440	64,256	61,520
Reserve for Rate Reductions	0	0	1,068,713	12,650,821
Medical Cost Reserves	<u>24,294,898</u>	<u>24,964,118</u>	<u>24,485,785</u>	<u>17,062,812</u>
Total Liabilities	34,787,792	30,276,130	34,679,849	35,800,635
Net Assets / Reserves				
Invested in Capital Assets	514,433	502,203	496,304	752,291
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Board Designated Reserve - Healthy Kids	1,489,090	1,489,090	1,489,090	710,588
Unrestricted Net Equity	30,242,288	30,254,518	30,260,417	34,325,540
Current YTD Income (Loss)	<u>(421,156)</u>	<u>(815,981)</u>	<u>(483,438)</u>	<u>(11,885,193)</u>
Net Assets / Reserves	<u>32,130,004</u>	<u>31,735,180</u>	<u>32,067,723</u>	<u>24,208,576</u>
Total Liabilities and Net Assets	<u>\$ 66,917,796</u>	<u>\$ 62,011,310</u>	<u>\$ 66,747,572</u>	<u>\$ 60,009,211</u>
Solvency Ratios:				
Working Capital	31,615,572	31,232,977	31,571,419	23,456,285
Working Capital ratio	1.9	2.0	1.9	1.7
Average Days Cash on Hand	33	34	84	85

Santa Clara County Health Authority
Income Statement for the Month Ending October 31, 2013

	For the Month of October 2013					For Four Months Ending of October 2013				
	Actual	% of Revenue	Budget	% of Revenue	Variance	Actual	% of Revenue	Budget	% of Revenue	Variance
REVENUES										
MEDI-CAL	\$ 25,457,668	97.3%	\$ 24,501,472	96.9%	\$ 956,196	\$ 99,389,897	97.1%	\$ 97,626,733	96.9%	\$ 1,763,164
HEALTHY FAMILIES	977	0.0%	-	0.0%	977	13,993	0.0%	11,207	0.0%	2,786
HEALTHY KIDS	458,731	1.8%	505,000	2.0%	(46,269)	1,856,813	1.8%	2,020,000	2.0%	(163,187)
AGNEWS	107,387	1.6%	142,671	0.6%	(35,284)	611,387	1.3%	570,685	1.4%	40,702
HEALTHY WORKERS	127,125	0.5%	130,950	0.5%	(3,825)	516,820	0.5%	523,800	0.5%	(6,980)
TOTAL REVENUE	26,151,888	101.2%	25,280,093	100.0%	871,795	102,388,910	100.7%	100,752,424	100.9%	1,636,486
MEDICAL EXPENSES										
MEDI-CAL	23,138,736	88.5%	22,912,462	90.6%	(226,274)	93,052,968	90.9%	91,357,177	90.7%	(1,695,791)
HEALTHY FAMILIES	(3,289)	0.0%	0	0.0%	3,289	11,680	0.0%	9,202	0.0%	(2,478)
HEALTHY KIDS	420,265	1.6%	454,500	1.8%	34,235	1,696,209	1.7%	1,818,000	1.8%	121,791
AGNEWS	90,519	0.3%	86,431	0.3%	(4,088)	502,075	0.0%	353,278	0.0%	(148,797)
HEALTHY WORKERS	172,520	0.7%	117,855	0.5%	(54,665)	567,679	0.0%	471,420	0.0%	(96,259)
TOTAL MEDICAL EXPENSES	23,818,751	91.1%	23,571,249	93.2%	(247,502)	95,830,611	92.6%	94,009,076	92.5%	(1,821,534)
MEDICAL OPERATING MARGIN	2,333,137	8.9%	1,708,845	6.8%	624,292	6,558,299	6.4%	6,743,348	6.7%	(185,049)
ADMINISTRATIVE EXPENSES										
SALARIES AND BENEFITS	1,196,155	4.6%	1,215,909	4.8%	19,754	4,395,101	4.3%	4,727,650	4.7%	332,550
RENTS AND UTILITIES	105,374	0.4%	103,875	0.4%	(1,499)	409,347	0.4%	415,500	0.4%	6,153
PRINTING AND ADVERTISING	41,448	0.2%	13,754	0.1%	(27,693)	69,204	0.1%	55,017	0.1%	(14,187)
INFORMATION SYSTEMS	122,119	0.5%	78,593	0.3%	(43,526)	351,627	0.3%	314,373	0.3%	(37,254)
PROF FEES / CONSULTING / TEMP STAFFING	280,183	1.1%	153,792	0.6%	(126,392)	1,051,819	1.0%	615,167	0.6%	(436,652)
DEPRECIATION / INSURANCE / EQUIPMENT	62,888	0.2%	80,012	0.3%	17,124	247,639	0.2%	320,046	0.3%	72,407
OFFICE SUPPLIES / POSTAGE / TELEPHONE	44,796	0.2%	42,900	0.2%	(1,896)	158,308	0.2%	171,600	0.2%	13,292
MEETINGS / TRAVEL / DUES	49,470	0.2%	60,440	0.2%	10,971	203,386	0.2%	241,762	0.2%	38,375
OTHER	2,975	0.0%	7,433	0.0%	4,459	17,964	0.0%	29,733	0.0%	11,770
TOTAL ADMINISTRATIVE EXPENSES	1,905,408	7.3%	1,756,709	6.9%	(148,699)	6,904,395	6.7%	6,890,848	6.8%	(13,547)
OPERATING SURPLUS (LOSS)	427,729	1.6%	(47,864)	-0.2%	475,593	(346,096)	-0.3%	(147,500)	-0.1%	(198,596)
GASB 45-POST EMPLOYMENT BENEFITS EXPENSE	(50,516)	-0.2%	(33,333)	-0.1%	(17,182)	(150,516)	0.0%	(133,333)	0.0%	(17,183)
INTEREST & OTHER INCOME	17,611	0.1%	10,000	0.0%	7,611	75,455	0.1%	40,000	0.0%	35,455
NET INCOME (LOSS) FINAL	\$ 394,825	1.5%	\$ (71,197)	-0.3%	\$ 466,022	\$ (421,156)	-0.4%	\$ (240,833)	-0.2%	\$ (180,323)

