

Regular Meeting of the

Santa Clara County Health Authority Executive/Finance Committee

Thursday, May 23, 2019, 11:30 AM - 1:00 PM Santa Clara Family Health Plan, Boardroom 6201 San Ignacio Ave, San Jose, CA 95119

<u>Via Teleconference</u> Residence 1985 Cowper Street Palo Alto, CA 94301

AGENDA

1.	Roll Call	Mr. Brownstein	11:30	5 min
2.	Meeting Minutes Review meeting minutes of the May 1, 2019 Executive/Finance Committee. Possible Action: Approve May 1, 2019 Executive/Finance Committee Minutes	Mr. Brownstein	11:35	5 min
3.	Public Comment Members of the public may speak to any item on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes.	Mr. Brownstein	11:40	5 min
	Announcement Prior to Recessing into Closed Session Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item 4 below.			
4.	Adjourn to Closed Session		11:45	
	 Existing Litigation (Government Code Section 54956.9(d)(1)): It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding consolidated cases before the Board Administration of the California Public Employees' Retirement System: In the Matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Craig W. Walsh (Respondent) Case Number: CalPERS Case No. 2017-1114; OAH No. 2018051223. 			



	 In the Matter of Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Melodie U. Gellman (Respondent) Case Number: CalPERS Case No. 2017-1115; OAH Case No. 2018051029. 			
	 Contract Rates (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Executive/Finance Committee to meet in Closed Session to discuss plan partner rates. 			
5.	Report from Closed Session	Mr. Brownstein	12:10	5 min
6.	March 2019 Financial Statements Review March 2019 Financial Statements: Possible Action: Approve the March 2019 Financial Statements	Mr. Cameron	12:15	10 min
7.	Fiscal Year 2018-2019 Donations and Sponsorships Annual Report Review FY'18'-19 Donations and Sponsorships. Possible Action: Accept FY' 18'-19 Donations and Sponsorships Annual Report	Ms. Tomcala	12:25	5 min
8.	Health Homes Program (HHP) Update Discuss status of HHP implementation. Possible Action: Accept Health Homes Program Update	Dr. Nakahira	12:30	10 min
9.	Compliance Update Discuss audit activity and corrective action plan progress. Possible Action: Accept Compliance Update	Ms. Larmer	12:40	10 min
10.	Network Detection and Prevention Report Review report on firewall intrusion, detection, and prevention efforts. Possible Action: Accept Network Detection and Prevention Report	Mr. Tamayo	12:50	5 min
11.	CEO Update Discuss status of current topics and initiatives. Possible Action: Accept CEO Update	Ms. Tomcala	12:55	5 min
12.	Adjournment	Mr. Brownstein	1:00	



Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at 408-874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at 408-874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at <u>www.scfhp.com</u>



Regular Meeting of the

Santa Clara County Health Authority Executive/Finance Committee

Wednesday, May 1, 2019, 1:30 PM - 2:30 PM Santa Clara Family Health Plan, Boardroom 6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present

Bob Brownstein, Chair (*via telephone*) Dolores Alvarado (*via telephone*) Liz Kniss Linda Williams (*via telephone*)

Staff Present

Christine Tomcala, Chief Executive Officer Dave Cameron, Chief Financial Officer Robin Larmer, Chief Compliance & Regulatory Affairs Officer Laurie Nakahira, D.O., Chief Medical Officer Jonathan Tamayo, Chief Information Officer Laura Watkins, VP, Marketing and Enrollment Neal Jarecki, Controller Daniel Welch, Director, Integrated Business Solutions Johanna Liu, Director, Quality & Pharmacy Jayne Giangreco, Manager, Administrative Services Rita Zambrano, Executive Assistant

1. Roll Call

Mr. Brownstein, Chair, called the meeting to order at 1:35 pm. Roll call was taken and a quorum was established.

2. Meeting Minutes

The minutes of the February 28, 2019 Executive/Finance Committee were reviewed.

It was moved, seconded, and the February 28, 2019 Executive/Finance Committee Minutes were unanimously approved.

3. Public Comment

There were no public comments.



4. February 2019 Financial Statements

Dave Cameron, Chief Financial Officer, presented the February 2019 financial statements, which reflected a current month net surplus of \$824 thousand (\$394 thousand unfavorable to budget) and a fiscal year-to-date surplus of \$10.8 million (\$6.9 million favorable to budget). Enrollment increased 199 members from the prior month to 251,199 members and is within 0.5% of budget. Medi-Cal enrollment has declined since October 2016, Healthy Kids enrollment has increased, and CMC membership has grown modestly due to continued outreach efforts. Revenue reflected a favorable current month variance of \$2.3 million (2.8%) largely due to higher Prop 56 accruals (offset by higher medical expense) and non-dual rate accruals retroactive to July 1. Medical expense reflected an unfavorable current month variance of \$3.0 million (4.0%) due to the combination of increased inpatient, LTC, pharmacy and Prop 56 expenses. Administrative expense reflected an unfavorable current month variance of \$3.0 million (4.0%) due to the combination sheet reflected a Current Ratio of 1.26:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity (TNE) of \$188.8 million represented 540.4% of the minimum required by DMHC of \$34.9 million

It was moved, seconded and the February 2019 Financial Statements were unanimously approved.

5. Microsoft License Renewal

Daniel Welch, Director of Integrated Business Solutions, presented a proposal to renew the Microsoft Enterprise Software License, noting the current three-year agreement expired March 3, 2019. The new proposed agreement is a three-year term at a cost of \$604,726 (paid annually at a rate of \$201,575), for a total savings of \$67,274 from the prior contract.

It was moved, seconded, and unanimously approved to authorize the Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Microsoft in an amount not to exceed \$605,000 for licensing.

Liz Kniss arrived at 1:47 pm.

6. Server Infrastructure Upgrade

Mr. Welch presented a proposal to contract with Cisco to upgrade server infrastructure to replace aging equipment and meet anticipated future needs over the next five years. The upgrade includes servers to support all production system environments, the disaster recovery environment in Denver, and phone system servers. ePlus is the Plan's proposed purchasing partner to provide implementation support, including hardware configuration and testing.

It was moved, seconded, and unanimously approved to authorize the Chief Executive Officer to negotiate, execute, amend, and terminate contracts with Cisco and ePlus in an amount not to exceed \$660,000 for hardware and implementation.

