

Regular Meeting of the  
**Santa Clara County Health Authority**  
**Executive/Finance Committee**

Thursday, November 18, 2021, 10:30 AM – 12:30 PM  
Santa Clara Family Health Plan  
6201 San Ignacio Ave, San Jose, CA 95119

**Via Teleconference Only**

(408) 638-0968  
Meeting ID: 987 9967 7951  
Passcode: ExecFin21  
<https://zoom.us/j/98799677951>

## AGENDA

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- |  |             |       |        |
|--|-------------|-------|--------|
| 1. <b>Roll Call</b>  | Ms. Murphy  | 10:30 | 5 min  |
| 2. <b>Public Comment</b><br>Members of the public may speak to any item not 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.   | Ms. Murphy  | 10:35 | 5 min  |
| 3. <b>Approve Consent Calendar and Changes to the Agenda</b><br>Items removed from the Consent Calendar will be considered as regular agenda items.<br><b>Possible Action:</b> Approve Consent Calendar<br>a. Approve October 28, 2021 <b>Executive/Finance Committee</b> minutes<br>b. Accept <b>Network Detection and Prevention Update</b><br>c. Approve <b>continued use of teleconferencing</b> without providing public access to each teleconference location pursuant to Government Code Section 54953 | Ms. Murphy  | 10:40 | 5 min  |
| 4. <b>September 2021 Financial Statements</b><br>Review September 2021 Financial Statements.<br><b>Possible Action:</b> Approve the September 2021 Financial Statements  | Mr. Jarecki | 10:45 | 10 min |
| 5. <b>D-SNP Enrollment, Marketing/Sales, &amp; Broker Systems Selection</b><br>Review vendor selection process for D-SNP enrollment, marketing/sales, and broker management systems.<br><b>Possible Action:</b> Authorize CEO to execute contracts with selected vendors.  | Ms. Watkins | 10:55 | 5 min  |
| 6. <b>Pharmacy Benefits Manager (PBM) Request for Proposal ( RFP)</b><br>Review proposals and recommendation resulting from PBM RFP.   | Dr. Huynh   | 11:00 | 5 min  |

<p><b>7. Innovation Fund COVID-19 Expenditure Request</b> Consider funding request for Children’s Discovery Museum (CDM) COVID-19 Vaccination Clinics for Children. <b>Possible Action:</b> Approve expenditure from the Board Designated Innovation Fund for the CDM COVID-19 Vaccination Clinics for Children</p>	Ms. Byom	11:05	10 min
<p><b>8. Innovation Fund Expenditure Request</b> Consider funding request for Behavioral Health Contractors Association of Santa Clara County (BHCA) for Readiness Support for Delivery System Changes. <b>Possible Action:</b> Approve expenditure from the Board Designated Innovation Fund for the BHCA for Readiness Support for Delivery System Changes</p>	Ms. Bui-Tong	11:15	10 min
<p><b>9. Quality Update</b> a. Discuss Medi-Cal Plan Quality Performance Review CY 2020 b. Discuss CMC CAHPS 2021 Results</p>	Dr. Nakahira Dr. Liu	11:25	20 min
<p><b>10. CEO Update</b> Discuss status of current topics and initiatives.</p>	Ms. Tomcala	11:45	10 min
<p><b>11. Government Relations Update</b> Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p> <p><b><u>Announcement Prior to Recessing into Closed Session</u></b> Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item No. 12 below.</p>	Mr. Haskell	11:55	10 min
<p><b>12. Adjourn to Closed Session</b> a. <b><u>Contract Rates</u></b> (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.</p>		12:05	
<p><b>13. Report from Closed Session</b></p>	Ms. Murphy	12:25	5 min
<p><b>14. Adjournment</b></p>		12:30	

**Notice to the Public—Meeting Procedures**

- Persons wishing to address the Executive/Finance 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 [www.scfhp.com](http://www.scfhp.com).

Regular Meeting of the  
**Santa Clara County Health Authority**  
**Executive/Finance Committee**

Thursday, October 28, 2021, 10:30 AM – 12:30 PM  
Santa Clara Family Health Plan - Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES**

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### **Members Present**

Bob Brownstein, Chair  
Alma Burrell  
Dave Cameron  
Michele Lew

### **Members Absent**

Sue Murphy

### **Staff Present**

Christine Tomcala, Chief Executive Officer  
Neal Jarecki, Chief Financial Officer  
Laurie Nakahira, D.O., Chief Medical Officer  
Jonathan Tamayo, Chief Information Officer  
Chris Turner, Chief Operations Officer  
Ngoc Bui-Tong, VP, Strategies & Analytics  
Teresa Chapman, VP, Human Resources  
Laura Watkins, VP, Marketing & Enrollment  
Barbara Granieri, Controller  
Tyler Haskell, Director Government Relations  
Johanna Liu, Director, Quality & Process Improvement  
Khanh Pham, Director, Financial Reporting & Budgeting  
Robyn Esparza, Administrative Assistant  
Rita Zambrano, Executive Assistant

### **Other Present**

Michael Daponde, DSR Health Law  
John Domingue, Rossi Dominique LLP  
Chris Pritchard, Moss Adams LLP  
Rianne Suico, Moss Adams LLP

### **1. Roll Call**

Bob Brownstein, Chair, called the meeting to order at 10:31 am. Roll call was taken and a quorum was established.

### **2. Public Comment**

There were no public comments.

### **3. Fiscal Year 2020-2021 Independent Auditor's Report**

Neal Jarecki, Chief Financial Officer, introduced Chris Pritchard & Rianne Suicco, partners from the Plan's independent accounting firm, Moss-Adams, LLP. Mr. Pritchard presented the Plan's audited financial statements and Board communication letter for the fiscal year ended June 30, 2021. He indicated that the financial statements received an unmodified audit opinion (meaning that the Plan has presented fairly its financial position, results of operations, and changes in cash flow and that the financial statements are in conformity with general-accepted accounting principles). Ms. Suicco reviewed a summary of the Plan's financial statement detail and advised that (1) management's accounting estimates, were reasonable, (2) there were no disagreements with management, and (3) no audit adjustment to the financial statements were necessary.

**It was moved, seconded, and** the Fiscal Year 2020-2021 Independent Auditor's Report was **unanimously approved.**

**Motion:** Mr. Cameron  
**Second:** Ms. Burrell  
**Ayes:** Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew  
**Absent:** Ms. Murphy

#### 4. Approve Consent Calendar and Changes to the Agenda

Mr. Brownstein presented the Consent Calendar and indicated all agenda items would be approved in one motion.

- a. Approve minutes of the August 26, 2021 Executive/Finance Committee meeting
- b. Approve minutes of the October 22, 2021 Special Executive/Finance Committee meeting

**It was moved, seconded, and** the consent calendar was **unanimously approved.**

**Motion:** Ms. Lew  
**Second:** Ms. Burrell  
**Ayes:** Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew  
**Absent:** Ms. Murphy

#### 5. August 2021 Financial Statements

Mr. Jarecki presented the August 2021 unaudited financial statements, which reflected a current month net surplus of \$4.6 million (\$3.2 million favorable to budget). Enrollment increased by 1,294 members from the prior month to 285,472 members (1,471 members or 0.5% lower than monthly budget). Membership growth continues due to the extended duration of the COVID pandemic during which member disenrollments have been suspended. YTD member months trailed budget by 2,218 member months or 0.4%). Revenue reflected a favorable current month variance of \$1.7 million (1.6%) largely due to higher CY21 rates versus budget coupled with higher supplemental kick revenue due to higher utilization, partially offset by lower enrollment than budgeted. YTD revenue was \$2.4M (1.1%) favorable to budget due to the same factors. Medical Expense reflected a favorable current month variance of \$854 thousand (0.8%) largely due to (1) pharmacy expense favorable to budget due to lower cost trends, (2) lower capitated enrollment and (3) timing of certain other expenses, partially offset by (4) higher fee-for-service costs and supplemental kick utilization. YTD Medical Expense was \$3.7 million (1.8%) favorable to budget due to the same factors. Administrative Expense reflected a favorable current month variance of \$841 thousand (13.0%) due to lower headcount than budgeted and the deferred timing of certain non-personnel expenses. YTD Administrative Expense was \$1.8 million (14%) favorable to budget due to the same factors. The balance sheet reflected a Current Ratio, a key measure of liquidity, of 1.31:1 versus the DMHC minimum current ratio requirement of 1.00:1. Tangible Net Equity of \$260.5 million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of \$216 million.

Year-to-date capital investments of \$492 thousand were made, predominately computer software licenses.

**It was moved, seconded, and** the August 2021 unaudited Financial Statements were **unanimously approved.**

**Motion:** Mr. Cameron  
**Second:** Ms. Lew  
**Ayes:** Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Lew  
**Absent:** Ms. Murphy

#### 6. CEO Update

Christine Tomcala, Chief Executive Officer, presented the updated SCFHP COVID-19 summary, noting additional incentives, outreach, and collaboration efforts underway to assist our members in getting vaccinated. She shared data on the percentage of SCFHP members with at least one COVID vaccination dose (68%) by age band and ethnicity, compared to the county as a whole (89%). She reported that SCFHP had the second highest vaccination

rate among Medi-Cal managed care plans statewide, and noted that Anthem in Santa Clara County had a 64.7% vaccination rate.

## 7. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on federal and state government actions. He discussed the details of a newly-released compromise agreement on infrastructure legislation developing in Congress. Mr. Haskell provided an update on new Medi-Cal benefits going into effect in 2022, the final status of relevant State legislation, and the upcoming procurement process for commercial Medi-Cal health plan contracts.

## 8. Adjourn to Closed Session

### a. Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding arbitration initiated by a provider: one case.

### b. Existing Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding litigation initiated by a vendor. Case name unspecified: disclosure of case name may jeopardize existing settlement negotiations.

### c. Report Involving Trade Secrets

The Executive/Finance Committee met in Closed Session to discuss Plan Contract Rates.

### d. Contract Rates

The Executive/Finance Committee met in Closed Session to discuss Plan partner rates.

## 9. Report from Closed Session

Mr. Brownstein reported the Executive/Finance Committee met in Closed Session to discuss litigation, existing litigation, trade secrets, and contract rates.

## 10. Adjournment

The meeting was adjourned at 12:36 pm.

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Michele Lew, Secretary



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# Network Detection and Prevention Report

November 2021

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:

## Critical/High

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 threats and are more of an FYI for reporting.

# Attack Statistics Combined

## Jul/Aug/Sep/Oct

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Jul	Aug	Sep	Oct	Jul	Aug	Sep	Oct	Jul	Aug	Sep	Oct
Critical	21	19	23	28	276	1009	486	3779	0.01	0.02	0.01	0.11
High	13	12	15	22	31,881	18,652	1,311,389	14,213	0.68	0.45	26.31	0.43
Medium	17	16	29	37	703,784	788,798	647,070	805,377	15.06	19.08	12.98	24.26
Low	11	10	11	15	182,668	133,700	160,527	80,248	3.90	3.23	3.22	2.42
Informational	35	36	37	40	3,755,839	3,192,440	2,864,729	2,415,961	80.35	77.22	57.48	72.78

- Summary – Compare Oct 2021 to previous month of Sep 2021
- Critical Severity Level – number of threat attempts is **677.57%** higher
  - High Severity Level - number of threat attempts is **98.92%** lower
  - Medium Severity Level - number of threat attempts **24.47%** higher
  - Low Severity Level - number of threat attempts is **15.67%** lower



# Top 5 Events for Aug - Oct

## Critical Events – total 5274 events

### Top 5 Critical vulnerability events

- 2775 events for “TCP Flood” (**Code-Execution**)
- 617 events for “Cisco IOS and IOS XE Software Cluster Management Protocol Remote Code Execution Vulnerability” (**Code-Execution**)
- 430 events for “Bash Remote Code Execution Vulnerability” (**Code-Execution**)
- 388 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 316 events for “Realtek Jungle SDK Remote Code Execution Vulnerability” (**Code-Execution**)

## High Events – total 1,344,254 events

### Top 5 High vulnerability events

- 1,321,794 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 7458 events for “HTTP: User Authentication Brute Force Attempt” (**Brute Force**)
- 2862 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 1358 events for “DCS-2530L Unauthenticated Information Disclosure Vulnerability” (**Brute Force**)
- 241 events for “Microsoft Windows win.ini Access Attempt Detected” (**Brute Force**)

## Medium Events – total 2,241,245 events

### Top 5 Medium vulnerability events

- 2,052,749 events for “SCAN: Host Sweep” (**Info-Leak**)
- 154,923 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 16,550 events for “SCAN: TCP Port Scan” (**Info-Leak**)
- 11,885 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 1752 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)

## Definitions:

**Code-Execution** – Attempt to install or run an application.

**Brute Force** – Vulnerability attempt to obtain user credentials.

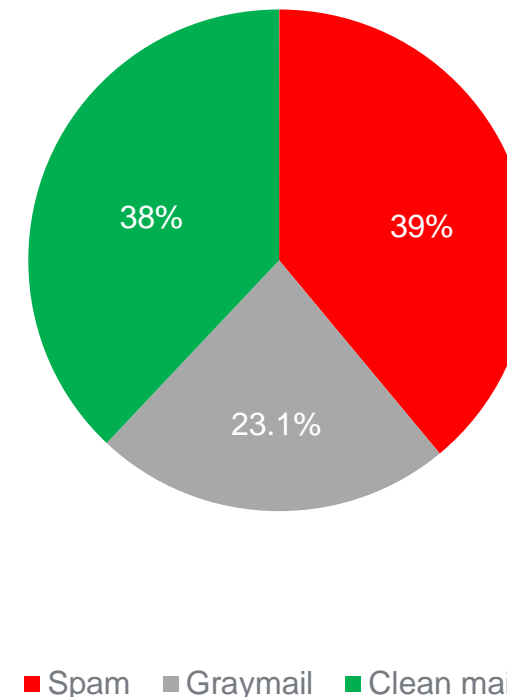
**Info-Leak** – attempt to obtain user or sensitive information.