Administrative Expense
Actual vs. Budget
For the Current Month & Fiscal Year to Date - October 2013
Favorable/(Unfavorable)

Current Month					Year to Date			
Actual	Budget	Variance \$	Variance %		Actual	Budget	Variance \$	Variance %
\$ 1,196,155	\$ 1,215,909	\$ 19,754	1.6%	Personnel	\$ 4,395,101	\$ 4,727,650	\$ 332,550	7.0%
709,253	540,799	(168,453)	-31.1%	Non-Personnel	2,509,294	2,163,198	\$ (346,096)	-16.0%
1,905,408	1,756,709	(148,699)	-8.5%	Total Administrative Expense	6,904,395	6,890,848	(13,547)	-0.2%

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

FOUR MONTHS ENDED OCTOBER 31, 2013

	Medi-Cal	Healthy Families	Healthy Kids	Agnews	Healthy Workers	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	\$99,389,897	\$13,993	\$1,856,813	\$611,387	\$16,820	\$102,388,910
MEDICAL EXPENSES	93,052,968	11,680	1,696,209	502,075	567,679	\$95,830,611
	MLR 93.6%	83.5%	91.4%	82.1%	109.8%	93.6%
GROSS MARGIN	6,336,929	2,313	160,604	109,312	(50,859)	\$6,558,299
ADMINISTRATIVE EXPENSES	6,628,101	2,229	242,314	5,454	26,297	\$6,904,395
(indirect costs subject to % MM allocation)						
OPERATING INCOME/(LOSS)	(291,172)	84	(81,710)	103,858	(77,156)	(346,096)
OTHER INCOME/EXPENSE (% of mm Allocation)	(72,057)	(24)	(2,634)	(59)	(286)	(75,061)
NET INCOME/ (LOSS)	<u>(\$363,229)</u>	<u>\$60</u>	<u>(\$84,344)</u>	<u>\$103,799</u>	<u>(\$77,441)</u>	<u>(\$421,156)</u>
PMPM ALLOCATED P&L:						
REVENUE	\$167.94	\$70.32	\$85.82	\$1,255.42	\$220.11	\$166.08
MEDICAL EXPENSES	157.23	58.69	78.40	1,030.95	241.77	155.45
GROSS MARGIN	10.71	11.62	7.42	224.46	(21.66)	10.64
ADMINISTRATIVE EXPENSSES	11.20	11.20	11.20	11.20	11.20	11.20
OPERATING INCOME/(LOSS)	(0.49)	0.42	(3.78)	213.26	(32.86)	(0.56)
OTHER INCOME / (EXPENSE)	(0.12)	(0.12)	(0.12)	(0.12)	(0.12)	(0.12)
NET INCOME / (LOSS)	<u>(\$0.61)</u>	<u>\$0.30</u>	<u>(\$3.90)</u>	<u>\$213.14</u>	<u>(\$32.98)</u>	<u>(\$0.68)</u>
ALLOCATION BASIS:						
MEMBER MONTHS - Month and YTD	591,817	199	21,636	487	2,348	616,487
% of Member Months	96.00%	0.03%	3.51%	0.08%	0.38%	100.00%