7. Healthcare Effectiveness Data and Information Set (HEDIS) RFP

Laurie Nakahira, Chief Medical Officer, reported on the RFP process for HEDIS certified engine software and medical record review selection, noting the current contract with Cotiviti ends December 31, 2019. The recommendation is to migrate from the current vendor to new vendors, CitiusTech Inc. (HEDIS Certified Engine Software) for a 3-year contract and Guardian Angel Consulting, Inc. (HEDIS Medical Records Selection) for a 1-year contract. Committee members inquired about Guardian Angel's existing relationship with VMC and the community clinics.



It was moved, seconded, and unanimously approved to authorize the Chief Executive Officer to negotiate, execute, amend, and terminate contracts with selected HEDIS vendors in an amount not to \$665,000 for licensing and implementation.

8. Collective Medical Technology (CMT) Platform

Dr. Nakahira discussed a proposal to contract with Collective Medical Technology (CMT) to obtain its software application, which provides a platform to exchange real-time health information. Collective Medical's technologies allow healthcare entities a pathway to exchange protected health information (PHI) between health plans, providers, emergency rooms/hospitals, case management programs, and post-acute care facilities to improve treatment planning, claims adjudication, and health care operations. Anticipated benefits include efficient medical information sharing, real-time patient information for ER and Inpatient utilization, improved coordination of care between case management teams and providers, and improved risk stratification.

It was moved, seconded, and unanimously approved to authorize the Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Collective Medical Technology in an amount not to exceed \$250,000 for licensing, implementation, and training.

9. Annual Investment Policy Review

Mr. Cameron presented a report from Sperry Capital, Inc., which was contracted to conduct the annual review of the Plan's investment policy. The report includes no revisions to the investment policy, last approved in April 2018. Sperry recommended pursuing additional diversification of investments, which the Plan is pursuing.

It was moved, seconded, and the Investment Policy Review was unanimously accepted.

Mr. Brownstein recommended moving agenda Item 12, Compliance Update, to immediately follow Item 9, Annual Investment Policy Review, to ensure a quorum was available for the remaining items.

10. Compliance Update

Robin Larmer, Chief Compliance and Regulatory Affairs Officer, discussed the 2018 CMS Program Audit noting the Plan submitted Corrective Action Plans (CAPs) for each of the CARs, and on February 1, 2019, all CAPs were deemed reasonable and accepted by CMS. (ICARS were previously submitted to and accepted by CMS).

Audit protocol requires the Plan to engage an independent validation audit firm (IVA) to validate the Plan's corrections of the Conditions cited in the report. A draft audit work plan that lays out the processes and timeframes the validation auditor will use was submitted to CMS. The IVA will be much like the CMS program audit, except the auditors will only audit to verify the deficiencies have been corrected.

Due to concerns with the Beacon implementation workaround processes, the Plan requested an extension of the remediation period to allow for a later clean date (the beginning date from which all conditions will be tested). CMS granted the extension. The independent validation auditor's report and CEO's attestation that all Conditions have been corrected must be submitted to CMS by September 30, 2019.

Ms. Larmer also noted some general areas of concern, including staffing, and in particular the ability of staff to sustain the effort required to manage CMS Program Audit remediation along with the demands of simultaneous, multiple state audits and daily work. Ms. Larmer also noted difficulty finding an independent audit firm to conduct the mandatory Compliance Program Effectiveness audit.

It was moved, seconded, and the Compliance Update was unanimously accepted.



11. Approval of Finance Policies

The Finance Department has eleven policies and approximately sixty procedures documenting key processes. Policies require Board or Committee review and approval. Two of the eleven policies have already been approved – the Cash Disbursements Policy was approved by the Board in December, and no change was warranted to the Investment Policy reviewed in the preceding agenda item.

It was moved, seconded, and unanimously approved to approve the following Finance Policies — FA.01 General

FA.02 Cash & Cash Receipts FA.04 Accounts Receivable & Revenue FA.05 Payroll & Employee Expenses FA.06 Fixed Assets & Depreciation Expense FA.08 Treasury & Debt FA.09 Financial Close & Reporting FA.10 Medical Expense & IBNP FA.11 Healthcare Economics

12. Member Retention Plan

The Member Retention Plan discussion was deferred to the June Governing Board meeting.

13. Adjournment

The meeting was adjourned at 2:37 pm.

Robin Larmer, Secretary



Unaudited Financial Statements For The Nine Months Ended March 31, 2019

Agenda

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Financial Highlights



	MTD		YTD	
Revenue	\$89 M		\$770 M	
Medical Expense (MLR)	\$83 M	93.6%	\$718 M	93.3%
Administrative Expense (% Rev)	\$4.5 M	5.0%	\$41.7 M	5.4%
Other Income/Expense	\$520,278		\$2,292,012	
Net Surplus (Loss)	\$1,740,431		\$12,502,346	
Cash on Hand			\$350 M	
Receivables			\$522 M	
Total Current Assets			\$879 M	
Current Liabilities			\$717 M	
Current Ratio			1.22	
Tangible Net Equity			\$191 M	
% of DMHC Requirements			546.5%	
3				



Financial Highlights

Net Surplus (Loss)	Month: Surplus of \$1.7M is \$0.5M or 44.8% favorable to budget of \$1.2M.
	YTD: Surplus of \$12.5M is \$7.5M or 147.5% favorable to budget of \$5.1M.
Enrollment	Month: Membership was 251,068 (1,491 or 0.6% favorable budget of 249,577).
	YTD: Member months were 2.3M (3,227 or 0.1% favorable budget of 2.3M).
Revenue	Month: \$89.1M (\$8.7M or 10.8% favorable to budget of \$80.4M)
	YTD: \$770.1M (\$42.8M or 5.9% favorable to budget of \$727.3M)
Medical Expenses	Month: \$83.4M (\$8.8M or 11.7% unfavorable to budget of \$74.7M)
	YTD: \$718.2M (\$39.1M or 5.8% unfavorable to budget of \$679.2M)
Administrative Expenses	Month: \$4.5M (\$2.3K or 0.1% unfavorable to budget of \$4.5M)
	YTD: \$41.7M (\$0.6M or 1.5% favorable to budget of \$42.3M)
Tangible Net Equity	TNE was \$190.5M (546.5% of minimum DMHC requirements of \$34.9M)
Capital Expenditures	> YTD Capital Investment of \$5.7M vs. \$10.9M annual budget was primarily due to building renovations.