**Botnet** – used to perform distributed denial-of-service attack (DDoS attack), steal data and send spam.

# Email Security – Monthly Statistics

Overview > Incoming Mail Summary		
Message Category	%	Messages
Stopped by Reputation Filtering	29.8%	59.3k
Stopped as Invalid Recipients	0.5%	920
Spam Detected	8.3%	16.4k
Virus Detected	0.0%	0
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.0%	1
Stopped by Content Filter	0.4%	832
Stopped by DMARC	3.9%	7,746
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>39.0%</b>	<b>77.5k</b>
Marketing Messages	13.0%	25.9k
Social Networking Messages	0.2%	484
Bulk Messages	9.8%	19.5k
<b>Total Graymails:</b>	<b>23.1%</b>	<b>45.9k</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	38.0%	75.5k
<b>Total Attempted Messages:</b>		<b>198.9k</b>

October



During the month.

- 39.0% of threat messages had been blocked.
- 23.1% were Graymails (*Graymail is solicited bulk email messages that don't fit the definition of email spam*).
- 38.0% were clean messages that delivered.

## **MEMORANDUM**

Date: November 12, 2021

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Executive/Finance Committee

Re. AB 361 compliance

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### **Background**

Because the Governor's executive order suspending certain Brown Act requirements expired at the end of September, the Legislature passed AB 361, which was signed into law in September. AB 361 amends Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must, within 30 days of its first teleconference meeting following enactment of AB 361 and every 30 days thereafter, make the following findings by majority vote:

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
  - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
  - o State or local officials continue to impose or recommend measures to promote social distancing.

The Executive/Finance Committee met and made the above findings in October, and needs to do so again in order for the Governing Board and committees to continue meeting remotely during the ongoing state of emergency.

### **Recommended Action**

Make the following findings and approve continued use of teleconferencing without providing public access to each teleconference location:

- Santa Clara Family Health Plan has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
  - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
  - o State or local officials continue to impose or recommend measures to promote social distancing.



**Santa Clara Family  
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Unaudited Financial Statements

For Three Months Ended September 30, 2021

# Agenda

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# Financial Highlights



	MTD		YTD	
Revenue	\$114 M		\$340 M	
Medical Expense (MLR)	\$98 M	86.2%	\$303 M	89.2%
Administrative Expense (% Rev)	\$6.7 M	5.9%	\$17.8 M	5.2%
Other Income/(Expense)	\$141K		\$439K	
<b>Net Surplus (Net Loss)</b>	<b>\$9.1 M</b>		<b>\$19.3 M</b>	
Cash and Investments			\$450 M	
Receivables			\$523 M	
Total Current Assets			\$985 M	
Current Liabilities			\$743 M	
Current Ratio			1.32	
Tangible Net Equity			\$274 M	
% of DMHC Requirement			<b>790.7%</b>	

# Financial Highlights

<b>Net Surplus (Net Loss)</b>	<ul style="list-style-type: none"> <li>▶ Month: Surplus of \$9.1M is \$7.8M or 575.8% favorable to budget of \$1.3M surplus.</li> <li>▶ YTD: Surplus of \$19.3M is \$15.2M or 369.4% favorable to budget of \$4.1M surplus.</li> </ul>
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>▶ Month: Membership was 286,552 (2,411 or 0.8% lower than budget of 288,963).</li> <li>▶ YTD: Member Months YTD was 856,202 (4,629 or 0.5% lower than budget of 860,831).</li> </ul>
<b>Revenue</b>	<ul style="list-style-type: none"> <li>▶ Month: \$113.6M (\$605K or 0.5% favorable to budget of \$113.0M).</li> <li>▶ YTD: \$339.8M (\$3.0M or 0.9% favorable to budget of \$336.8M).</li> </ul>
<b>Medical Expenses</b>	<ul style="list-style-type: none"> <li>▶ Month: \$98.0M (\$7.5M or 7.1% favorable to budget of \$105.5M).</li> <li>▶ YTD: \$303.0M (\$11.2M or 3.6% favorable to budget of \$314.3M).</li> </ul>
<b>Administrative Expenses</b>	<ul style="list-style-type: none"> <li>▶ Month: \$6.7M (\$132K or 2.0% unfavorable to budget of \$6.6M).</li> <li>▶ YTD: \$17.8M (\$1.7M or 8.6% favorable to budget of \$19.5M).</li> </ul>
<b>Tangible Net Equity</b>	<ul style="list-style-type: none"> <li>▶ TNE was \$274.2M (represents approximately three months of total expenses).</li> </ul>
<b>Capital Expenditures</b>	<ul style="list-style-type: none"> <li>▶ YTD Capital Investments of \$674K vs. \$3.3M annual budget, primarily software.</li> </ul>



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Detail Analyses



# Enrollment



- Total enrollment of 286,552 members is 2,411 or 0.8% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 3,882 members or 1.4%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 1.3%, Medi-Cal Dual enrollment has increased 1.5%, and CMC enrollment has grown 2.4%.

	For the Month September 2021				For Three Months Ending September 30, 2021				Prior Year Actuals	Δ FY22 vs. FY21
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
	Medi-Cal	276,227	278,628	(2,401)	(0.9%)	825,484	830,126	(4,642)		
Cal Medi-Connect	10,325	10,335	(10)	(0.1%)	30,718	30,705	13	0.0%	27,723	10.8%
<b>Total</b>	<b>286,552</b>	<b>288,963</b>	<b>(2,411)</b>	<b>(0.8%)</b>	<b>856,202</b>	<b>860,831</b>	<b>(4,629)</b>	<b>(0.5%)</b>	<b>779,986</b>	<b>9.8%</b>

## Santa Clara Family Health Plan Enrollment By Network September 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	35,652	13%	10,325	100%	45,977	16%
SCVHHS <sup>1</sup> , Safety Net Clinics, FQHC <sup>2</sup> Clinics	137,609	50%	-	0%	137,609	48%
Palo Alto Medical Foundation	7,343	3%	-	0%	7,343	3%
Physicians Medical Group	46,655	17%	-	0%	46,655	16%
Premier Care	15,805	6%	-	0%	15,805	6%
Kaiser	33,163	12%	-	0%	33,163	12%
<b>Total</b>	<b>276,227</b>	<b>100%</b>	<b>10,325</b>	<b>100%</b>	<b>286,552</b>	<b>100%</b>
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	1.3%		2.4%		1.4%	

<sup>1</sup> SCVHHS = Santa Clara Valley Health & Hospital System

<sup>2</sup> FQHC = Federally Qualified Health Center

# Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD SEPTEMBER - 2021

		2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	FYTD var	%
<b>NON DUAL</b>	Adult (over 19)	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	549	1.7%
	Child (under 19)	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	616	0.6%
	SPD	22,079	22,149	22,169	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	30	0.1%
	Adult Expansion	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	2,003	2.2%
	Long Term Care	407	409	389	393	388	380	373	375	367	365	414	408	401	36	9.9%
	<b>Total Non-Duals</b>	<b>227,647</b>	<b>230,802</b>	<b>233,383</b>	<b>235,227</b>	<b>237,137</b>	<b>238,849</b>	<b>240,599</b>	<b>242,678</b>	<b>244,841</b>	<b>246,097</b>	<b>247,493</b>	<b>248,442</b>	<b>249,331</b>	<b>3,234</b>	<b>1.3%</b>

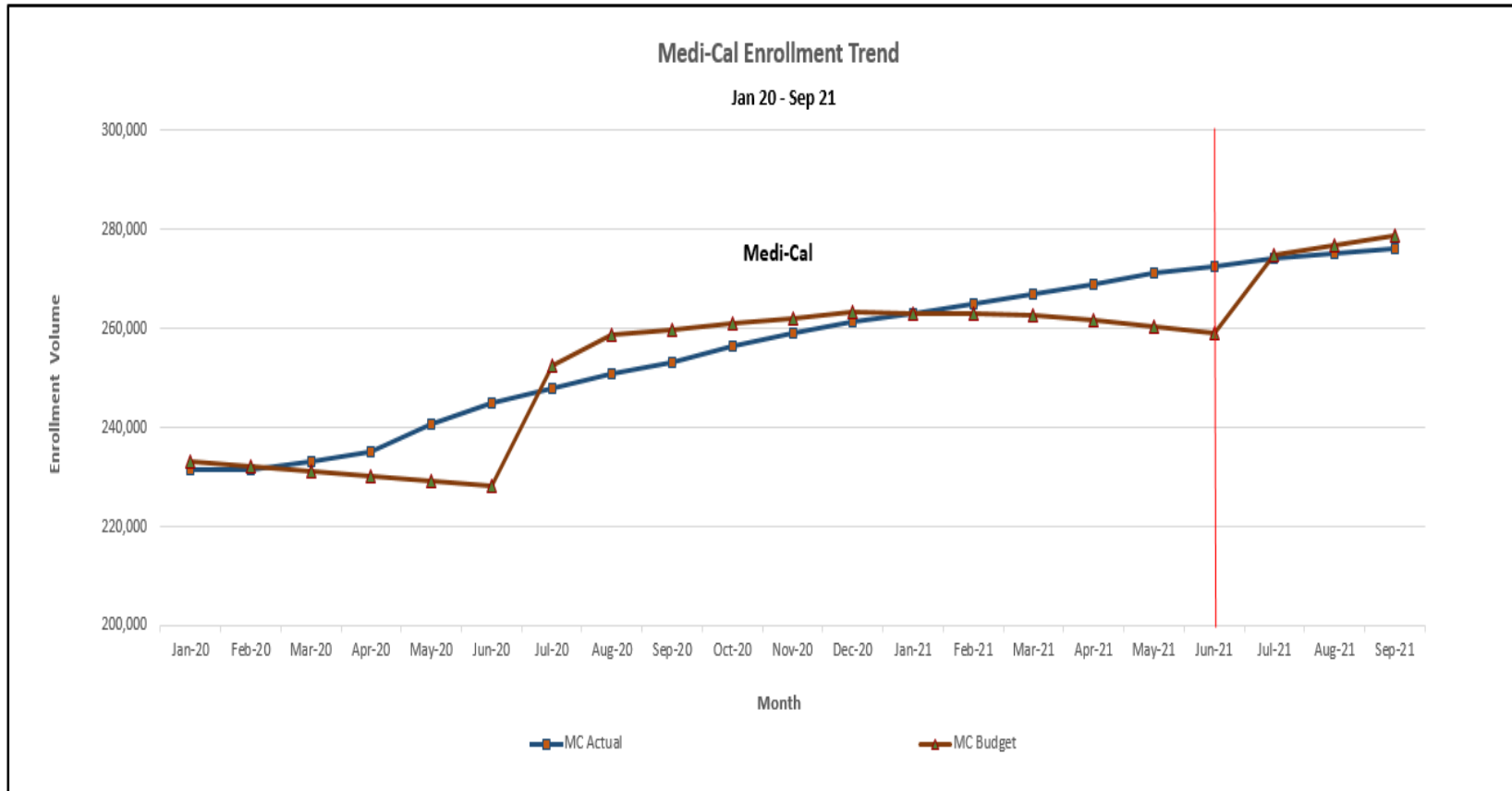
<b>DUAL</b>	Adult (over 21)	337	354	353	353	352	355	361	357	365	366	367	376	375	9	2.5%
	SPD	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	91	0.4%
	Long Term Care	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	32	3.0%
	SPD OE	358	410	498	537	590	662	742	802	863	952	1,063	1,135	1,223	271	28.5%
	<b>Total Duals</b>	<b>25,605</b>	<b>25,688</b>	<b>25,819</b>	<b>26,060</b>	<b>25,956</b>	<b>26,246</b>	<b>26,363</b>	<b>26,365</b>	<b>26,405</b>	<b>26,493</b>	<b>26,537</b>	<b>26,785</b>	<b>26,896</b>	<b>403</b>	<b>1.5%</b>

<b>Total Medi-Cal</b>	<b>253,252</b>	<b>256,490</b>	<b>259,202</b>	<b>261,287</b>	<b>263,093</b>	<b>265,095</b>	<b>266,962</b>	<b>269,043</b>	<b>271,246</b>	<b>272,590</b>	<b>274,030</b>	<b>275,227</b>	<b>276,227</b>	<b>3,637</b>	<b>1.3%</b>
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<b>CMC</b>	CMC Non-Long Term Care	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	227	2.3%
	CMC - Long Term Care	216	210	209	207	193	187	184	179	180	185	209	208	203	18	9.7%
	<b>Total CMC</b>	<b>9,428</b>	<b>9,570</b>	<b>9,679</b>	<b>9,820</b>	<b>9,807</b>	<b>9,893</b>	<b>9,880</b>	<b>9,924</b>	<b>9,989</b>	<b>10,080</b>	<b>10,148</b>	<b>10,245</b>	<b>10,325</b>	<b>245</b>	<b>2.4%</b>