Santa Clara Family Health Plan
Statement of Cash Flows
For Four Months Ended October 31, 2013

Cash flows from operating activities	
Premiums received	\$ 95,647,913
Medical expenses paid	\$ (94,043,588)
Administrative expenses paid	<u>\$ (35,762,462)</u>
Net cash from operating activities	\$ (34,158,137)
Cash flows from capital and related financing activities	
Purchases of capital assets	\$ (106,263)
Cash flows from investing activities	
Interest income and other income, net	<u>\$ 75,455</u>
Net (Decrease) increase in cash and cash equivalents	<u>\$ (34,188,945)</u>
Cash and cash equivalents, beginning of year	<u>\$ 61,888,777</u>
Cash and cash equivalents at October 31, 2013	<u>\$ 27,699,832</u>
Reconciliation of operating income to net cash from operating activities	
Operating income (loss)	\$ (496,612)
Adjustments to reconcile operating income to net cash from operating activities	
Depreciation	\$ 99,427
Changes in operating assets and liabilities	
Premiums receivable	\$ (5,979,406)
Due from Santa Clara Family Health Foundation	\$ 309,568
Prepays and other assets	\$ (65,119)
Accounts payable and accrued liabilities	\$ (28,804,872)
Capitation payable	\$ 588,762
Employee benefit liabilities	\$ 63,013
Advance premium - Healthy Kids	\$ (2,446)
Reserve for Rate Reductions	\$ (1,068,713)
Incurred but not reported claims payable and risk share payments payable	<u>\$ 1,198,261</u>
Total adjustments	<u>\$ (33,661,525)</u>
Net cash from operating activities	<u>\$ (34,158,137)</u>