Detail Analyses



- Enrollment
 - Total enrollment has decreased since June 30, 2018 by 8,407 or 3.2%, in line with budgeted expectation.
 - As detailed on page 7, much of the Medi-Cal enrollment decline has been in the Medi-Cal Non-Dual Child, Adult and Adult Expansion categories of aid. Medi-Cal Dual enrollment has been stable while CMC enrollment has grown due to outreach efforts.
 - FY19 Membership Trends:
 - Medi-Cal membership has decreased since the beginning of the fiscal year by 3.6%. Over the past 12 months, membership has decreased 5.2%.
 - CMC membership increased since the beginning of the fiscal year by 5.1%. Over the past 12 months, membership has increased 6.4%.
 - Healthy Kids membership increased since the beginning of the fiscal year by 4.8%. Over the past 12 months, membership has decreased 2.0%.

	For the	Month of Mar	ch 2019		For Nine Months Ending March 31 2019				
								Prior Year	Δ
	Actual	Budget	Variance	Actual	Budget	Variance	Variance (%)	Actuals	FY18 vs. FY19
Medi-Cal	239,836	238,848	0.4%	2,190,024	2,190,443	(419)	(0.0%)	2,323,643	(5.8%
Cal Medi-Connect	7,884	7,795	1.1%	69,032	68,715	317	0.5%	66,592	3.7
Healthy Kids	3,348	2,934	14.1%	29,625	26,296	3,329	12.7%	24,424	21.3
Total	251,068	249,577	0.6%	2,288,681	2,285,454	3,227	0.1%	2,414,659	(5.2%
		Santa Clar	a Family Health	Plan Enrollmer	nt By Network				
			Mar	ch 2019					
Network	Med	i-Cal	CN	1C	Health	y Kids	Tot	tal	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	
Direct Contract Physicians	30,165	13%	7,884	100%	390	12%	38,439	15%	
SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics	119,376	50%	-	0%	1,455	43%	120,831	48%	
Palo Alto Medical Foundation	6,984	3%	-	0%	82	2%	7,066	3%	
Physicians Medical Group	42,996	18%	-	0%	1,169	35%	44,165	18%	
Premier Care	14,873	6%	-	0%	252	8%	15,125	6%	
Kaiser	25,442	11%	-	0%	-	0%	25,442	10%	
Total	239,836	100%	7,884	100%	3,348	100%	251,068	100%	
Enrollment at June 30, 2018	248,776		7,503		3,196		259,475		
	-3.6%		5.1%		4.8%		-3.2%		



Enrollment By Aid Category

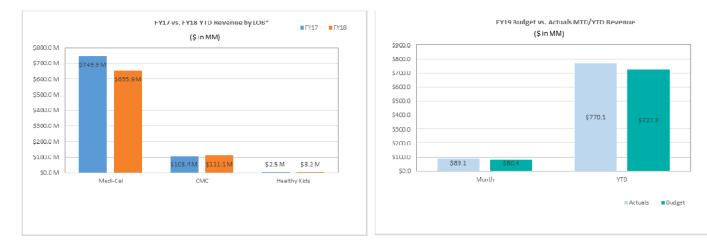
SCFHP TRENDED ENROLLMENT BY COA YTD MAR-19

		2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03
NON DUAL	Adult (over 19)	27,465	27,359	27,351	27,185	27,001	26,652	26,568	26,354	26,213	26,175	25,954	25,846	25,772
	Adult (under 19)	101,197	100,606	100,449	100,238	99,369	98,316	98,255	97,518	96,830	96,330	95,155	95,177	95,286
	Aged - Medi-Cal Only	10,906	10,924	10,891	10,963	10,909	10,815	10,887	10,869	10,887	10,923	10,901	10,963	10,934
	Disabled - Medi-Cal Only	10,786	10,801	10,750	10,750	10,742	10,679	10,635	10,611	10,624	10,631	10,629	10,579	10,558
	Adult Expansion	76,985	76,677	74,319	74,292	74,261	73,971	73,959	73,601	73,398	73,186	72,075	72,223	72,143
	ВССТР	15	15	15	13	13	14	13	12	11	11	9	9	8
	Long Term Care	353	358	370	384	382	384	387	379	377	372	371	376	375
	Total Non-Duals	227,707	226,740	224,145	223,824	222,676	220,831	220,703	219,343	218,340	217,628	215,093	215,173	215,076
DUAL	Adult (21 Over)	416	401	397	393	387	385	382	385	390	379	373	376	367
	Aged (21 Over)													
	Disabled (21 Over)	23,312	22,969	23,064	22,811	22,919	22,928	22,984	22,963	22,897	22,893	22,765	22,728	22,712
	Adult Expansion	470	451	421	451	455	485	521	533	538	586	556	529	479
	BCCTP	2	2	2	2	2	2	2	1	1	1	2	1	1
	Long Term Care	1,118	1,117	1,159	1,295	1,316	1,323	1,292	1,268	1,233	1,208	1,209	1,203	1,201
	Total Duals	25,318	24,940	25,043	24,952	25,079	25,123	25,181	25,150	25,059	25,067	24,905	24,837	24,760
	Total Medi-Cal	253,025	251,680	249,188	248,776	247,755	245,954	245,884	244,493	243,399	242,695	239,998	240,010	239,836
	Healthy Kids	3,415	3,454	3,220	3,196	3,278	3,187	3,163	3,217	3,460	3,345	3,252	3,375	3,348
	CMC Non-Long Term Care	7,153	7,194	7,203	7,275	7,302	7,318	7,386	7,383	7,407	7,484	7,540	7,616	7,680
СМС	CMC - Long Term Care	256	241	237	228	221	222	214	218	218	211	210	198	204
	Total CMC	7,409	7,435	7,440	7,503	7,523	7,540	7,600	7,601	7,625	7,695	7,750	7,814	7,884
	Total Enrollment	263,849	262,569	259,848	259,475	258,556	256,681	256,647	255.311	254,484	253.735	251.000	251.199	251,068

Revenue



- Current month revenue of \$89.1M is \$8.7M or 10.8% favorable to budget of \$80.4M. YTD revenue of \$770.1M is \$42.8M or 5.9% favorable to budget of \$727.3M. This month's variances were due to several factors including:
 - Additional MLTSS rate accrual for January to June 2018 yielded a favorable variance of \$4M.
 - Proposition 56 increased revenue by \$1.8M (with an offsetting increase to medical expense).
 - Non-Dual revenue was higher than budget by \$1.4M due to a higher enrollment.
 - Behavioral Health (BHT) and Hep-C volumes were higher than budget resulting in a \$600K favorable variance.