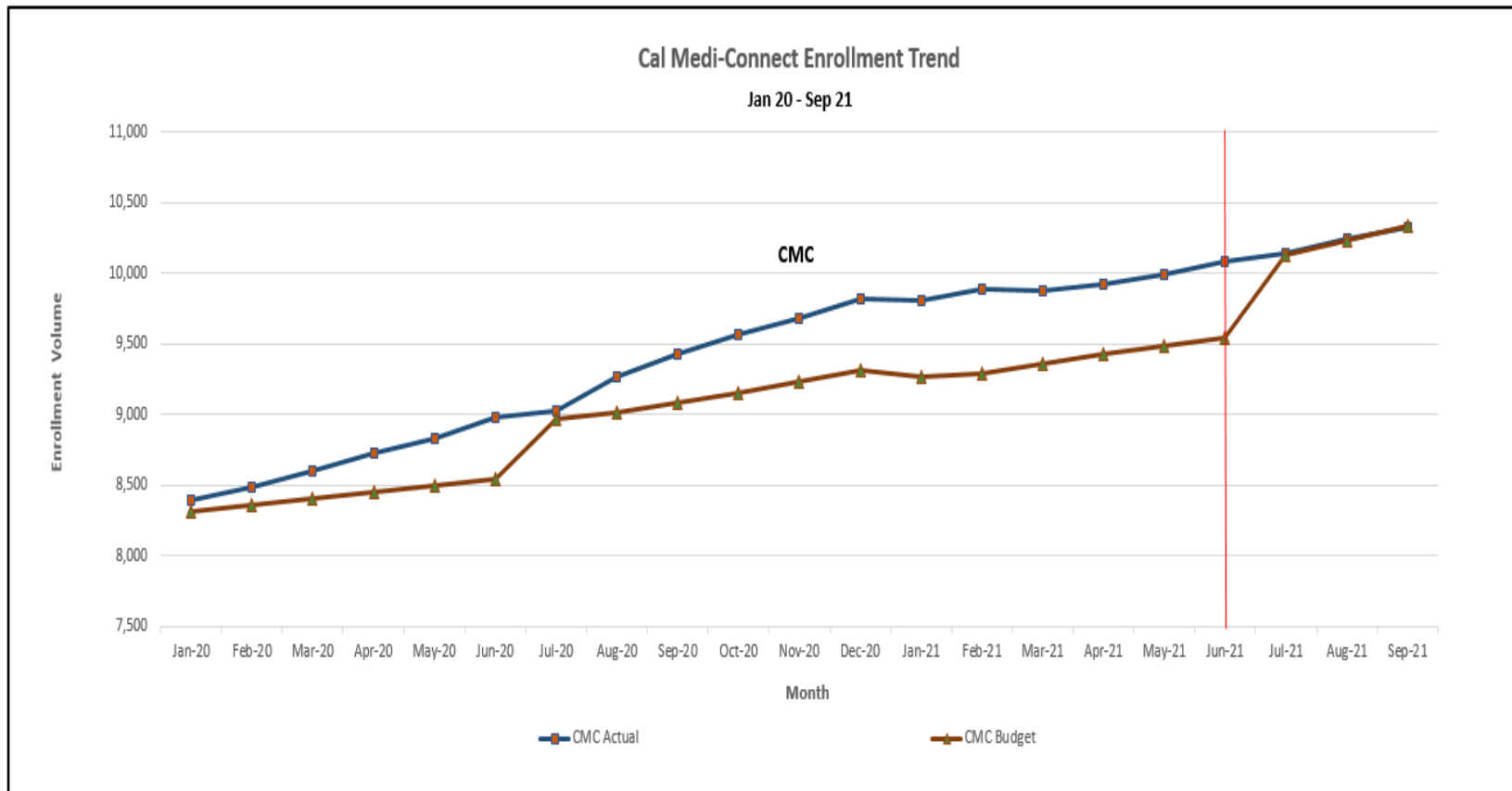
<b>Total Enrollment</b>	<b>262,680</b>	<b>266,060</b>	<b>268,881</b>	<b>271,107</b>	<b>272,900</b>	<b>274,988</b>	<b>276,842</b>	<b>278,967</b>	<b>281,235</b>	<b>282,670</b>	<b>284,178</b>	<b>285,472</b>	<b>286,552</b>	<b>3,882</b>	<b>1.4%</b>
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# Medi-Cal Enrollment Trend



- Budgeted enrollment, represented by the green line, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold line, has grown steadily.

# Cal Medi-Connect Enrollment Trend

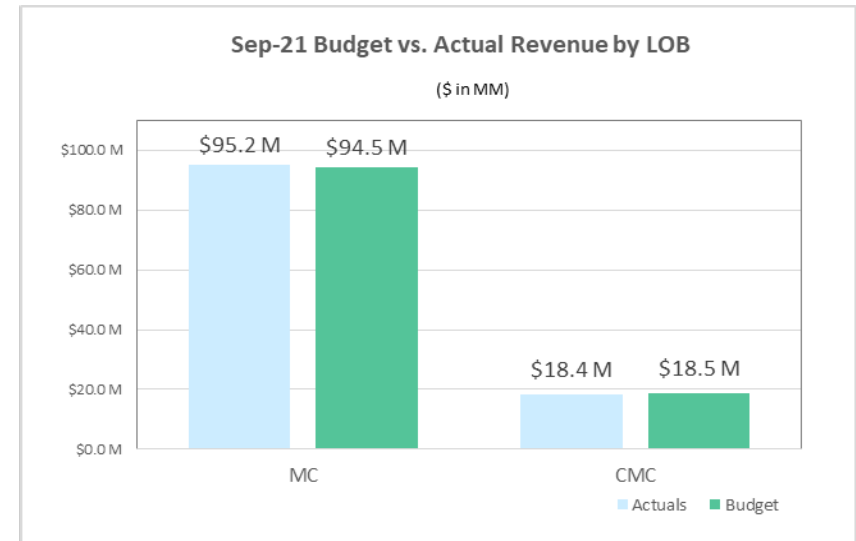
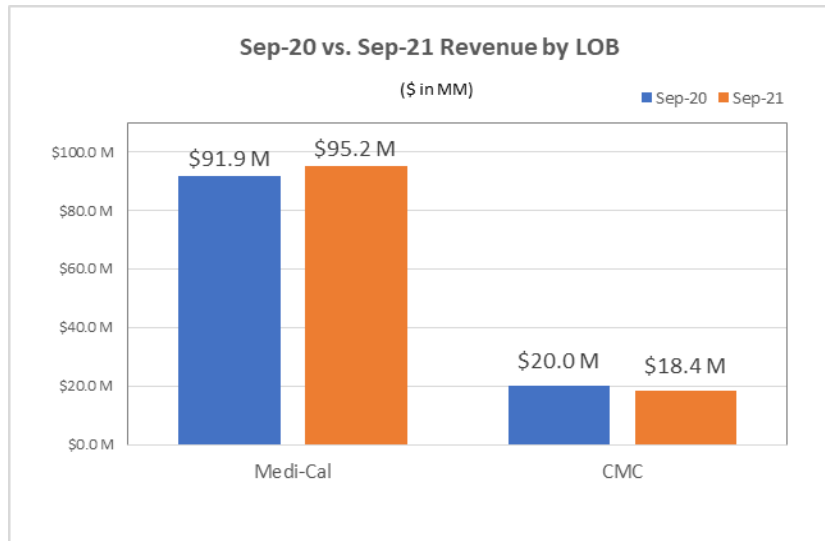


- Budgeted enrollment, represented by the brown line, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the blue line, has grown steadily.

# Current Month Revenue

Due to delayed receipt of DHCS revenue file for September 2021, current month revenue is estimated at \$113.6M, which was \$605K or 0.5% favorable to budget of \$113.0M. The current month variance was primarily due to the following:

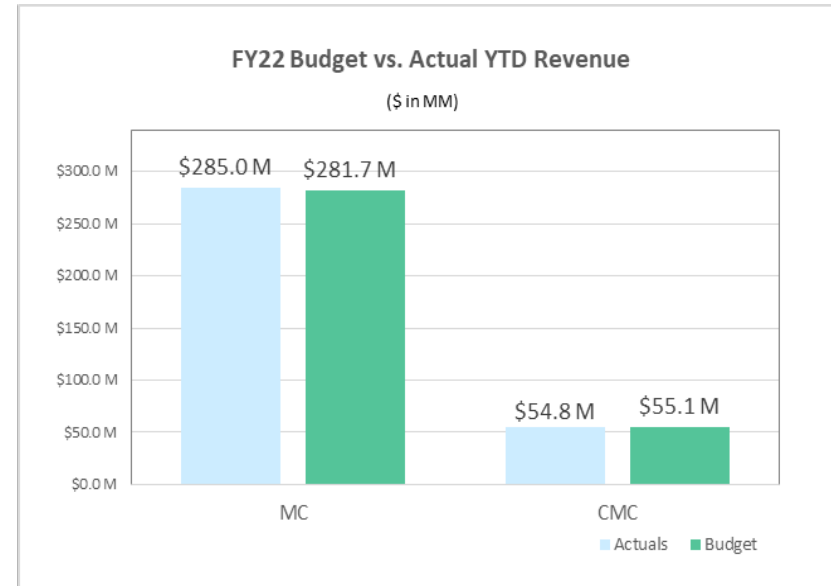
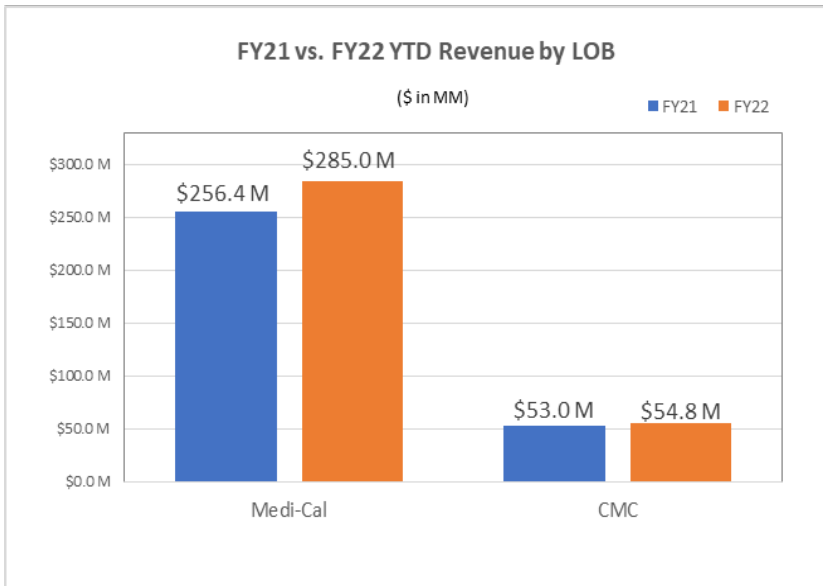
- Supplemental kick revenue was \$825K favorable to budget due to increased Behavioral Health Therapy and Health Home utilization.
- CMC revenue was \$151K net unfavorable to budget due to lower Medicare Part C rate, offset with higher CY21 CCI rate.
- MCAL Prop-56 revenue was \$198K unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Medi-Cal revenue was \$129K favorable to budget due to higher CY21 MLTSS, LTC and SPD rates, offset by lower enrollment than budget.



# YTD Revenue

YTD revenue of \$339.8M was \$3.0M or 0.9% favorable to budget of \$336.8M, inclusive of estimated September revenue. The variance was primarily due to the following:

- Supplemental kick revenue was \$3.0M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C and higher maternity deliveries.
- Medi-Cal revenue is \$851K favorable to budget due to higher CY21 MLTSS, LTC and SPD rates, offset by lower enrollment than budget.
- MCAL Prop-56 revenue is \$550K unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- CMC revenue was \$301K net unfavorable to budget due to lower than anticipated Medicare Part C rate, offset by higher CY21 CCI rate.

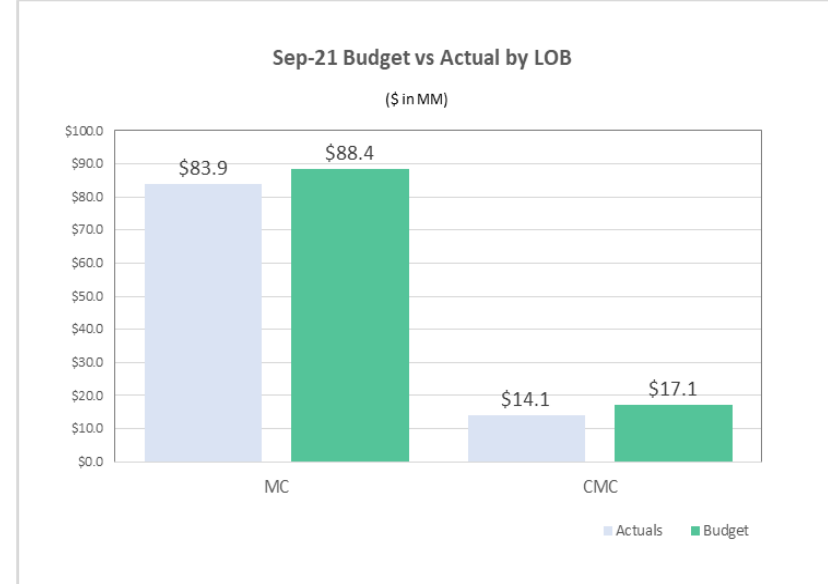
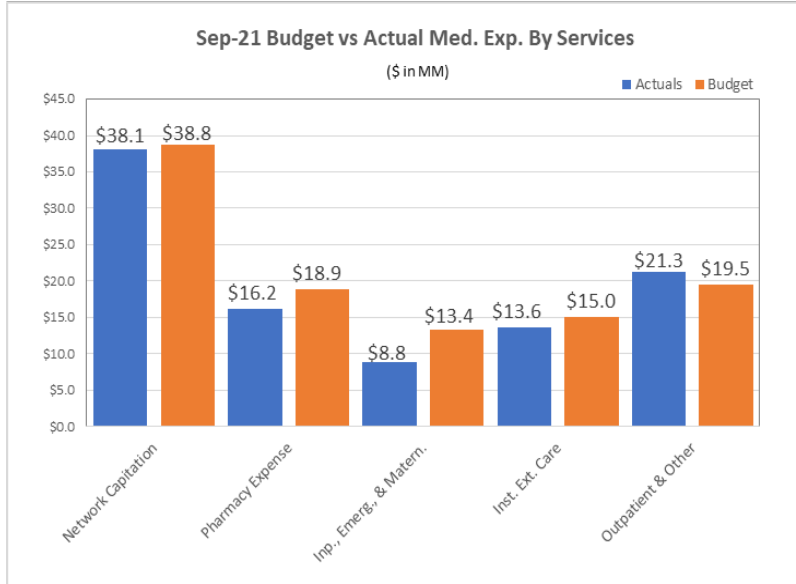


# Current Month Medical Expense

Current month medical expense of \$98.0M was \$7.5M or 7.1% favorable to budget of \$105.5M.