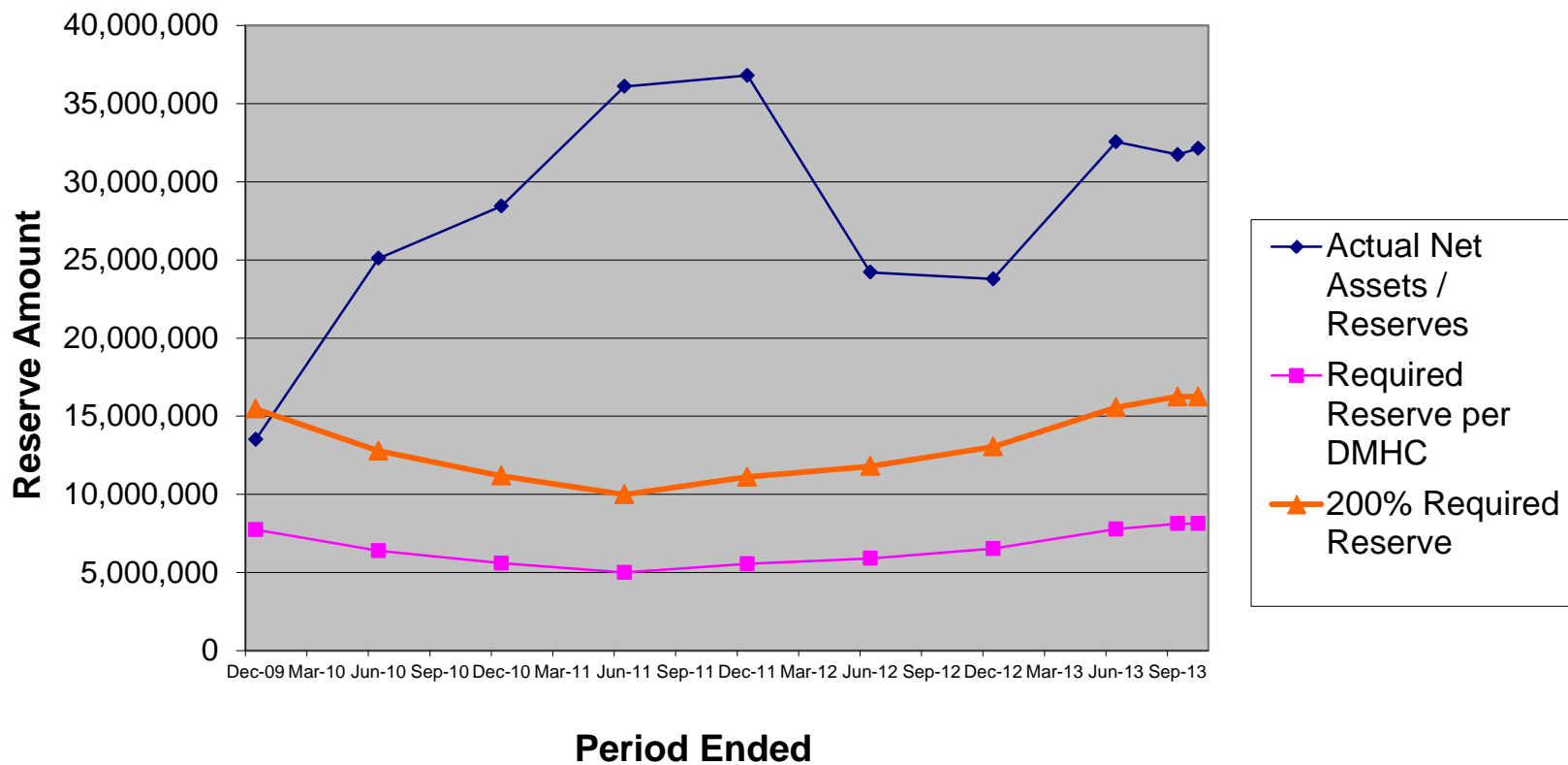
Santa Clara Family Health Plan Enrollment Summary

	For the Month of October 2013			YTD Four Months Ending October 2013				
	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>% Variance</u>	<u>Prior Year Actual</u>	<u>% Change FY14 vs FY13</u>
Medi-Cal	147,465	149,596	(1.42%)	591,817	596,894	(0.85%)	462,169	28.05%
Healthy Families	20	0	0.00%	199	146	36.30%	66,697	(99.70%)
Healthy Kids	5,342	5,500	(2.87%)	21,636	22,000	(1.65%)	23,901	(9.48%)
Agnews	118	126	(6.35%)	487	504	(3.37%)	518	(5.98%)
Healthy Workers	<u>548</u>	<u>581</u>	<u>(5.68%)</u>	<u>2,348</u>	<u>2,324</u>	<u>1.03%</u>	<u>2,082</u>	<u>12.78%</u>
Total	<u>153,493</u>	<u>155,803</u>	<u>(1.48%)</u>	<u>616,487</u>	<u>621,868</u>	<u>(0.87%)</u>	<u>555,367</u>	<u>11.01%</u>

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

	12/31/2009	6/30/2010	12/31/2010	6/30/2011	12/31/2011	6/30/2012	12/31/2012	6/30/2013	9/30/2013	10/31/2013
Actual Net Assets / Reserves	13,501,652	25,103,011	28,445,504	36,093,769	36,803,460	24,208,576	23,776,902	32,551,161	31,735,180	32,130,004
Required Reserve per DMHC	7,737,000	6,388,000	5,591,000	4,996,000	5,558,000	5,901,000	6,525,000	7,778,000	8,125,000	8,125,000
200% of Required Reserve	15,474,000	12,776,000	11,182,000	9,992,000	11,116,000	11,802,000	13,050,000	15,556,000	16,250,000	16,250,000