	FY17 vs. FY18 YTD Revenue by LOB*				
	FY17	FY18	Vari	ance	
Medi-Cal	\$749.9 M	\$655.9 M	(\$94.0 M)	-12.5%	
СМС	\$103.4 M	\$111.1 M	\$7.7 M	7.4%	
Healthy Kids	\$2.5 M	\$3.2 M	\$0.6 M	24.8%	
Total Revenue	\$855.8 M	\$770.1 M	(\$78.0 M)	-9.1%	

	FY19 Bu	dget vs. Actu	t vs. Actuals MTD/YTD Revenue					
	Actuals	Budget	Variance					
Month	\$89.1	\$80.4	\$8.7	10.8%				
YTD	\$770.1	\$727.3	\$42.8	5.9%				

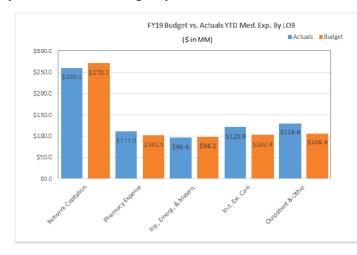
*IHSS was included in FY18 revenue through 12/31/17

Medical Expense

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- Current month medical expense of \$83.4M is \$8.8M or 11.7% unfavorable to budget of \$74.7M. YTD medical expense of \$718.2M is \$39.1M or 5.8% unfavorable to budget of \$679.2M.The current month variances were due to a variety of factors, including:
 - Inpatient and LTC expenses in excess of budget yielded an unfavorable variance of \$3.9M.
 - Proposition 56 increased medical expense by \$1.8M (with offsetting an increase to revenue).
 - Pharmacy costs exceeded budget by \$3.1M due to increased utilization, higher specialty drug costs and increased branded usage.





	FY19 Budget vs. Actuals YTD Med. Exp. By LOB			
	Actuals	Budget	Vari	ance
Network Capitation	\$260.1	\$270.7	\$10.6	4.1%
Pharmacy	\$111.0	\$101.5	-\$9.5	-8.5%
Inp., Emerg., & Matern.	\$96.4	\$98.2	\$1.8	1.9%
Inst. Ext. Care	\$120.9	\$102.4	-\$18.5	-15.3%
Outpatient & Other	\$129.9	\$106.4	-\$23.5	-18.1%
Total Medical Expense	\$718.2	\$679.2	-\$39.1	-5.4%

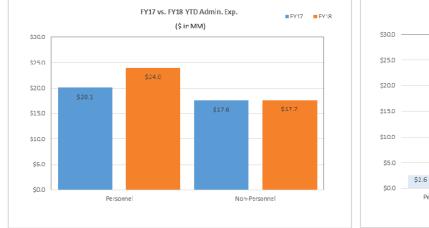
	FY19 Budget vs. Actuals MTD/YTD Med. Exp.					
	Actuals	Budget	Vari	ance		
Month	\$83.4	\$74.7	\$8.8	11.7%		
YTD	\$718.2	\$679.2	\$39.1	5.8%		

*IHSS was included in medical expense through 12/31/17

Administrative Expense



- Current month admin expense of \$4.5M is \$2.3K or 0.1% unfavorable to budget of \$4.5M. YTD admin expense of \$41.7M is \$600K or 1.5% favorable to budget of \$42.3M. The current month variances were due to a variety of factors, including:
 - Personnel expenses were \$76K or 2.8% favorable to budget due to the timing of hiring staff.
 - Unbudgeted expenses related to the CMC program and data validation audits resulted in an unfavorable variance of \$202K.
 - Printing and advertising are favorable to the YTD budget by \$477K due to timing of expenses.



	FY1	FY17 vs. FY18 YTD Admin. Exp.						
	FY17 FY18		Variance					
Personnel	\$20.1	\$24.0	\$3.9	19.5%				
Non-Personnel	\$17.6	\$17.7	\$0.0	0.1%				
Total Administrative Expense	\$37.7	\$41.7	\$3.9	10.4%				

		FY19 Budg	et vs. Actual	s MTD/YTD A	dmin. Exp.
		Actuals	Budget	Varia	ance
	Personnel	\$2.6	\$2.7	\$0.1	2.8%
Month	Non-Personnel	\$1.9	\$1.8	-\$0.1	-4.4%
	MTD Total	\$4.5	\$4.5	\$0.0	-0.1%
	Personnel	\$24.0	\$23.9	-\$0.1	-0.4%
YTD	Non-Personnel	\$17.7	\$18.4	\$0.7	3.9%
	YTD Total	\$41.7	\$42.3	\$0.6	1.5%

FY19 Budget vs. Actuals MID/YID Admin. Exp.

\$24.0

Personnel

YTD

Actuals Budget

\$17.7

Non-Personne

(Ś in MM)

\$19

Month

Non-Personnel

Personnel

•

Balance Sheet



- Current assets totaled \$878.8M compared to current liabilities of \$717.5M, yielding a current ratio (Current Assets/Current Liabilities) of 1.22:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash as of March 31, 2019 increased by \$125.7M compared to the cash balance as of year-end June 30, 2018.
- Current Cash & Equivalent components and yields were as follows:

Month End Polonoo	Current Viold 0/	Interest Earned		
	Current field % -	Month	YTD	
\$78,538,319	1.95%	\$183,452	\$1,094,023	
\$283,327	1.34%	\$19,502	\$78,860	
\$270,766,078	2.27%	\$432,103	\$2,286,014	
\$271,049,405	-	\$451,605	\$2,364,874	
\$305,350	0.42%	\$0	\$335	
\$500	0.00%	\$0	\$0	
\$349,893,574	-	\$635,057	\$3,459,232	
	\$78,538,319 \$283,327 \$270,766,078 \$271,049,405 \$305,350 \$500	\$283,327 1.34% <u>\$270,766,078</u> 2.27% \$271,049,405 \$305,350 0.42% \$500 0.00%	Month-End Balance Current Yield % Month \$78,538,319 1.95% \$183,452 \$283,327 1.34% \$19,502 \$270,766,078 2.27% \$432,103 \$271,049,405 \$451,605 \$305,350 0.42% \$0 \$500 0.00% \$0	

Tangible Net Equity



3/31/2019

\$190.5 M

\$34.9 M

\$69.7 M

546.5%

• TNE was \$190.5M or 546.5% of the most recent quarterly DMHC minimum requirement of \$34.9M.

6/30/2013

\$32.6 M

\$7.8 M

\$15.6 M

418.5%

• TNE trends for SCFHP are shown below.