The variance was due largely to:

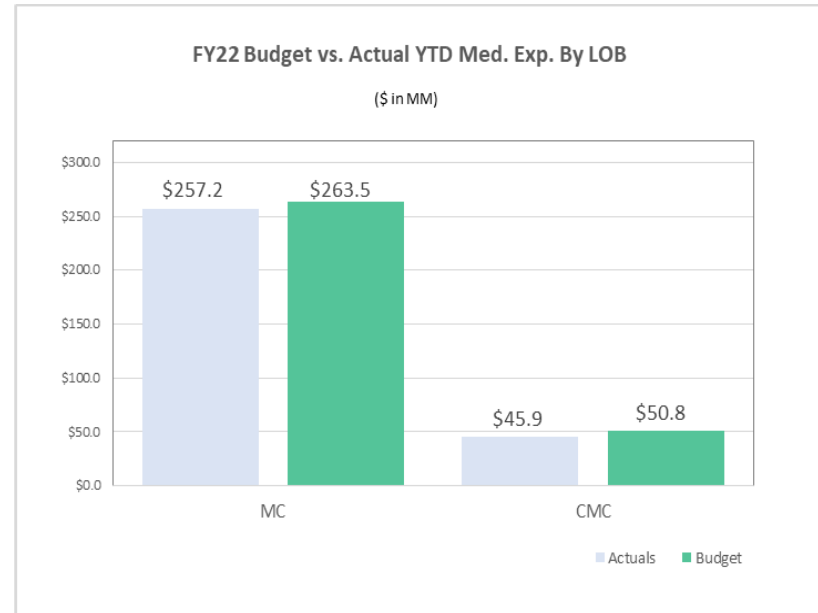
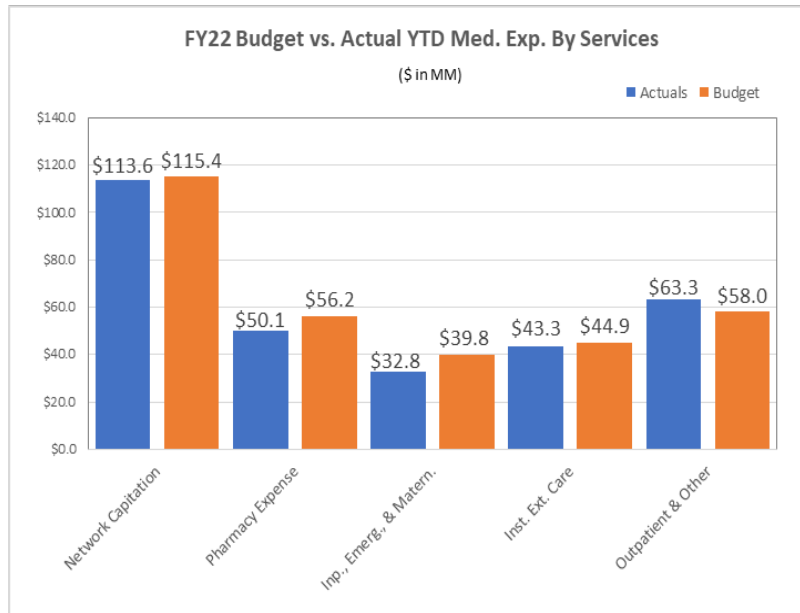
- Fee-For-Service expenses reflected a \$3.8M or 8.7% favorable variance largely due to reduced IBNP estimates for FY21 & FY22, partly offset by unfavorable variances in certain categories of service.
- Pharmacy expenses were \$2.7M or 14.5% favorable to budget due to lower utilization and PMPM versus budget, especially in diabetic drugs, and higher CMC pharmacy rebate received.
- Capitation expense was \$678K or 1.8% favorable to budget due to lower capitated enrollment.
- Vision, Reinsurance and Other expenses were \$275K or 7.4% favorable to budget due to timing of spending on Board Designated expenses and lower Reinsurance Recovery.



# YTD Medical Expense

YTD medical expense of \$303M was \$11.2M or 3.6% favorable to budget of \$314.3M. The variance was due largely to:

- Pharmacy expenses were \$6.1M or 10.9% favorable to budget, due to lower cost increases versus budget especially in diabetic drugs, increased CMC rebate and lower utilization.
- Fee-For-Service expenses reflected a net \$2.5M or 1.9% favorable variance due to lower enrollment and revised IBNP estimates, offset with increase supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).
- Capitation expense was \$1.8M or 1.5% favorable to budget due to lower capitated enrollment.
- Vision, Reinsurance and Other expenses were \$893K or 8.0% favorable to budget due to timing of spending on Board Designated expenses and higher claim recovery.

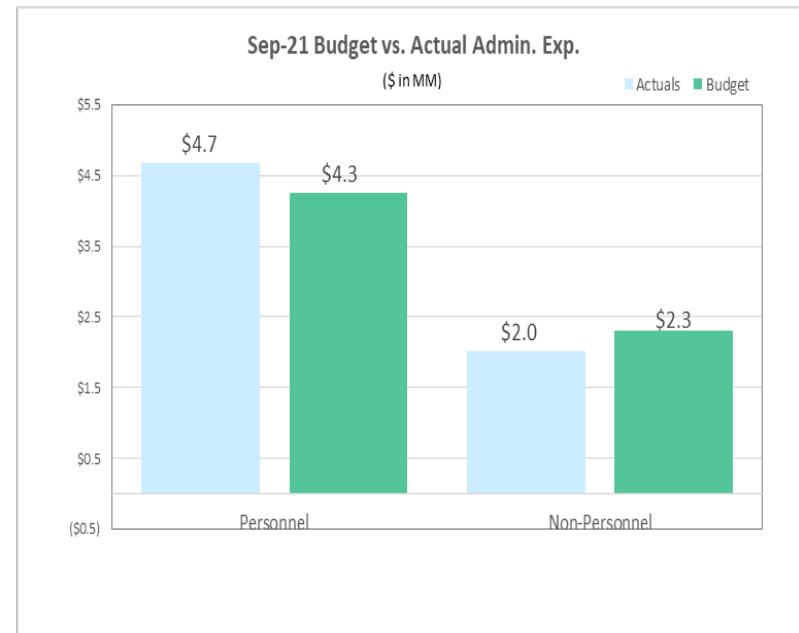
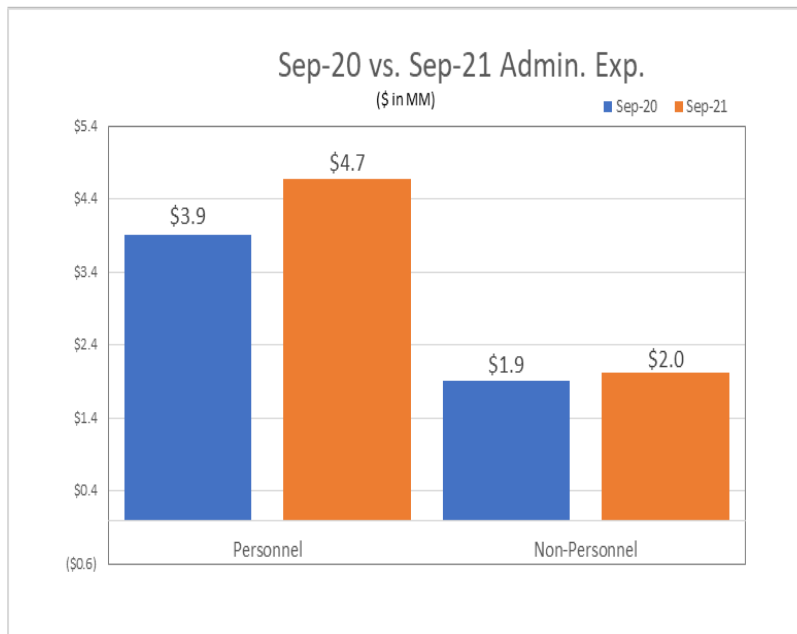




# Current Month Administrative Expense

Current month expense of \$6.7M was \$132K or 2.0% unfavorable to budget of \$6.6M. The current month variances were primarily due to the following:

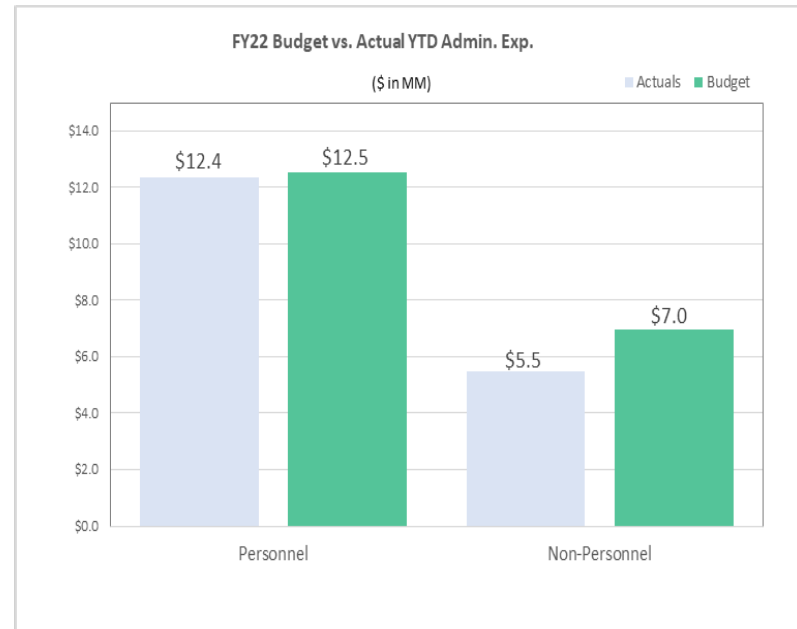
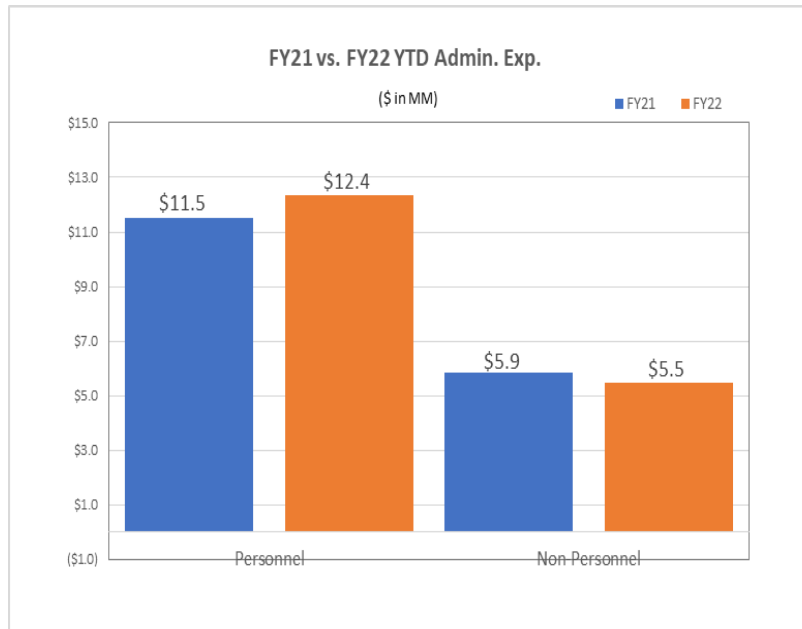
- Personnel expenses were \$420K or 9.8% unfavorable to budget due to pension & retiree medical true-ups, increased team incentive reserve on a YTD basis, partly offset by lower headcount than budget including lower payroll tax and benefits.
- Non-Personnel expenses were \$288K or 12.5% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees).



# YTD Administrative Expense

YTD administrative expense of \$17.8M was \$1.7M or 8.6% favorable to budget of \$19.5M. The variance was primarily due to the following:

- Personnel expenses were \$168K or 1.3% favorable to budget due to lower headcount than budget including lower payroll tax and benefits, offset with revised pension and retiree medical true-ups.
- Non-Personnel expenses were \$1.5M or 21.7% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees).