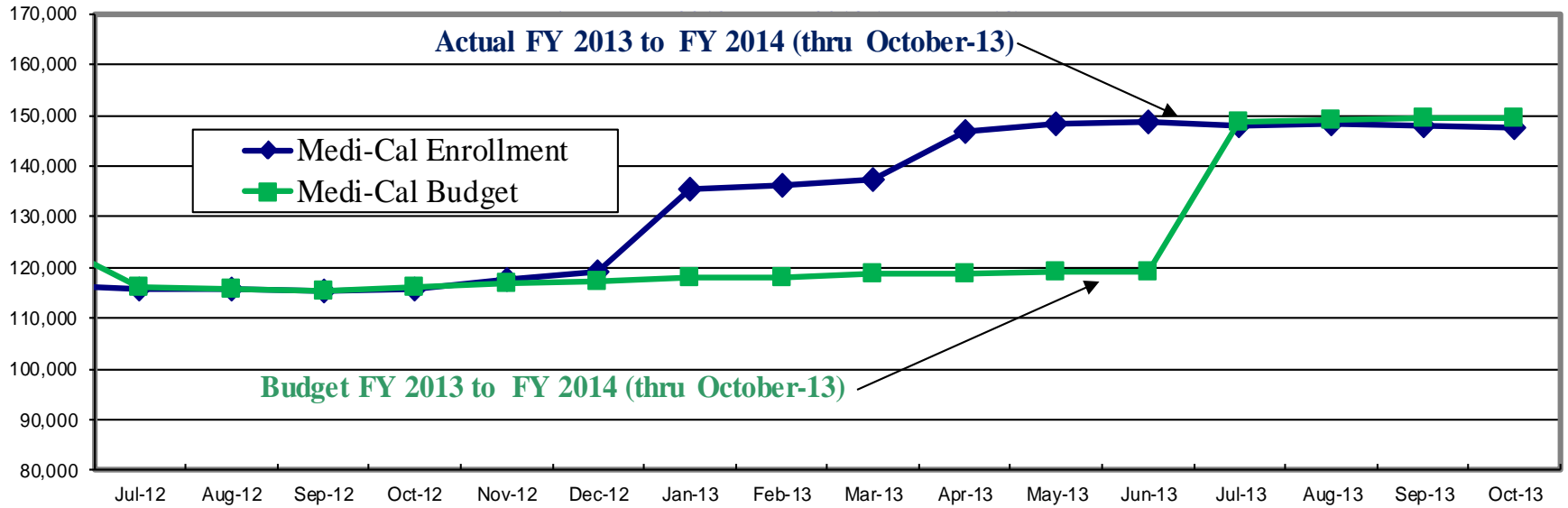
TNE Actual vs. Required



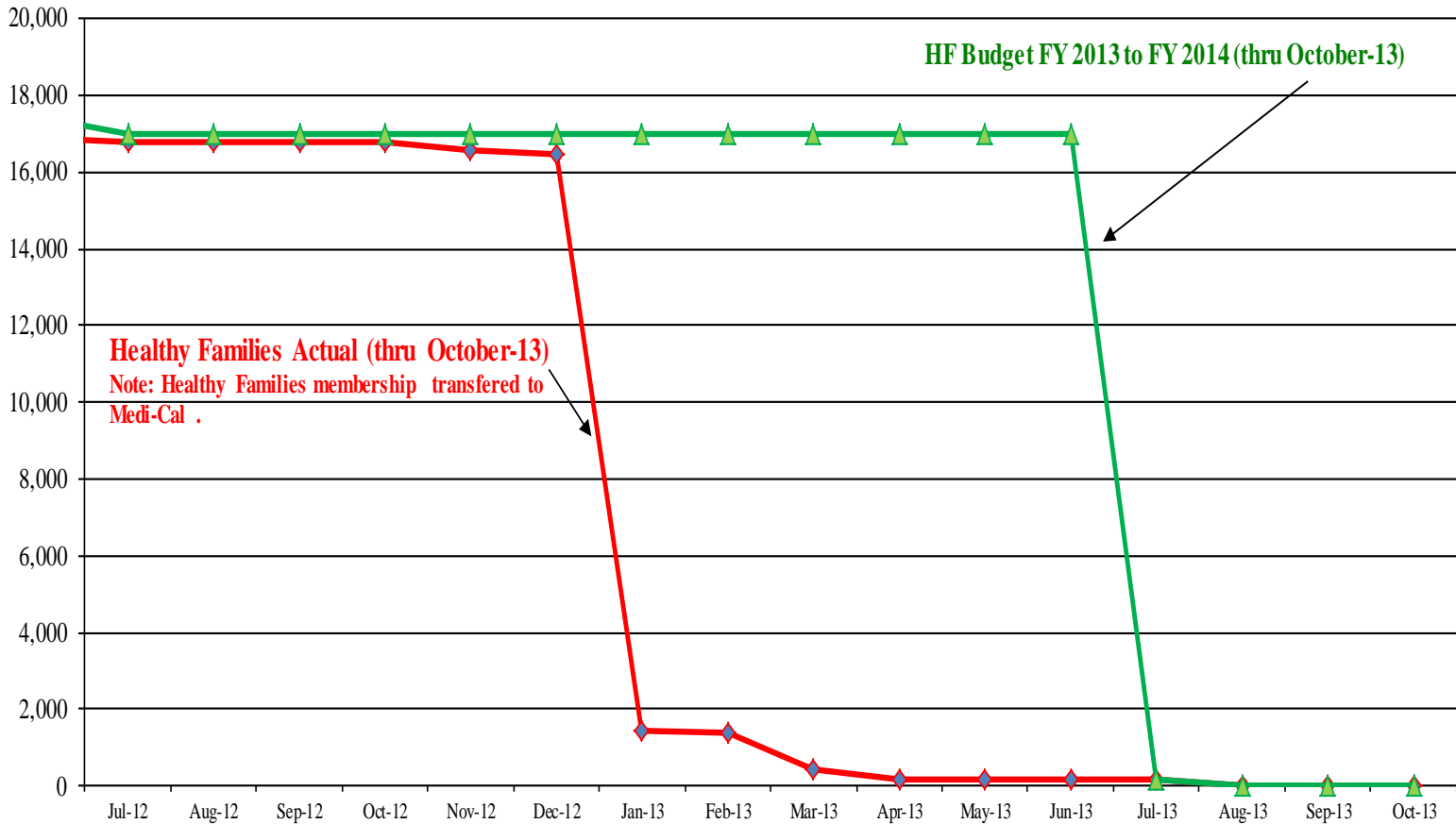
**Santa Clara County Health Authority
Enrollment Summary by Network
October 2013**

	Medi-Cal		Healthy Families		Healthy Kids		AG		Healthy Workers		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians SCVHHS, Safety Net Clinics, FQHC Clinics,	9,692	7%	0	0%	160	3%	118	100%	0	0%	9,970	6%
Palo Alto Medical Foundation Physicians Medical Group	69,146	47%	8	40%	3,694	69%	0	0%	548	100%	73,396	48%
Premier Care	3,412	2%	0	0%	50	1%	0	0%	0	0%	3,462	2%
Kaiser	36,712	25%	9	45%	1,313	25%	0	0%	0	0%	38,034	25%
Total	9,871	7%	3	15%	125	2%	0	0%	0	0%	9,999	7%
	18,632	13%	0	0%	0	0%	0	0%	0	0%	18,632	12%
	<u>147,465</u>	<u>100%</u>	<u>20</u>	<u>100%</u>	<u>5,342</u>	<u>100%</u>	<u>118</u>	<u>100%</u>	<u>548</u>	<u>100%</u>	<u>153,493</u>	<u>100%</u>
Enrollment @ 6-30-13	-	-	-	-	-	-	-	-	-	-	-	-
Net % Change from Beginning of FY	<u>148,874</u>	-	<u>146</u>	-	<u>5,565</u>	-	<u>126</u>	-	<u>604</u>	-	<u>155,315</u>	-
	<u>-0.95%</u>	-	<u>-86.30%</u>	-	<u>-4.01%</u>	-	<u>-6.35%</u>	-	<u>-9.27%</u>	-	<u>-1.17%</u>	-

SCFHP Medi-Cal Enrollment as of October 2013



SCFHP Healthy Families Enrollment as of October 2013



SCFHP Healthy Kids Enrollment as of October 2013