6/30/2011

\$36.1 M

\$5.0 M

\$10.0 M

722.5%

6/30/2012

\$24.2 M

\$5.9 M

\$11.8 M

410.2%

Santa Clara Health Authority Tangible Net Equity - Actual vs. Required As of: March 31, 2019

6/30/2014

\$40.9 M

\$11.4 M

\$22.9 M

357.5%

6/30/2015

\$72.6 M

\$19.3 M

\$38.5 M

376.9%

6/30/2016

\$100.3 M

\$32.4 M

\$64.8 M

309.8%

6/30/2017

\$158.4 M

\$35.9 M

\$71.8 M

441.2%

6/30/2018

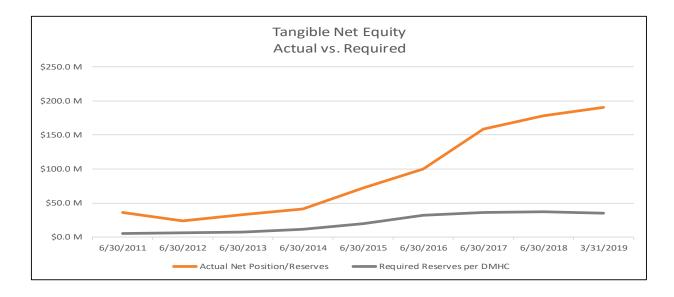
\$178.0 M

\$36.8 M

\$73.6 M

483.4%

Actual Net Position/Reserves Required Reserves per DMHC 200% of Required Reserve Actual as % Required



Reserves Analysis



Financial Reserve Target #1: Tangible Net Equity	
Actual TNE	190,518,209
Current Required TNE	34,858,924
Excess TNE	155,659,285
Required TNE %	546.5%
SCFHP Target TNE Range:	
350% of Required TNE (Low)	122,006,232
500% of Required TNE (High)	174,294,618
TNE Above/(Below) SCFHP Low Target	\$68,511,976
TNE Above/(Below) High Target	\$16,223,591
Financial Reserve Target #2: Liquidity	
Cash & Cash Equivalents	349,893,574
Less Pass-Through Liabilities	
Other Pass-Through Liabilities	(17,205,579
Total Pass-Through Liabilities	(17,205,579
Net Cash Available to SCFHP	\$332,687,995
SCFHP Target Liability	
45 Days of Total Operating Expense	(120,210,934
60 Days of Total Operating Expense	(160,281,245
Liquidity Above/(Below) SCFHP Low Target	\$212,477,061

In December 2018, the Governing Board established a Board Discretionary Fund of \$2.2M. The specific projects/recipients have yet to be determined.

Other Pass-Through Liabilities include Prop 56 and other payables to providers.



Capital Expenditures

• YTD Capital investments of \$6M, largely to complete the renovation of the new building, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Building	\$4,941,770	\$ 7,874,631
Systems	0	925,000
Hardware	380,953	1,550,000
Software	344,225	593,000
Furniture and Fixtures	0	0
Automobile	0	0
Leasehold Improvements	0	0
TOTAL	\$5,666,948	\$10,942,631

* Includes FY18 budget rollover of \$6,628,131

The timing of certain I.T. expenses has been delayed to later in the current fiscal year or possibly into the next fiscal year.



Financial Statements



Income Statement

			s	anta Clara Co	ounty Health Auth	ority						
			Income State	ment for Nir	e Months Ending	March 31, 2	019					
			Current N	lonth			Fiscal Year To Date					
	Actuals	% of Rev	Budget	% of Rev	Variance	% Var	Actuals	% of Rev	Budget	% of Rev	Variance	% Var
REVENUE												
MEDI-CAL	\$ 76,119,382	85.4%	\$ 67,691,264	84.1%	\$ 8,428,118	12.5%	\$ 655,876,593	85.2%	\$ 616,649,817	84.8%	\$ 39,226,776	6.4%
CAL MEDI-CONNECT:												1
CMC MEDI-CAL	2,461,846	2.8%	2,569,955	3.2%	(108,109)	-4.2%	21,582,941	2.8%	22,654,840	3.1%	(1,071,899)	-4.7%
CMC MEDICARE	10,189,139	11.4%	9,878,470	12.3%	310,669	3.1%	89,492,451	11.6%	85,274,776	11.7%	4,217,675	4.9%
TOTAL CMC	12,650,985	14.2%	12,448,426	15.5%	202,559	1.6%	111,075,393	14.4%	107,929,616	14.8%	3,145,776	2.9%
HEALTHY KIDS	362,251	0.4%	304,843	0.4%	57,408	18.8%	3,164,641	0.4%	2,732,154	0.4%	432,487	15.8%
TOTAL REVENUE	\$ 89,132,618	100.0%	\$ 80,444,532	100.0%	\$ 8,688,086	10.8%	\$ 770,116,626	100.0%	\$ 727,311,587	100.0%	\$ 42,805,039	5.9%
MEDICAL EXPENSE												1
MEDI-CAL	\$ 70,433,620	79.0%	\$ 62,918,811	78.2%	\$ (7,514,809)	-11.9%	\$ 607,859,148	78.9%	\$ 575,630,297	79.1%	\$ (32,228,851)	-5.6%
CAL MEDI-CONNECT:	,,.											
CMC MEDI-CAL	2,903,123	3.3%	2,254,022	2.8%	(649,101)	-28.8%	22,982,811	3.0%	19,869,807	2.7%	(3,113,004)	-15.7%
CMC MEDICARE	9,726,690	10.9%	9,216,085	11.5%	(510,605)	-5.5%	84,545,823	11.0%	81,211,455	11.2%	(3,334,368)	-4.1%
TOTAL CMC	12,629,813	14.2%	11,470,107	14.3%	(1,159,706)	-10.1%	107,528,634	14.0%	101,081,262	13.9%	(6,447,373)	-6.4%
HEALTHY KIDS	354,382	0.4%	274,561	0.3%	(79,821)	-29.1%	2,851,841	0.4%	2,460,759	0.3%	(391,082)	-15.9%
TOTAL MEDICAL EXPENSES	\$ 83,417,816	93.6%	\$ 74,663,480	92.8%	\$ (8,754,335)	-11.7%		93.3%	\$ 679,172,318	93.4%	\$ (39,067,305)	-5.8%
MEDICAL OPERATING MARGIN	\$ 5,714,802	6.4%	\$ 5,781,052	7.2%	\$ (66,250)	-0.8%	\$ 51,877,003	6.7%	\$ 48,139,269	6.6%	\$ 3,737,734	8.7%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	\$ 2,630,200	3.0%	\$ 2,706,686	3.4%	\$ 76,486	2.8%	\$ 24,009,727	3.1%	\$ 23,925,642	3.3%	\$ (84,085)	-0.4%
RENTS AND UTILITIES	17,682	0.0%	17,611	0.0%	(71)	-0.4%	374,208	0.0%	406,059	0.1%	31,851	7.8%
PRINTING AND ADVERTISING	36,449	0.0%	43,150	0.1%	6,701	15.5%	731,721	0.1%	1,208,350	0.2%	476,629	39.4%
INFORMATION SYSTEMS	240,625	0.3%	226,473	0.3%	(14,152)	-6.2%	1,725,066	0.2%	2,038,258	0.3%	313,192	15.4%
PROF FEES/CONSULTING/TEMP STAFFING	1,003,533	1.1%	801,472	1.0%	(202,061)	-25.2%	9,697,562	1.3%	8,029,138	1.1%	(1,668,424)	-20.8%
DEPRECIATION/INSURANCE/EQUIPMENT	369,122	0.4%	457,566	0.6%	88,444	19.3%	3,315,626	0.4%	4,158,597	0.6%	842,971	20.3%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	105,807	0.1%	117,005	0.1%	11,198	9.6%	794,198	0.1%	1,336,187	0.2%	541,989	40.6%
MEETINGS/TRAVEL/DUES	80,447	0.1%	104,546	0.1%	24,100	23.1%	777,752	0.1%	971,013	0.1%	193,261	19.9%
OTHER	10,785	0.0%	17,804	0.0%	7,019	39.4%	240,809	0.0%	229,819	0.0%	(10,989)	-4.8%
TOTAL ADMINISTRATIVE EXPENSES	\$ 4,494,649	5.0%	\$ 4,492,313	5.6%	\$ (2,336)	-0.1%	\$ 41,666,669	5.4%	\$ 42,303,063	5.8%	\$ 636,394	1.5%
	÷ 1,151,615	51070	¢ 1,152,626	51070	¢ (1,000)	012/0	¢ 12,000,000	511/0	÷ 12,000,000	5.670	÷	1.570
OPERATING SURPLUS (LOSS)	\$ 1,220,153	1.4%	\$ 1,288,738	1.6%	\$ (68,585)	-5.3%	\$ 10,210,334	1.3%	\$ 5,836,206	0.8%	\$ 4,374,128	74.9%
OTHER INCOME/EXPENSE												1
GASB 45 - POST EMPLOYMENT BENEFITS EXPENSE	(59,780)	-0.1%	(59,780)	-0.1%	0	0.0%	(538,017)	-0.1%	(538,020)	-0.1%	3	0.0%
GASB 68 - UNFUNDED PENSION LIABILITY	(75,000)	-0.1%	(75,000)	-0.1%	-	0.0%	(675,000)	-0.1%	(675,000)	-0.1%	-	0.0%
INTEREST & OTHER INCOME	655,058	0.7%	47,605	0.1%	607,453	1276.0%	3,505,029	0.5%	428,445	0.1%	3,076,584	718.1%
OTHER INCOME/EXPENSE	520,278	0.6%	(87,175)	-0.1%	607,453	-696.8%	2,292,012	0.3%	(784,575)	-0.1%	3,076,587	-392.1%
NET SURPLUS (LOSS)	\$ 1,740,431	2.0%	\$ 1,201,563	1.5%	\$ 538,868	44.8%	\$ 12,502,346	1.6%	\$ 5,051,631	0.7%	\$ 7,450,716	147.5%