# Balance Sheet

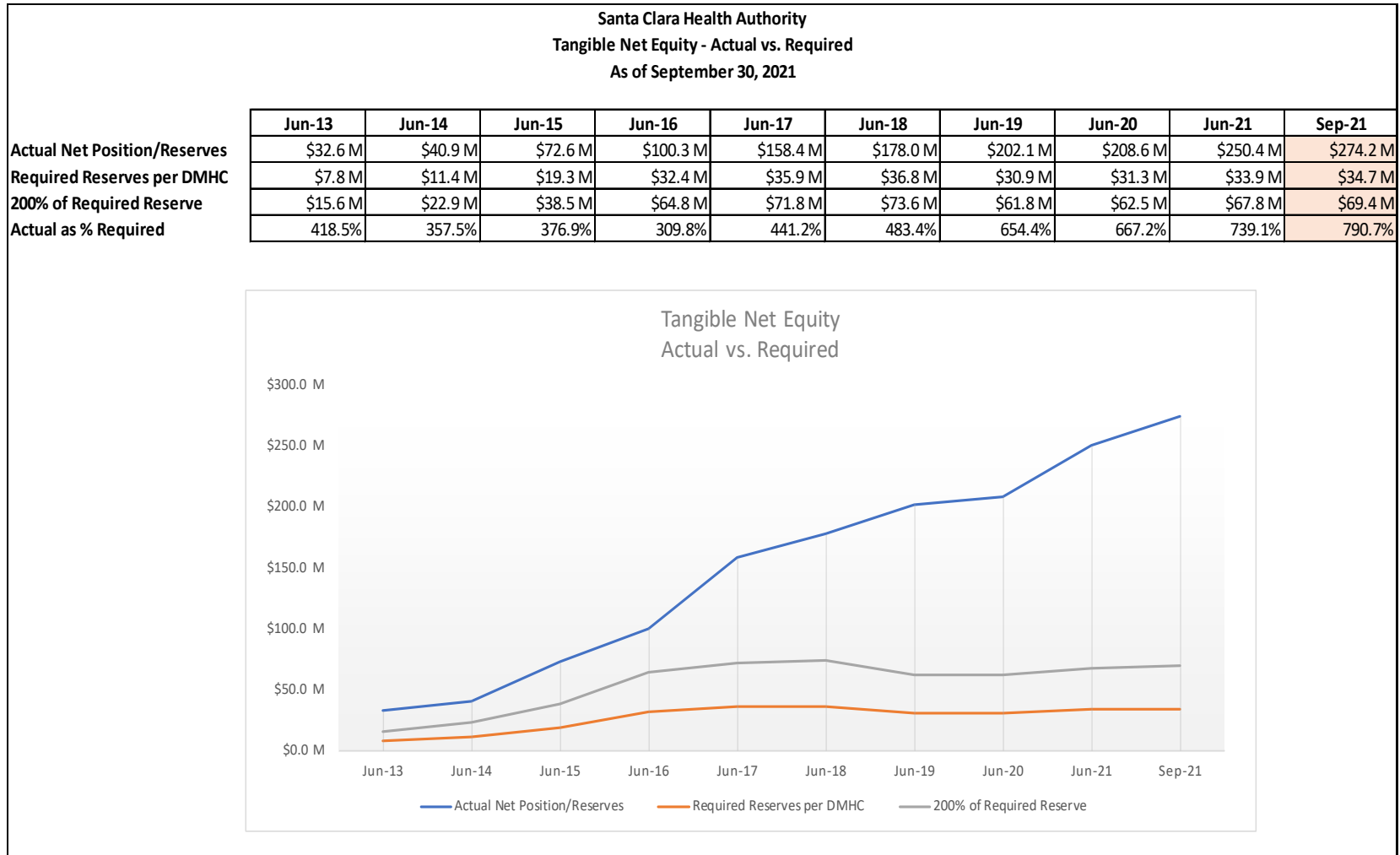
- Current assets totaled \$984.5M compared to current liabilities of \$743.3M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$41.7M compared to the cash balance as of year-end June 30, 2021, due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
<b>Short-Term Investments</b>				
County of Santa Clara Comingled Pool	\$182,649,335	0.76%	\$100,000	\$290,096
Wells Fargo Investments	\$241,732,401	0.08%	\$9,379	\$51,322
	<u>\$424,381,736</u>		<u>\$109,379</u>	<u>\$341,418</u>
<b>Cash &amp; Equivalents</b>				
Bank of the West Money Market	\$174,425	0.10%	\$404	\$1,621
Wells Fargo Bank Accounts	\$24,855,373	0.01%	\$329	\$1,049
	<u>\$25,029,797</u>		<u>\$733</u>	<u>\$2,670</u>
<b>Assets Pledged to DMHC</b>				
Restricted Cash	\$325,000	0.18%	\$0	\$0
<b>Petty Cash</b>				
	\$500	0.00%	\$0	\$0
<b>Month-End Balance</b>	<u><b>\$449,737,033</b></u>		<u><b>\$110,112</b></u>	<u><b>\$344,088</b></u>

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- Overall cash and investment yield is lower than budget (0.38% actual vs. 1.4% budgeted).

# Tangible Net Equity

- TNE was \$274.2M - representing approximately three months of the Plan's total expenses.



# Reserves Analysis

SCFHP RESERVES ANALYSIS SEPTEMBER 2021				
Financial Reserve Target #1: Tangible Net Equity				
	Board Funds Committed	Approved Projects	Funds Expended	Balance
<b>Unrestricted Net Assets</b>				<b>\$230,145,925 *</b>
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	\$4,000,000	\$961,743	\$662,727	\$3,337,274
Innovation & COVID-19 Fund	\$16,000,000	\$4,880,000	\$2,317,996	\$13,682,004
Subtotal	\$20,000,000	\$5,841,743	\$2,980,723	\$17,019,277
Net Book Value of Fixed Assets				\$26,692,788
Restricted Under Knox-Keene Agreement				\$325,000
<b>Total Tangible Net Equity (TNE)</b>				<b>\$274,182,990</b>
Current Required TNE				\$34,677,004
TNE %				790.7%
<b>SCFHP Target TNE Range:</b>				
350% of Required TNE (Low)				\$121,369,514
500% of Required TNE (High)				\$173,385,019
<b>Total TNE Above/(Below) SCFHP Low Target</b>				<b>\$152,813,477</b>
<b>Total TNE Above/(Below) High Target</b>				<b>\$100,797,971</b>
Financial Reserve Target #2: Liquidity				
Cash & Investments				\$449,737,033
Less Pass-Through Liabilities:				
Hospital Directed Payments				(23,619,810)
MCO Tax Payable to State of CA				(35,014,087)
Whole Person Care / Prop 56				(48,292,369)
Other Pass-Through Liabilities (Note 2)				(67,081,672)
<b>Total Pass-Through Liabilities</b>				<b>(174,007,938)</b>
Net Cash Available to SCFHP				275,729,095
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(168,101,964)
60 Days of Total Operating Expense				(224,135,952)
<b>Liquidity Above/(Below) SCFHP Low Target</b>				<b>107,627,131</b>
<b>Liquidity Above/(Below) High Target</b>				<b>\$51,593,143</b>

- **Unrestricted Net Assets represents two months of total expenses.**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of \$2.2M. In December 2019, the Governing Board also approved additional \$1.8M for Special Project fund (\$4M total) and \$16M for Innovation & COVID-19 Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

# Capital Expenditures

- YTD Capital investments of \$674K, largely software licenses, were comprised of the following:

<b>Expenditure</b>	<b>YTD Actual</b>	<b>Annual Budget</b>
Community Resource Center	\$60,124	\$55,800
Hardware	\$102,369	\$1,060,000
Software	\$418,035	\$1,896,874
Building Improvements	\$93,844	\$62,000
Furniture & Equipment	\$0	\$179,101
<b>TOTAL</b>	<b>\$674,372</b>	<b>\$3,253,775</b>



**Santa Clara Family  
Health Plan™**

Financial Statements

# Income Statement



## Santa Clara County Health Authority INCOME STATEMENT For Three Months Ending September 30, 2021

	Sep-2021	% of	Sep-2021	% of	Current Month Variance		YTD Sep-2021	% of	YTD Sep-2021	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
<b>REVENUES</b>												
MEDI-CAL	\$ 95,241,399	83.8%	\$ 94,485,358	83.6%	\$ 756,041	0.8%	\$ 284,973,869	83.9%	\$ 281,666,562	83.6%	\$ 3,307,307	1.2%
CMC MEDI-CAL	4,025,482	3.5%	3,755,826	3.3%	269,656	7.2%	11,942,849	3.5%	11,158,045	3.3%	784,803	7.0%
CMC MEDICARE	14,366,352	12.6%	14,787,008	13.1%	(420,656)	-2.8%	42,846,369	12.6%	43,931,793	13.0%	(1,085,423)	-2.5%
TOTAL CMC	18,391,834	16.2%	18,542,834	16.4%	(151,000)	-0.8%	54,789,218	16.1%	55,089,838	16.4%	(300,620)	-0.5%
<b>TOTAL REVENUE</b>	<b>\$ 113,633,233</b>	<b>100.0%</b>	<b>\$ 113,028,192</b>	<b>100.0%</b>	<b>\$ 605,041</b>	<b>0.5%</b>	<b>\$ 339,763,087</b>	<b>100.0%</b>	<b>\$ 336,756,401</b>	<b>100.0%</b>	<b>\$ 3,006,687</b>	<b>0.9%</b>
<b>MEDICAL EXPENSES</b>												
MEDI-CAL	\$ 83,929,560	73.9%	\$ 88,409,749	78.2%	\$ 4,480,189	5.1%	\$ 257,186,793	75.7%	\$ 263,521,765	78.3%	\$ 6,334,972	2.4%
CMC MEDI-CAL	3,112,247	2.7%	2,997,124	2.7%	(115,123)	-3.8%	9,279,085	2.7%	8,902,346	2.6%	(376,739)	-4.2%
CMC MEDICARE	10,938,538	9.6%	14,096,724	12.5%	3,158,185	22.4%	36,578,031	10.8%	41,864,368	12.4%	5,286,338	12.6%
TOTAL CMC	14,050,785	12.4%	17,093,848	15.1%	3,043,063	17.8%	45,857,116	13.5%	50,766,715	15.1%	4,909,598	9.7%
<b>TOTAL MEDICAL EXPENSES</b>	<b>\$ 97,980,345</b>	<b>86.2%</b>	<b>\$ 105,503,597</b>	<b>93.3%</b>	<b>\$ 7,523,251</b>	<b>7.1%</b>	<b>\$ 303,043,909</b>	<b>89.2%</b>	<b>\$ 314,288,479</b>	<b>93.3%</b>	<b>\$ 11,244,570</b>	<b>3.6%</b>
<b>GROSS MARGIN</b>	<b>\$ 15,652,888</b>	<b>13.8%</b>	<b>\$ 7,524,596</b>	<b>6.7%</b>	<b>\$ 8,128,292</b>	<b>108.0%</b>	<b>\$ 36,719,178</b>	<b>10.8%</b>	<b>\$ 22,467,921</b>	<b>6.7%</b>	<b>\$ 14,251,257</b>	<b>63.4%</b>
<b>ADMINISTRATIVE EXPENSE</b>												
SALARIES AND BENEFITS	\$ 4,680,967	4.1%	\$ 4,261,417	3.8%	\$ (419,550)	-9.8%	\$ 12,353,954	3.6%	\$ 12,522,331	3.7%	\$ 168,377	1.3%
RENTS AND UTILITIES	33,749	0.0%	42,067	0.0%	8,318	19.8%	107,869	0.0%	126,200	0.0%	18,331	14.5%
PRINTING AND ADVERTISING	148,616	0.1%	107,542	0.1%	(41,074)	-38.2%	211,887	0.1%	324,625	0.1%	112,738	34.7%
INFORMATION SYSTEMS	298,296	0.3%	376,194	0.3%	77,898	20.7%	876,424	0.3%	1,128,583	0.3%	252,159	22.3%
PROF FEES/CONSULTING/TEMP STAFFING	867,565	0.8%	1,097,072	1.0%	229,507	20.9%	2,319,020	0.7%	3,293,893	1.0%	974,872	29.6%
DEPRECIATION/INSURANCE/EQUIPMENT	355,870	0.3%	395,317	0.3%	39,448	10.0%	1,181,614	0.3%	1,236,637	0.4%	55,023	4.4%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	77,981	0.1%	62,242	0.1%	(15,739)	-25.3%	159,195	0.0%	186,727	0.1%	27,531	14.7%
MEETINGS/TRAVEL/DUES	111,938	0.1%	121,371	0.1%	9,432	7.8%	309,859	0.1%	389,001	0.1%	79,143	20.3%
OTHER	121,190	0.1%	101,157	0.1%	(20,034)	-19.8%	306,024	0.1%	299,770	0.1%	(6,254)	-2.1%
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 6,696,173</b>	<b>5.9%</b>	<b>\$ 6,564,379</b>	<b>5.8%</b>	<b>\$ (131,794)</b>	<b>-2.0%</b>	<b>\$ 17,825,846</b>	<b>5.2%</b>	<b>\$ 19,507,766</b>	<b>5.8%</b>	<b>\$ 1,681,920</b>	<b>8.6%</b>
<b>OPERATING SURPLUS/(LOSS)</b>	<b>\$ 8,956,715</b>	<b>7.9%</b>	<b>\$ 960,216</b>	<b>0.8%</b>	<b>\$ 7,996,499</b>	<b>832.8%</b>	<b>\$ 18,893,332</b>	<b>5.6%</b>	<b>\$ 2,960,155</b>	<b>0.9%</b>	<b>\$ 15,933,177</b>	<b>538.3%</b>
INTEREST & INVESTMENT INCOME	\$ 110,112	0.1%	\$ 350,000	0.3%	\$ (239,888)	-68.5%	\$ 344,088	0.1%	\$ 1,050,000	0.3%	\$ (705,912)	-67.2%
OTHER INCOME	31,272	0.0%	35,986	0.0%	(4,714)	-13.1%	94,969	0.0%	107,957	0.0%	(12,989)	-12.0%
<b>NON-OPERATING INCOME</b>	<b>\$ 141,383</b>	<b>0.1%</b>	<b>\$ 385,986</b>	<b>0.3%</b>	<b>\$ (244,602)</b>	<b>-63.4%</b>	<b>\$ 439,057</b>	<b>0.1%</b>	<b>\$ 1,157,957</b>	<b>0.3%</b>	<b>\$ (718,901)</b>	<b>-62.1%</b>
<b>NET SURPLUS (LOSS)</b>	<b>\$ 9,098,098</b>	<b>8.0%</b>	<b>\$ 1,346,202</b>	<b>1.2%</b>	<b>\$ 7,751,896</b>	<b>575.8%</b>	<b>\$ 19,332,389</b>	<b>5.7%</b>	<b>\$ 4,118,113</b>	<b>1.2%</b>	<b>\$ 15,214,277</b>	<b>369.4%</b>



# Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY				
As of September 30, 2021				
	Sep-2021	Aug-2021	Jul-2021	Sep-2020
<b>Assets</b>				
<b>Current Assets</b>				
Cash and Investments	\$ 449,737,033	\$ 410,684,675	\$ 398,162,794	\$ 624,723,291
Receivables	523,104,967	544,807,886	516,784,910	520,171,179
Prepaid Expenses and Other Current Assets	11,700,387	9,900,313	9,307,620	10,630,246
<b>Total Current Assets</b>	<b>\$ 984,542,387</b>	<b>\$ 965,392,874</b>	<b>\$ 924,255,325</b>	<b>\$ 1,155,524,716</b>
<b>Long Term Assets</b>				
Property and Equipment	\$ 52,197,243	\$ 52,015,817	\$ 51,843,223	\$ 49,650,861
Accumulated Depreciation	(25,504,456)	(25,157,882)	(24,811,725)	(21,539,191)
<b>Total Long Term Assets</b>	<b>26,692,788</b>	<b>26,857,935</b>	<b>27,031,498</b>	<b>28,111,670</b>
<b>Total Assets</b>	<b>\$ 1,011,235,174</b>	<b>\$ 992,250,809</b>	<b>\$ 951,286,823</b>	<b>\$ 1,183,636,385</b>
<b>Deferred Outflow of Resources</b>	<b>\$ 7,162,621</b>	<b>\$ 7,413,357</b>	<b>\$ 7,413,357</b>	<b>\$ 8,402,260</b>
<b>Total Assets &amp; Deferred Outflows</b>	<b>\$ 1,018,397,795</b>	<b>\$ 999,664,166</b>	<b>\$ 958,700,180</b>	<b>\$ 1,192,038,645</b>
<b>Liabilities and Net Assets:</b>				
<b>Current Liabilities</b>				
Trade Payables	\$ 7,115,339	\$ 5,588,358	\$ 5,681,993	\$ 8,837,491
Deferred Rent	47,437	47,735	48,033	47,728
Employee Benefits	3,245,599	3,210,465	3,212,807	2,430,308
Retirement Obligation per GASB 75	1,978,037	1,897,787	1,817,537	2,366,099
Deferred Revenue - Medicare	0	0	13,017,533	0
Whole Person Care / Prop 56	48,292,369	50,100,271	47,032,789	39,655,575
Payable to Hospitals	103,357	103,357	103,819	529,171
Payable to Hospitals	23,516,453	23,516,453	472,944	274,742,278
Pass-Throughs Payable	182	182	181	26,877
Due to Santa Clara County Valley Health Plan and Kaiser	24,985,401	20,402,761	22,173,902	18,334,201
MCO Tax Payable - State Board of Equalization	35,014,087	24,885,874	14,757,661	51,653,884
Due to DHCS	67,081,490	60,193,218	59,213,361	49,264,236
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	103,669,528	115,818,873	101,984,270	100,043,325
<b>Total Current Liabilities</b>	<b>\$ 743,334,237</b>	<b>\$ 734,050,292</b>	<b>\$ 697,801,789</b>	<b>\$ 975,493,781</b>
<b>Non-Current Liabilities</b>				
Net Pension Liability GASB 68	341,250	(10,335.32)	(124,085)	852,456
<b>Total Non-Current Liabilities</b>	<b>\$ 341,250</b>	<b>\$ (10,335)</b>	<b>\$ (124,085)</b>	<b>\$ 852,456</b>
<b>Total Liabilities</b>	<b>\$ 743,675,487</b>	<b>\$ 734,039,957</b>	<b>\$ 697,677,704</b>	<b>\$ 976,346,237</b>
<b>Deferred Inflow of Resources</b>	<b>\$ 539,318</b>	<b>\$ 539,318</b>	<b>\$ 539,318</b>	<b>\$ 1,661,827</b>
<b>Net Assets</b>				
Board Designated Fund: Special Project Funding for CBOs	\$ 3,337,274	\$ 3,337,274	\$ 3,337,274	\$ 3,459,274
Board Designated Fund: Innovation & COVID-19 Fund	13,682,004	13,682,004	13,730,001	13,880,001
Invested in Capital Assets (NBV)	26,692,788	26,857,935	27,031,498	28,111,670
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	210,813,536	210,648,389	210,426,828	162,884,493
Current YTD Income (Loss)	19,332,389	10,234,291	5,632,558	5,389,795
<b>Total Net Assets / Reserves</b>	<b>\$ 274,182,990</b>	<b>\$ 265,084,892</b>	<b>\$ 260,483,159</b>	<b>\$ 214,030,582</b>
<b>Total Liabilities, Deferred Inflows and Net Assets</b>	<b>\$ 1,018,397,795</b>	<b>\$ 999,664,166</b>	<b>\$ 958,700,180</b>	<b>\$ 1,192,038,645</b>

# Cash Flow Statement



	<u>Sep-2021</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	\$ 152,352,637	\$ 340,487,953
Medical Expenses Paid	(105,547,051)	(305,761,983)
Administrative Expenses Paid	(7,713,187)	7,174,313
<b>Net Cash from Operating Activities</b>	<b>\$ 39,092,400</b>	<b>\$ 41,900,283</b>
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	\$ (181,426)	\$ (674,372)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	141,383	439,057
<b>Net Increase/(Decrease) in Cash &amp; Cash Equivalents</b>	<b>\$ 39,052,357</b>	<b>\$ 41,664,967</b>
Cash & Investments (Beginning)	410,684,675	408,072,066
Cash & Investments (Ending)	<b>\$ 449,737,033</b>	<b>\$ 449,737,033</b>
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	\$ 8,956,715	\$ 18,893,332
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	346,573	1,038,248
Changes in Operating Assets/Liabilities		
Premiums Receivable	21,702,918	(10,885,442)
Prepays & Other Assets	(1,800,073)	(2,983,882)
Accounts Payable & Accrued Liabilities	(165,834)	26,353,806
State Payable	17,016,485	11,610,308
IGT, HQAF & Other Provider Payables	4,582,640	1,199,722
Net Pension Liability	351,585	341,250
Medical Cost Reserves & PDR	(12,149,345)	(3,917,796)
IHSS Payable	0	0
<b>Total Adjustments</b>	<b>\$ 30,135,685</b>	<b>\$ 23,006,950</b>
<b>Net Cash from Operating Activities</b>	<b>\$ 39,092,400</b>	<b>\$ 41,900,283</b>

# Statement of Operations by Line of Business - YTD



**Santa Clara County Health Authority**  
**Statement of Operations**  
**By Line of Business (Including Allocated Expenses)**  
**For Three Months Ending September 30, 2021**

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
<b>P&amp;L (ALLOCATED BASIS)</b>					
REVENUE	\$284,973,869	\$11,942,849	\$42,846,369	\$54,789,218	\$339,763,087
<b>MEDICAL EXPENSE</b> (MLR)	\$257,186,793 90.2%	\$9,279,085 77.7%	\$36,578,031 85.4%	\$45,857,116 83.7%	\$303,043,909 89.2%
<b>GROSS MARGIN</b>	\$27,787,076	\$2,663,763	\$6,268,339	\$8,932,102	\$36,719,178
<b>ADMINISTRATIVE EXPENSE</b> (% of Revenue Allocation)	\$14,951,301	\$626,588	\$2,247,957	\$2,874,545	\$17,825,846
<b>OPERATING SURPLUS/(LOSS)</b> (% of Revenue Allocation)	\$12,835,775	\$2,037,175	\$4,020,382	\$6,057,557	\$18,893,332
<b>OTHER INCOME/(EXPENSE)</b> (% of Revenue Allocation)	\$368,256	\$15,433	\$55,368	\$70,801	\$439,057
<b>NET SURPLUS/(LOSS)</b>	\$13,204,031	\$2,052,609	\$4,075,750	\$6,128,358	\$19,332,389
<b>PMPM (ALLOCATED BASIS)</b>					
REVENUE	\$345.22	\$388.79	\$1,394.83	\$1,783.62	\$396.83
MEDICAL EXPENSES	\$311.56	\$302.07	\$1,190.77	\$1,492.84	\$353.94
GROSS MARGIN	\$33.66	\$86.72	\$204.06	\$290.78	\$42.89
ADMINISTRATIVE EXPENSES	\$18.11	\$20.40	\$73.18	\$93.58	\$20.82
OPERATING INCOME/(LOSS)	\$15.55	\$66.32	\$130.88	\$197.20	\$22.07
OTHER INCOME/(EXPENSE)	\$0.45	\$0.50	\$1.80	\$2.30	\$0.51
NET INCOME/(LOSS)	\$16.00	\$66.82	\$132.68	\$199.50	\$22.58
<b>ALLOCATION BASIS:</b>					
MEMBER MONTHS - YTD	825,484	30,718	30,718	30,718	856,202
REVENUE BY LOB	83.9%	3.5%	12.6%	16.1%	100.0%



Santa Clara Family  
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Appendix

# Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD OCTOBER - 2021

		2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	FYTD var	%
<b>NON DUAL</b>	Adult (over 19)	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	812	2.5%
	Child (under 19)	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	648	0.6%
	SPD	22,149	22,169	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	80	0.4%
	Adult Expansion	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	2,436	2.7%
	Long Term Care	409	389	393	388	380	373	375	367	365	414	408	401	391	26	7.1%
	<b>Total Non-Duals</b>	<b>230,802</b>	<b>233,383</b>	<b>235,227</b>	<b>237,137</b>	<b>238,849</b>	<b>240,599</b>	<b>242,678</b>	<b>244,841</b>	<b>246,097</b>	<b>247,493</b>	<b>248,442</b>	<b>249,331</b>	<b>250,099</b>	<b>4,002</b>	<b>1.6%</b>
<b>DUAL</b>	Adult (over 21)	354	353	353	352	355	361	357	365	366	367	376	375	396	30	8.2%
	SPD	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	129	0.5%
	Long Term Care	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	23	2.2%
	SPD OE	410	498	537	590	662	742	802	863	952	1,063	1,135	1,223	1,308	356	37.4%
	<b>Total Duals</b>	<b>25,688</b>	<b>25,819</b>	<b>26,060</b>	<b>25,956</b>	<b>26,246</b>	<b>26,363</b>	<b>26,365</b>	<b>26,405</b>	<b>26,493</b>	<b>26,537</b>	<b>26,785</b>	<b>26,896</b>	<b>27,031</b>	<b>538</b>	<b>2.0%</b>
<b>Total Medi-Cal</b>	<b>256,490</b>	<b>259,202</b>	<b>261,287</b>	<b>263,093</b>	<b>265,095</b>	<b>266,962</b>	<b>269,043</b>	<b>271,246</b>	<b>272,590</b>	<b>274,030</b>	<b>275,227</b>	<b>276,227</b>	<b>277,130</b>	<b>4,540</b>	<b>1.7%</b>	
<b>CMC</b>	CMC Non-Long Term Care	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	265	2.7%
	CMC - Long Term Care	210	209	207	193	187	184	179	180	185	209	208	203	208	23	12.4%
	<b>Total CMC</b>	<b>9,570</b>	<b>9,679</b>	<b>9,820</b>	<b>9,807</b>	<b>9,893</b>	<b>9,880</b>	<b>9,924</b>	<b>9,989</b>	<b>10,080</b>	<b>10,148</b>	<b>10,245</b>	<b>10,325</b>	<b>10,368</b>	<b>288</b>	<b>2.9%</b>
<b>Total Enrollment</b>	<b>266,060</b>	<b>268,881</b>	<b>271,107</b>	<b>272,900</b>	<b>274,988</b>	<b>276,842</b>	<b>278,967</b>	<b>281,235</b>	<b>282,670</b>	<b>284,178</b>	<b>285,472</b>	<b>286,552</b>	<b>287,498</b>	<b>4,828</b>	<b>1.7%</b>	



# Santa Clara Family Health Plan™

## Dual-Eligible Special Needs Plan (DSNP)

Enrollment, Marketing/Sales and Broker Management Systems

Vendor Selection and Contracting

November 18, 2021

# D-SNP Operational Requirements

## Expand capabilities to ensure compliance with D-SNP regulatory requirements

- Enrollment
  - The enrollment function for Cal MediConnect is managed by DHCS, with DHCS responsible for managing transactions with CMS
  - With the transition to a D-SNP in 2023, SCFHP will be responsible for managing enrollment and disenrollment transactions with CMS, along with financial reconciliation, direct sales and broker support functions
- Marketing/Sales and Broker Management
  - SCFHP does not have a direct sales/application process or broker management system
- Additional Context
  - Systems implementation costs are budgeted for FY21/22, to ensure timely readiness
  - SCFHP's existing IT systems do not support D-SNP requirements

# Vendors

RFP distributed via email and evaluated by Enrollment & Eligibility, IT, Medicare Outreach, Operations, Marketing & Communications

- RFP sent to 12 vendors
- 9 vendors responded
- No single vendor can provide all required functionality; separate systems needed for Enrollment vs. Marketing/Sales and Broker Management
- Detailed evaluation criteria established, including key functionality, ease of use, implementation, support, references, value
- Three-year costs for finalists range from:
  - Enrollment: \$740,000 to \$1,920,000
  - Marketing/Sales and Broker Management: \$1,090,000 to \$2,380,000



# Vendor Selection

## Recommendations:

- Enrollment: Dynamic Healthcare Systems
- Marketing/Sales & Broker Management: Engagent Health

## These vendors provide:

- Strong, comprehensive functionality
- Clear, easy to navigate user interface
- Ease of integration with other systems
- Focus on regulatory compliance
- Strong references
- Best value

# Vendor Selection

## Possible Action

- Authorize Chief Executive Officer to negotiate, execute, and amend three-year contracts with Dynamic Healthcare Systems and Engagent Health not to exceed \$800,000 for the Enrollment system and \$1,150,000 for the Marketing/Broker Management system



# Santa Clara Family Health Plan™

## Pharmacy Benefit Manager Request for Proposal

Executive/Finance Committee

November 12, 2021

## Ranking Summary – Initial Bid

Ranking	PBM	Selected for BAFO
1	MedImpact Healthcare Systems, Inc.	Yes
2	Navitus Health Solutions, LLC (Dean Health Plan)	Yes
3	Express Scripts	No
4	CVS Health	No

MedImpact Healthcare Systems, Inc. is the incumbent.

## Financial Ranking Summary – BAFO (Best & Final Offer)\*

Ranking	PBM – Medi-Cal <sup>+</sup>	Savings (%)	Savings (\$)
1	MedImpact Healthcare Systems, Inc.	4.88%	\$21.5m
2	Navitus Health Solutions, LLC (Dean Health Plan)	2.59%	\$11.4m

Ranking	PBM – Medicare Part D	Savings (%)	Savings (\$)
1	MedImpact Healthcare Systems, Inc.	3.53%	\$6.2m
2	Navitus Health Solutions, LLC (Dean Health Plan)	-1.83%	-\$3.3m

<sup>+</sup> Medi-Cal Pharmacy Benefit carved out to Fee-For-Service 1/1/2022. Savings may be unrealized.

\* Aggregate 3 year savings based against current contract guarantees and excludes early renewal rates.