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SANTA CLARA COUNTY HEALTH AUTHORITY

For the Nine Months Ending March 31, 2019



	March 2019	February 2019	January 2019	June 2018
Assets		•	<u>.</u>	
Current Assets				
Cash and Marketable Securities	\$349,893,574	\$270,810,416	\$206,033,993	\$224,156,209
Receivables	521,781,883	492,373,644	550,751,893	493, 307, 425
Prepaid Expenses and Other Current Assets	7,163,561	7,358,731	8,648,220	7,024,982
Total Current Assets	878,839,018	770,542,791	765,434,106	724,488,61
Long Term Assets				
Property and Equipment	43,486,597	43,382,948	43,842,601	38,579,13
Accumulated Depreciation	(16,404,608)	(16,084,786)	(16,511,470)	(14,309,761
Total Long Term Assets	27,081,988	27,298,162	27,331,131	24,269,36
Total Assets	905,921,007	797,840,954	792,765,237	748,757,98
Deferred Outflow of Resources	14,535,240	14,535,240	14,535,240	14,535,240
Total Deferred Outflows and Assets	920,456,247	812,376,194	807,300,477	763,293,224
Liabilities and Net Assets				
Current Liabilities				
Trade Payables	5,344,550	4,263,225	4,494,896	8,351,09
Deferred Rent	(0)	(0)	(0)	17,01
Employee Benefits	1,765,354	1,738,577	1,686,776	1,473,52
Retirement Obligation per GASB 45	4,088,812	4,029,032	3,969,253	4,882,79
Advance Premium - Healthy Kids	91,854	95,070	87,512	66,19
Deferred Revenue - Medicare	-	-	-	9,928,26
Whole Person Care/Prop 56	16,962,490	15,198,657	15,583,165	9,263,00
Payable to Hospitals	243,089	243,089	-	
IGT, HQAF & Other Provider Payables	110,652,871	14,159,501	12,593,341	6,691,97
MCO Tax Payable - State Board of Equalization	26,354,443	17,569,814	8,784,630	(C
Due to DHCS	47,065,057	52,268,200	57,457,558	24,429,97
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	413,549,55
Current Premium Deficiency Reserve (PDR)	2,374,525	2,374,525	2,374,525	2,374,52
Medical Cost Reserves	86,448,529	83,187,262	83,918,726	92,470,50
Total Current Liabilities	717,484,102	611,219,480	607,042,908	573,498,42
Non-Current Liabilities				
Noncurrent Premium Deficiency Reserve (PDR)	5,919,500	5,919,500	5,919,500	5,919,50
Net Pension Liability GASB 68	2,499,796	2,424,796	2,349,796	1,824,79
Total Non-Current Liabilities	8,419,296	8,344,296	8,269,296	7,744,29
Total Liabilities	725,903,398	619,563,776	615,312,204	581,242,72
Deferred Inflow of Resources	4,034,640	4,034,640	4,034,640	4,034,640
Net Assets / Reserves				
Invested in Capital Assets	27,081,988	27,298,162	27,331,131	24,269,36
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,35
Unrestricted Net Equity	150,628,524	150,412,350	150,379,382	133,805,84
Current YTD Income (Loss)	12,502,346	10,761,915	9,937,769	19,635,303
Total Net Assets / Reserves	190,518,209	188,777,778	187,953,632	178,015,863
Total Liabilities, Deferred Inflows, and Net Assets	920,456,247	812,376,194	807,300,477	763,293,224