# Summary

## Cost Containment & Maximize Operational Bandwidth

- Financial
  - MedImpact also offered 2023 Part D rates effective 7/1/2022
    - Yields an additional \$500k savings to the existing contract
- Operational
  - BAFO bidders included Medi-Cal rates in the event of Medi-Cal Rx delay
  - MedImpact does not need a new Service Agreement, only an amendment
  - Incumbent eliminates PBM transition workload & NCQA accreditation/evaluation

# Proposed Actions

- Accept MedImpact's Best & Final Offer
- Proceed with early renewal rates for CY2022 Q3-Q4



**Santa Clara Family  
Health Plan™**



## Santa Clara County Health Authority COVID-19 Funding Request Summary

<b>Organization Name:</b>	Children’s Discovery Museum (CDM)
<b>Project Name:</b>	CDM Covid-19 Vaccination Clinics for Children
<b>Contact Name and Title:</b>	Marilee Jennings, Executive Director Children’s Discovery Museum
<b>Requested Amount:</b>	\$30,000
<b>Time Period for Project Expenditures:</b>	January 1, 2022 – March 31, 2022
<b>Proposal Submitted to:</b>	Executive/Finance Committee
<b>Date Proposal Submitted for Review:</b>	November 18, 2021

### Summary of Proposal:

The Children’s Discovery Museum (CDM) is working in partnership with the Santa Clara County Public Health Department (PHD) to host pop-up COVID vaccination clinics at the CDM. Approval of the vaccination for children ages 5-11 is a significant next step forward in Santa Clara County’s aggressive fight against the pandemic. Although vaccination rates in the County are high in comparison to national averages, we continue to experience lower rates among residents enrolled in Medi-Cal. Presently, only 63% of Santa Clara Family Health Plan Medi-Cal members age 12 and older are fully vaccinated.

To incent families to get their children vaccinated, CDM will offer passes for free admission to CDM to families whose members receive vaccinations at the CDM pop-up clinics. CDM will partner with Santa Clara Family Health Plan for outreach to SCFHP members who live in proximity to CDM and who have vaccination-eligible children who have not yet received a vaccination, and through other channels will actively promote these clinics to low-income families with children.

CDM is highly regarded as a trusted resource for parents. That CDM is aligning with public health officials and pediatricians in supporting COVID-19 vaccines may make a difference for hesitant parents. This unique opportunity provides the urgency inherent in a “use it or lose it” moment. CDM recognizes that implementing this project and including a Museum admission incentive requires partnerships. After receiving no earned revenue during 393 days of closure due to COVID restrictions, and now operating at 50% of capacity due to COVID, CDM does not have reserves to absorb the

operating costs from giving free admission, but can play a role in our community's vaccination efforts by serving as host and organizer for these clinic days.

### Summary of Projected Outcome/Impact:

This funding proposal would enable CDM to host two COVID vaccination pop-up clinic days and provide CDM admission incentives to families whose children received vaccinations. Santa Clara County PHD estimates that they can vaccinate 250 children per vaccination pop-up, along with any other family members in need of first, second or booster vaccinations, vaccinating a total of 500+ children plus other family members.

### Evaluation Relative to SCFHP COVID-19 Funding Criteria

Criteria	Met/Not Met
1. Demonstrate the need is directly related to the COVID-19 pandemic.	Met
2. Demonstrate the project targets those in the most acute need.	Met
3. Indicate if a one-time need; if longer-term program, how will the need be sustained with resources other than SCFHP.	Met (Pop-up vaccination clinics are a temporary need. If these initial clinics are successful, CDM may request funding for vaccination clinics targeting children <5 years, once vaccine is approved for this age group.)
4. Demonstrate the applicant is making maximum use of own resources, including reserves and emergency funds.	Met (CDM was closed for 393 days due to COVID, and does not have resources to self-fund this project)
5. Indicate if funding is being sought from other potential sources.	Met (CDM has received funding for another clinic day from The Health Trust and Community Foundation Silicon Valley; CDM has requests/outreach in process with San Jose City Council and Mayor, Santa Clara County Supervisor, Anthem Blue Cross)
6. Indicate if a loan/advance could meet the need.	N/A
7. Indicate if the request is health care-related (e.g., provider network stabilization).	Met. This request would fund a project to increase COVID-19 vaccination rates, specifically among children.
8. Funds are not to be used for other expenses and may not supplant normal recurring funding.	Met
9. Funds are to be used exclusively for direct service provision and not for indirect overhead.	Met



Children's  
Discovery  
Museum  
of San Jose

November 10, 2021

Ms. Christine Tomcala  
Chief Executive Officer  
Santa Clara Family Health Plan  
6201 San Ignacio Avenue  
San Jose, CA 95119

Dear Christine:

I am writing to seek Santa Clara Family Health Plan's financial support and marketing partnership to offer two COVID-19 vaccination clinics for families at Children's Discovery Museum and provide each participating family the incentive of a free Museum visit. The Santa Clara County Public Health Department (PHD) has conducted a site visit of the Museum and has agreed to operate pre-scheduled day-long "pop-up" vaccination clinics, and Museum volunteers will distribute the family passes. In partnership with Viva Calles through San Jose's Department of Parks, Recreation and Neighborhood Services, families will also have the opportunity to engage in a variety of outdoor activities on the Museum's front patio before and after their vaccinations and Museum visits. Details are below.

#### Need for the Program

Approval of the Pfizer COVID-19 vaccination for children ages 5-11 and arrival of the vaccine in Santa Clara County provide a significant next step in our County's aggressive fight against the pandemic. Although vaccination rates in the County are high in comparison to national averages, we continue to experience lower rates among residents enrolled in Medi-Cal. Presently, only 63% of Santa Clara Family Health Plan Medi-Cal members age 12 and older are fully vaccinated.

Of even greater concern is survey data recently released from the Kaiser Family Foundation reporting that only 3% of parents said they are ready to vaccinate their children when a vaccine is available. Of the remaining parents, 3% declared that they do not plan on vaccinating their children, and 4% indicated that they will take a "wait and see" approach. Even among parents who have received a COVID-19 vaccination, many are planning to be more cautious with their children than they were with themselves. The study also pointed to the importance of "trusted sources" to help parents decide to vaccinate.

California Governor Newsom has mandated that all schoolchildren be vaccinated once final FDA approval has been secured. This means that unvaccinated children will not be allowed to attend school in person and will be forced to distance learn. Widely reported from many sources has been the negative impact of remote learning on the majority of students during the 2020-21 academic year. For example, students were on average five months behind in mathematics and four months behind in reading by the end of the school year. Furthermore, the pandemic widened preexisting opportunity and achievement gaps, hitting historically disadvantaged students hardest.

It is imperative to keep all children in the classroom to prevent even more learning loss, which will depress their prospects and constrict their opportunities far into adulthood. This is especially true for children from low income families, who already face significant obstacles to success in school.

### Rationale for Proposed Project

Children's Discovery Museum of San Jose (CDM) can make a difference in encouraging parents of children enrolled in Medi-Cal to vaccinate their children by providing:

1. A compelling family incentive – free admission pass to the 80,000 square foot Museum for the whole family to use either on the day of the vaccination or another day of their choice. Museum admission is \$15 per person, making the value of the pass up to \$60 for a family of four.
2. A location that offers easy access – within walking distance of hundreds of families with children enrolled in Medi-Cal; accessible by public Light Rail and bus; and with more than 400 parking spots for private vehicles;
3. Kid-friendly activities before and after the vaccination and Museum visit – hosted by San Jose's Parks and Rec Department and their partners who are expert in serving children; and
4. COVID-19 vaccinations for other family members, too – with County PHD workers equipped to offer adult and youth vaccines and booster shots, as appropriate.

For busy working parents, the Museum's "pop-up" clinic offers a one-stop approach, where family members receive their COVID-19 vaccine and then engage in hours of family fun and learning with over 150 interactive exhibits.

For children who are feeling anxious about getting a shot, the promise of a chance to play in the Museum offers a powerful trade-off. Many children will find the courage for the vaccination by imagining themselves playing with the colorful balls in the *Water Ways* exhibit or sliding down the slide in *Bill's Backyard*.

For families falling into the "wait and see" vaccination category, this unique opportunity provides the urgency inherent in a "use it or lose it" moment. Although CDM aspires to offer multiple clinics over the next several months, they will be limited in scope and only available if funding is secured. CDM is also highly regarded as a trusted resource for parents. That we are aligning with public health officials and pediatricians in supporting COVID-19 vaccines may make a difference for hesitant parents.

### Target Audience and People Served

Working with Santa Clara Family Health Plan (SCFHP), we will identify and mail directly to SCFHP members with children, teens and adults who have not been fully vaccinated for COVID-19. These are also families who likely cannot afford regular Museum visits, and for whom a free family pass will feel special and exciting. A specially designed co-branded flier in SCFHP's threshold languages (English, Spanish, Vietnamese, Chinese, and Tagalog), along with comprehensive social media and email campaigns to CDM's 30,000+ mail list, will market the Museum visit incentive and also the urgency of only two vaccine clinic days currently scheduled at Children's Discovery Museum in an effort to drive participation. SJ Parks & Rec plans to advertise the events to their supporters as well. Our marketing plan also calls for maximizing information distribution to our many community partners to help us get the word out.

Santa Clara County PHD estimates that they can vaccinate 250 children per vaccination “pop-up,” along with any other family members in need. CDM will distribute a family pass to each participating family, which will total more than 1,000 Museum visitors.

#### Dates and Logistics

Santa Clara County Public Health has committed to offering “pop-up” vaccination clinics in CDM’s private Amphitheatre, which offers a separate entrance and exit as well as a special entrance into the Museum. There is space to set up 5-6 private vaccination rooms and a waiting room for 15-minute observations. The entrance to the Amphitheatre is through an extensive covered walkway that extends all the way to the Light Rail Station for those using public transportation. The walkway and patio in front of the Museum are where SJ Parks and Rec will set up activity stations to engage families before and after their vaccinations and Museum visits. The proposed days are January 9, 2022 and January 30, 2022.

#### Budget

CDM seeks sponsorship of \$30,000 to host two vaccination clinics and underwrite free admission for a total of 2,000 children and adults @ \$15/each. We will also use some of this budget to design, print, and translate the fliers used to promote the event. CDM will not generate any revenues on vaccination days from ticket sales as the Museum will only be open for those families receiving vaccinations. This will ensure that we do not exceed maximum occupancy under COVID-19 guidelines still in place for unvaccinated persons.

CDM is not in a position to offer the free tickets without sponsorship. Because the Museum is intensely hands-on and interactive, with COVID and younger children not yet vaccinated, we must limit our attendance to 50% capacity, which cuts in half our ability to generate income from ticket sales. Also due to COVID-19 restrictions, we have lost all other sources of earned revenue. For example, we cannot offer in-person workshops, birthday parties, or events, and because our café is in the center of the Museum and the risk of guests removing their masks to eat is simply too high, we closed food service. Un-sponsored free passes take away revenues that would have been generated from selling tickets for our limited slots, but our expenses to pay staff, cover utilities and insurance, and ensure sanitization and maintenance remain in place.

After being closed for 393 days, we are already using our reserves simply to stay open, as the attached budget indicates. Our Board passed a deficit budget of \$(350,000) because we are so vital to children’s well-being and learning. Creating new programs like the pop-up clinics and funding free passes ourselves would put CDM in even greater jeopardy.

We are requesting \$15,000 per pop-up clinic day based on 250 kids being vaccinated and giving each family a free family pass. Our standard approach is to budget based on a family of four, but we will welcome all family members knowing that the families we are targeting for these vaccination days typically are larger, especially if they bring the grandparents, too. We also know that not all families will be able to stay for a Museum visit after the vaccination, so we will make the pass valid for 6 months. Each \$15,000 sponsorship will cover admission fees for 1,000 people (1,000 = 250 vaccinated children x 4 members in the family).

We are requesting sponsor funding in advance of the pop-up clinic days, so that CDM does not experience the loss of cash revenue on those days.

### Additional Fundraising

CDM is actively fundraising to host COVID-19 clinics with the Museum visit incentive, and is prepared to offer 1-2 clinics per month until every eligible child is vaccinated. With support from The Health Trust and Community Foundation Silicon Valley, we have funded Clinic #1, which is slated for December 4, 2021 and will target families in the Gardner/Washington neighborhoods near CDM.

We also have an application pending with Council Member Raul Peralez's office, requests to San Jose Mayor Sam Liccardo and County Supervisor Cindy Chavez to access federal ARP funds, and a new introduction from SCFHP to counterparts at Anthem Blue Cross to discuss this initiative.

Our plan is to document our learning from these events because half of CDM's child audience is under the age of 5. We want to be able to repeat these vaccination clinics when the FDA approves a vaccine for that age group. We are very excited about our partnership with SCFHP to reach Medi-Cal families both now and then later when the next vaccine rolls out.

### Measuring Success

Together with Santa Clara County PHD, we have set goals of hosting two "pop-up" clinics and vaccinating a total of 500 children, plus other family members, and distributing family passes that will result in 2,000 Museum visits. Our primary audience focus is on Medi-Cal families, whose vaccination rates are below County averages. Every child and/or parent who overcomes their fears and accepts a vaccination puts Santa Clara County one step further in the fight to stop the spread of COVID-19 in our community.

Thank you for your consideration and please reach out with questions or ideas.