Balance Sheet

Cash Flow – YTD

Cash Flows from Operating Activities	
Premiums Received	790,631,691
Medical Expenses Paid	(617,757,731)
Adminstrative Expenses Paid	(44,974,675)
Net Cash from Operating Activities	\$127,899,284
Cash Flows from Capital and Related Financing Activities	
Purchase of Capital Assets	(5,666,948)
Cash Flows from Investing Activities	
Interest Income and Other Income (Net)	3,505,029
Net Increase/(Decrease) in Cash & Cash Equivalents	125,737,365
Cash & Cash Equivalents (Jun 2018)	224,156,209
Cash & Cash Equivalents (Mar 19)	\$349,893,574
Reconciliation of Operating Income to Net Cash from Operating Activities	
Operating Income/(Loss)	\$12,502,346
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities	
Depreciation	2,854,329
Changes in Operating Assets/Liabilities	
Premiums Receivable	(28,474,459)
Other Receivable	(3,505,029)
Due from Santa Clara Family Health Foundation	-
Prepaids & Other Assets	(138,579)
Deferred Outflow of Resources	-
Accounts Payable & Accrued Liabilities	(5,485,738)
State Payable	48,989,523
IGT, HQAF & Other Provider Payables	103,960,892
Net Pension Liability	675,000
Medical Cost Reserves & PDR	(6,021,975)
IHSS Payable	2,542,975
Deferred Inflow of Resources	
Total Adjustments	112,542,610
Net Cash from Operating Activities	\$127,899,284



Statement of Operations - YTD



	By Line	e of Bu		Ope			es)				
	Medi-Cal	CN	IC Medi-Cal	CN	IC Medicare		Total CMC	Н	ealthy Kids	(Grand Total
P&L (ALLOCATED BASIS) REVENUE	\$ 655,876,593	\$	21,582,941	\$	89,492,451	\$	111,075,393	\$	3,164,641	\$	770,116,62
MEDICAL EXPENSE	\$ 607,859,148	\$	22,982,811	\$	84,545,823	\$	107,528,634	\$	2,851,841	\$	718,239,62
(MLR)	92.7%		106.5%		94.5%		96.8%		90.1%		93.3
GROSS MARGIN	\$ 48,017,445	\$	(1,399,870)	\$	4,946,628	\$	3,546,758	\$	312,800	\$	51,877,00
ADMINISTRATIVE EXPENSE % of Revenue Allocation)	\$ 35,485,785	\$	1,167,731	\$	4,841,932	\$	6,009,663	\$	171,221	\$	41,666,66
DPERATING INCOME/(LOSS) % of Revenue Allocation)	\$ 12,531,660	\$	(2,567,601)	\$	104,696	\$	(2,462,905)	\$	141,579	\$	10,210,33
OTHER INCOME/(EXPENSE) % of Revenue Allocation)	\$ 1,952,012	\$	64,235	\$	266,346	\$	330,581	\$	9,419	\$	2,292,01
NET INCOME/(LOSS)	\$ 14,483,672	\$	(2,503,366)	\$	371,042	\$	(2,132,324)	\$	150,998	\$	12,502,34
PMPM (ALLOCATED BASIS)											
REVENUE	\$ 299.48	\$	335.31	\$	1,296.39	\$	1,609.04	\$	106.82	\$	336.4
MEDICAL EXPENSES	\$ 277.56	\$	357.06	\$	1,224.73	\$	1,557.66	\$	96.26	\$	313.8
GROSS MARGIN	\$ 21.93	\$	(21.75)		71.66		51.38	\$	10.56	\$	22.
ADMINISTRATIVE EXPENSES	\$ 16.20	\$	18.14	•	70.14	•	87.06	\$	5.78	\$	18.:
OPERATING INCOME/(LOSS)	\$ 5.72	\$	(39.89)		1.52		(35.68)	\$	4.78	\$	4.4
OTHER INCOME/(EXPENSE)	\$ 0.89	\$	1.00		3.86	\$	4.79	\$	0.32	\$	1.0
NET INCOME/(LOSS)	\$ 6.61	\$	(38.89)	\$	5.37	\$	(30.89)	\$	5.10	\$	5.4
ALLOCATION BASIS:	 										
MEMBER MONTHS - YTD	2,190,024		64,367		69,032		69,032		29,625		2,288,6
REVENUE BY LOB	85.2%		2.8%		11.6%		14.4%		0.4%		100.0



Questions

SCFHP DONATIONS/SPONSORSHIPS

			FY 2018-2019)	
Organization	Event Name	Check Date	Event Date	A	mount
Alum Rock Counseling Center	Annual Luncheon	2/12/2019	3/27/2019	\$	1,000
	Silicon Valley Turkey Trot - Sponsorship	1/7/2019	11/22/2018	\$	5,000
Asian Americans for Community Involvement	Annual Event (Gala)	4/19/2019	9/7/2019	\$	5,000
California Association for Adult Day Services	Northern California Spring Conference: The Quality Imperative	2/26/2019	4/29/2019	\$	350
Chinese American Coalition for Compassionate Care	Seminar	2/28/2019	4/13/2019	\$	500
City of San Jose	Disability Awareness Day	8/31/2018	10/4/2018	\$	65
Gilroy Downtown Business Association	South County Health Fair	2/28/2019	4/27/2019	\$	555
Happy Hollow Foundation	Senior Safari	4/8/2019	6/25/2019	\$	5,000
The Health Trust	Spring into Health Breakfast	2/22/2019	4/5/2019	\$	5,000
	World AIDS Day Benefit Dinner				
Healthier Kids Foundation	Wine Tasting Benefit	8/31/2018	10/12/2018	\$	5,000
Indian Health Center Santa Clara Valley	Annual Event	10/12/2018	10/20/2018	\$	5,000
March of Dimes	March for Babies	11/21/2018	4/27/2019	\$	5,000
Momentum for Mental Health	Annual Shining Stars Benefit	9/6/2018	10/19/2018	\$	5,000
Parents Helping Parents	Annual Gala	2/22/2019	4/27/2019	\$	500
Recovery Café	Closing the Gap Breakfast	2/28/2019	5/3/2019	\$	2,500
Santa Clara County Board of Supervisors	Day on the Bay	7/11/2018	10/7/2018	\$	2,000
Silicon Valley Council of Non Profits	Be Our Guest Annual Luncheon	9/14/2018	10/25/2018	\$	1,200
Profits	Housing Summit	9/14/2018	1/18/2019	\$	2,500
SOMOS Mayfair	Gracias A La Vida Annual Luncheon	3/22/2019	4/18/2019	\$	2,500
Uplift Family Services	Silicon Valley Community Awards Luncheon	2/22/2019	3/29/2019	\$	5,000
Veggielution	Feast San Jose	5/3/2019	6/9/2019	\$	5,000
VMC Foundation	Annual Gala	5/3/2019	9/14/2019	\$	5,000
Working Partnerships USA	Champions for Change (tickets)	9/14/2018	10/3/2018	\$	550
	TOTAL			\$	69,220



Network Detection and Prevention Report

May 2019

Executive Finance Committee Meeting



Firewall Background

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

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

The attempts have been categorized in three severity levels:

High/Critical

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

Medium

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

Low/Informational

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



Attack Statistics Combined January - April

	Number of Different Types of Attacks Total Number of Attempts						Percent of	Attempts				
Severity Level	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
Critical	4	5	5	3	25	28	32	24	.05	.06	.06	.03
High	6	2	3	6	2584	1587	4304	17102	4.89	3.39	8.46	23.54
Medium	18	16	13	13	442	397	415	1092	.84	.85	.82	1.50
Low	7	9	11	10	4237	4159	6738	9623	8.01	8.89	13.24	13.24
Informational	17	14	11	17	45605	40591	39409	44820	86.22	86.80	77.43	61.68

Significant increase of attacks with a High severity level in April – This was due to a single day, April 5th, where the internet had a spike in brute force username/password hack attempts. We normally average a few hundred attempts per day, but on April 5th our firewall blocked over 7,500 attempts. Our Firewall vendor, Palo Alto Networks, confirmed that this was not isolated to our IP address and the spike of brute force login attempts was seen across the World Wide Web.



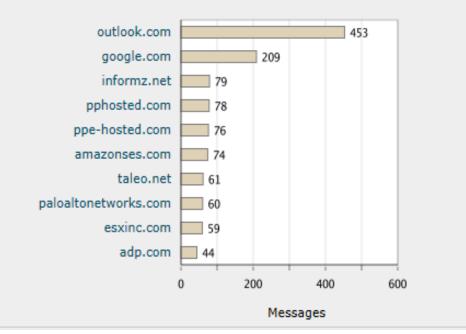
Email Security – April 2019 Statistics

Incoming Mail Summary		÷
Message Category	%	Messages
Stopped by Reputation Filtering	28.6%	44.3k
Stopped as Invalid Recipients	0.0%	52
Spam Detected	8.3%	12.8k
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.9%	1,348
Stopped by Content Filter	0.2%	245
Stopped by DMARC	0.0%	o
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	37.0%	57.4k
Marketing Messages	13.5%	20.9k
Social Networking Messages	0.8%	1,316
Bulk Messages	6.6%	10.2k
Total Graymails:	20.9%	32.4k
S/MIME Verification/Decryption Successful	0.0%	o
Clean Messages	42.1%	65.3k
Total Attempted Messages:		155.1k



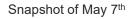
Email Security – May 7th Statistics

Top Domains by Clean Messages



• **esxinc.com** - provides association, membership, events, continuing education, mobile, or custom solutions for any industry or market

- amazonses.com -Amazon Simple Email Service
- informz.net leading provider of email marketing and marketing automation solutions for associations and nonprofits
- ppe-hosted.com Proofpoint Essentials Data
 Center Information
- Pphosted.com Email relay host





Email Background

For email protection, SCFHP utilizes software that intercepts every incoming email and scans for suspicious content, attachments, or URLs (Uniform Resource Locator or address to the World Wide Web). The software has anti-malware and phishingdetection technology that is constantly being updated to detect the latest threats. It is configured to detect phishing attempts as well as SPF (Sender Policy Framework) anti-spoofing. SPF is a simple technology that detects spoofing by providing a mechanism to validate the incoming mail against the sender's domain name. The software can check those records to make sure mail is coming from legitimate email addresses.

SCFHP Phishing Attacks January - April 2019



	INCIDENT 57 – 02/07/2019	INCIDENT 58 – 02/07/2019	INCIDENT 59 – 03/15/2019	INCIDENT 60 – 4/15/2019
TYPE OF ATTACK	Phishing	Phishing	Phishing	Phishing
SUMMARY	1 employee	1 employee	1 employee	1 employee
ESPONSE	Step 1. Analyze email and take appropriate action.	Step 1. Analyze email and take appropriate action.	Step 1. Analyze email and take appropriate action.	Step 1. Analyze email and take appropriate action.
	 Step 2. Block Source email on Cisco IronPort – <u>frank.jordan444</u> @gmail.com Blocked IP address 122.167.37.101 	 Step 2. Block Source email on Cisco IronPort – <u>annejim.templega</u> <u>te@btinternet.co</u> <u>M</u> Filtered Expression in body of email "Sunrise Petroleum" No IP address was supplied to block 	 Step 2. Block Source email on Cisco IronPort – <u>agustinchermaz@f</u> <u>USap.com.ar</u> Filtered Expression "Software Factory Java and Testing" Blocked IP address 181.119.18.59 	 Step 2. Block Source email on Cisco IronPort – <u>mail@eseveir.co</u> Filter Expression "Checking In" Block IP address 209.85.217.65
	Step 3. Remove threat by permanently deleting email.	Step 3. Remove threat by permanently deleting email.	Step 3. Remove threat by permanently deleting email.	Step 3. Remove threat by permanently deleting email.
	Step 4. Monitor email and user.	Step 4. Monitor email and user.	Step 4. Monitor email and user.	Step 4. Monitor email and user.



Tevora Penetration Test Remediation Status

- The penetration test was conducted on SCFHP's internal and external networks between Dec. 4th 2018 and Jan. 10th 2019.
- There were 34 findings.
 - > One external threat was categorized as low risk.
 - Thirty three internal threats (1 critical, 11 high, 18 medium, and 3 low).
- Sixteen have been remediated (1 critical, 8 high, and 7 medium).
- Eighteen are still in process.
 - \succ 7 old HP devices will be decommissioned.
 - \succ 5 will be fixed by purchasing either software and/or hardware.
 - \succ 5 are still being evaluated.
 - \geq 2 will need a senior consulting engineer.



Questions