Sincerely,



Marilee Jennings  
Executive Director

**CHILDREN'S DISCOVERY MUSEUM OF SAN JOSE**

**BUDGET SUMMARY**

**September 1, 2021 - August 31, 2022**

	Cash Basis	% OF BUDGET	Accrual Basis	% OF BUDGET
<b>REVENUES</b>				
<b>CONTRIBUTIONS</b>				
Individuals	\$ 189,115		\$ 189,115	
Corporations	\$ 147,014		\$ 97,014	
Foundations	\$ 55,000		\$ 50,000	
Public	\$ 1,500,046		\$ 2,159,079	
Event Income	\$ 1,045,513		\$ 1,003,013	
<b>TOTAL CONTRIBUTIONS</b>	<b>\$ 2,936,688</b>		<b>\$ 3,498,221</b>	
<b>IN-KIND CONTRIBUTIONS</b>	<b>\$ -</b>		<b>\$ 967,592</b>	
<b>TOTAL CONTRIBUTED REVENUE</b>	<b>\$ 2,936,688</b>	<b>64.43%</b>	<b>\$ 4,465,813</b>	<b>72.60%</b>
<b>EARNED INCOME</b>				
Admissions	\$ 1,142,274		\$ 1,142,274	
Admissions - Group Visits	\$ -		\$ -	
FoodShed Sales	\$ -		\$ -	
Birthday Parties	\$ -		\$ -	
Memberships (<=\$175)	\$ 479,230		\$ 479,230	
Gross Small Exhibit Sales & Rental	\$ -		\$ -	
Facility Use	\$ -		\$ -	
Exhibit Rental	\$ -		\$ -	
Program Fees - Education	\$ -		\$ -	
Program Fees - Outreach	\$ -		\$ -	
Program Fees - In-House	\$ -		\$ -	
Other Income	\$ -		\$ -	
<b>TOTAL EARNED INCOME</b>	<b>\$ 1,621,504</b>		<b>\$ 1,621,504</b>	
<b>INVESTMENT INCOME</b>				
Interest & Dividends	\$ -		\$ 64,203	
<b>TOTAL INVESTMENT INCOME</b>	<b>\$ -</b>		<b>\$ 64,203</b>	
<b>TOTAL EARNED INCOME</b>	<b>\$ 1,621,504</b>	<b>35.57%</b>	<b>\$ 1,685,707</b>	<b>27.40%</b>
<b>COST OF GOODS SOLD</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>
<b>TOTAL REVENUES</b>	<b>\$ 4,558,192</b>		<b>\$ 6,151,519</b>	
<b>EXPENSES</b>				
Personnel	\$ 3,268,751	66.65%	\$ 3,454,474	48.56%
Occupancy	\$ 955,740	19.49%	\$ 2,277,265	32.01%
Communication & Publication	\$ 242,600	4.95%	\$ 242,600	3.41%
Other Costs	\$ 222,914	4.54%	\$ 222,914	3.13%
In-Kind	\$ -	0.00%	\$ 916,664	12.89%
Capitalized Expenses	\$ 214,706	4.38%	\$ -	0.00%
<b>TOTAL UNRESTRICTED EXPENSES</b>	<b>\$ 4,904,711</b>		<b>\$ 7,113,917</b>	
<b>NET SURPLUS/&lt;DEFICIT&gt;</b>	<b>\$ (346,519)</b>		<b>\$ (962,398)</b>	

## Santa Clara County Health Authority Board Designated Innovation Fund Request Summary

<b>Organization Name:</b>	Behavioral Health Contractors' Association (BHCA) of Santa Clara County
<b>Project Name:</b>	Readiness Support for Delivery System Changes
<b>Contact Name and Title:</b>	Elisa Koff-Ginsborg, Executive Director Behavioral Health Contractors' Association (BHCA)
<b>Requested Amount:</b>	\$160,160 (\$80,080 per year for two years)
<b>Time Period for Project Expenditures:</b>	January 1, 2022 – December 31, 2023
<b>Proposal Submitted to:</b>	Executive/Finance Committee
<b>Date Proposal Submitted for Review:</b>	November 18, 2021

### Summary of Proposal:

The delivery of behavioral health services in California is in the midst of profound changes. CalAIM, a multi-year initiative by the Department of Health Care Services to improve the quality of life and health outcomes of members, will fundamentally redesign service delivery and payments. Additionally, the State is investing unprecedented amounts in behavioral health services using expanded channels including health plans and schools. Non-profit providers that form the Behavioral Health services delivery system for Santa Clara County must learn how to navigate this new landscape, while still recovering from the impact of COVID, and adapting to major changes in the Medi-Cal Managed Care rules and the Drug Medi-Cal Waiver.

BHCA is seeking funding to hire a temporary Policy Associate and purchase consulting services to be resources for its members to enhance their readiness for the new landscape.

### Summary of Projected Outcome/Impact:

This project will provide non-profit community-based behavioral health providers with ready access to easily digestible information on changes in the legislative, funding and regulatory arenas, and to resources and tools to assist with operationalizing these changes. Most non-profit community-based behavioral health providers do not have the resources to do this work on their own. BHCA members will be able to use the information and tools to maximize the new funding, ensure they meet the new requirements, and remain viable safety net providers for the community.



## Purpose

The delivery of Behavioral Health services in California is in the midst of profound changes. Non-profit providers that form the Behavioral Health County Safety-Net must navigate a new landscape, on top of recovering from the impact of COVID, having adapted to major changes in the Medical Managed Care rules and the Drug MediCal Waiver. CalAIM, a multi-year initiative by the Department of Health Care Services to improve the quality of life and health outcomes of our population, will fundamentally redesign service delivery and payments, at a time the State is investing unprecedented amounts in behavioral health services using expanded channels including health plans and schools. Concurrently, providers are facing the largest workforce shortage in recent history. As the behavioral health professions evolve, we are seeing new classifications such as certified peer specialist and behavioral health coach that enrich services but require attention in order to integrate into existing service teams. Funding from the SCFHP would increase the capacity of the Behavioral Health Contractors' Association (BHCA) for the duration of these most intense shifts in the delivery of behavioral health services. This additional capacity will allow BHCA to support the non-profit behavioral health providers to ready their organizations to comply with new rules and opportunities. The public behavioral health system in Santa Clara County relies on the network of community based organizations to provide 70% of these essential services to beneficiaries. BHCA's support during these turbulent times plays an essential role in this system surviving. The funds we are seeking will allow BHCA to provide needed additional support to help agencies to thrive, even during these challenging times.

## Unprecedented change

- CalAIM is a multi-year plan to transform Medi-Cal into a more consistent and seamless system through the integration of social services and data reporting to improve quality outcomes. CalAIM initiatives will be administered at the local level which will require county-based agencies to coordinate for a timely and successful implementation. Providers will need DHCS guidance and support to ensure a smooth transition for Medi-Cal members already receiving services.
- The influx of new funding, particularly through health plans and schools is only paralleled by the passage of Prop 63 and the establishment of the Mental Health Services Act. Significant initiatives include:
  - Children and Youth Behavioral Health Initiative **\$4B** over five years. Multiple grants for incentives, infrastructure, workforce, and technology.
  - Community Schools Partnership Grants **\$2.8B** over 7 years.
  - Mental Health Student Services Act (MHSSA) **\$205M** over 3 years.
  - Competitive grant opportunities for schools, MCOs, and community-based providers.
- HSBC provides opportunities for Medi-Cal beneficiaries to receive services in their own home instead of being placed in long-term care placement or a nursing home. HCBS program initiatives begin January 21, 2022, providing a short window for implementation by behavioral health agencies.
- The National Council for Mental Wellbeing conducted a survey to assess the impacts of the pandemic on behavioral health providers. Respondents said the increased demand for mental health treatment, crisis services, and social support services have caused long patient waitlists

and staff burnout. Agencies have started offering incentives to attract new staff to keep up with the increase of service demand. Locally this has had limited success given the competitive marketplace. The emotional toll of the pandemic linked with social, economic and political unrest is causing unprecedented demands in behavioral health services and overwhelming providers.

- The California state budget includes more than \$1.3 billion for expanding behavioral health services including more support for community health workers, growing a diverse workforce, and providing care for underserved populations.

### **Background**

BHCA is a Santa Clara County-wide network of community-based, non-profit organizations providing essential mental health and substance use prevention, treatment, recovery, and supportive transitional housing services to children, adolescents, and adults, under contract with Santa Clara County's Behavioral Health Services Department.

BHCA is entirely funded by membership dues. BHCA hired their first part-time staff person in 2012. For 8 years BHCA managed with an Executive Director working 25 hours a week as the only staff. During the pandemic it became clear this was no longer sufficient. BHCA members raised dues significantly to expand the Executive Director position to full-time and create a .4 FTE administrative and policy assistant starting July 2021. While this is adequate staffing on an on-going basis, it precludes tracking of and supporting members in digesting and adapting to the rapidly changing landscape described above.

### **Vision:**

- Support non-profit community-based behavioral health providers to have ready access to easily digestible information on changes including Cal-AIM, HBCS, new school and health plan based funding opportunities, new types of services providers designated by the Department of Health Care Services and other shifts in the behavioral health system of care. BHCA seeks to ensure providers are strapped with the tools and knowledge to be successful
- Support non-profit community-based behavioral health providers in maximizing new funding to focus on underserved communities through an equity and inclusion lens. The pandemic shone a light on the glaring disparities in access to care particularly among communities of color, the LGBTQ+ community, and residents living in rural communities.
- Nurture relationships between BHCA members, and schools, and the SCFHP. This will allow all the entities to collaborate through this system expansion. They will be poised for the changes as they roll-out.

### **Grant Support**

BHCA will undertake several measures to achieve the above vision.

- Addition of .5 FTE Policy Associate -- This staff person will be responsible for tracking, interpreting and communicating all new State initiatives.

- **Membership in Open Minds.** Open Minds is the leading provider of information, executive education and of consulting specializing in the sectors of the health and human service industry serving complex consumers. Their focus is on evolving markets with new policies and regulations and helping organizations transform their practices to be successful. Open Minds provides practical support to BH providers on navigating an evolving Medicaid managed care system and value-based payment market, as well as how to build a system that accurately measures performance. Membership includes access to one-hour quick consults with leading experts, webinars, access to training and a library that houses best practices, research and presentations and materials from all previous Institutes. BHCA staff will be able to access all of these and bring local challenges to experts with both State knowledge and national expertise for problem solving and consultation.
- **Consultants, Trainings and Conferences.** BHCA will draw from a range of national, State and local experts to provide consultation and trainings for member agencies relevant to operating in shifting behavioral health system including topics such as preparing for value-based payments, developing infrastructure for government funding beyond County MediCal/MHSA, the impact of the rules around specialty mental health rates, integrating new service provider classifications such as certified peer specialist and behavioral health coach into current service teams, and other best practices. Funding will also support BHCA staff attending national conferences of the National Council on Mental Well-Being and Open Minds Institutes for exposure to best practices and networking with others grappling with similar challenges.

<b>Budget</b>			<b>Comments</b>
<b>Year One</b>			
Policy Associate .5 FTE	\$54,080		Includes Benefits
Open Minds Membership	\$10,000		
Consultants/Training/Conferences	\$16,000		
<b>Total Cost</b>	<b>\$80,080</b>		
<b>Year Two</b>			
Policy Associate .5 FTE	\$54,080		Includes Benefits
Open Minds Membership	\$10,000		
Consultants/Training/Conferences	\$16,000		
<b>Total Costs</b>	<b>\$80,080</b>		
<b>Two-year Total</b>	<b>\$160,160</b>		

**Responses to SCFHP's Questions Regarding the Proposal for BHCA  
11/12/21**

**Please share how the changing landscape/rules/grants will affect Medi-Cal managed care.**

The changing landscape will upend Medi-Cal Managed care as we know it. Payment structure, documentation requirements, and what is incentivized is being dramatically revised which will result in providers having to redo entire business models, change systems and retrain staff. New funding through schools and health plans will introduce new complexities in remaining in compliance with Medicaid regulations and new funders' requirements (such as determining how to provide services when Medi-Cal requires that they pay the lowest rate for comparable services). It is currently unclear how comparable services are defined and whether intensity of is a factor. Those agencies that are unable to adjust to new parameters will no longer be able to provide and bill for Medi-Cal services.

**Sustainability. Is this .5 FTE just for two years, then the staff person will be let go?**

This person will be hired with a 2 year contract. Given all the expected changes, it is impossible to determine our needs this far in advance. For example, most of the Cal AIM changes will be developed within the next two years. We will reassess the situation and determine what is needed at that time.

**Metrics. How many people will go through trainings? How many organizations will go through trainings? How many people/organizations will participate in conferences? How/why are these numbers different than if there were not this funding (e.g., wouldn't individual organizations pay for their staff to attend a conference, or participate in a training?)**

As a member-based organization, BHCA currently supports 32 member agencies. Our experience is that when we provide trainings we have very high participation. Most agencies send at least one representative, with many agencies sending multiple representatives. For that reason we estimate that every training will have between 40 and 48 attendees. Highly specialized trainings, such as those appropriate to one profession such as CFOs, may have fewer. Conferences would only be attended by BHCA staff, at most 2 people per event. There are two major conferences (the national conference of the National Council for Mental Wellness and the Open Minds Conference) and we anticipate 2-3 additional conferences focused on specific aspects of the changing landscape. BHCA will continue to participate in convenings with our State association using already budgeted funding. While some BHCA members are also members of the State association and the National Council, and pay their own costs for attending these conferences, many agencies are not, and so cannot avail themselves of the learnings without BHCA acting as the information intermediary. In regard to the training sponsored by BHCA, our association does not have the infrastructure to organize registrations and process individual payments. Smaller organizations would be unlikely to have the resources to attend these types of training as most agencies focus their training budgets on line staff directly serving clients. As a result many smaller, community specific agencies targeting historically underserved populations would seek local, low cost trainings like we hope to provide while passing on the more expensive, larger trainings.

**Outcomes reporting expected. What changes were made as a result of utilizing the resources? How many grants were applied for? How many affected MCAL managed care members were served? How did the organization's/members' organization increase in capacity—provider, type, competency?**

We anticipate that agencies will be able to re-tool their business plans in order to survive in the new environment. Contract providers represent seventy (70%) percent of the public behavioral health system in Santa Clara County. The County Behavioral Health Services Department estimates the public system serves 35,000 clients. This includes those served by County staff. Our estimate is that BHCA providers serve about 24,000 with funding from the Behavioral Health Services Department. If agencies are able to make this transition and enter into new structured contracts, our County's safety-net system of care will remain intact. Without support, those agencies unable to make the transition won't be able to continue to provide these essential services. This will have a profound impact not only on those they serve, but will be incredibly destabilizing to the public behavioral health system. With this support agencies will be able to adapt to the incredibly rapidly changing public behavioral health environment, adapting to the changes under CalAIM, and modifying models and practices to utilize new funding streams to provide vitally needed services that complement specialty behavioral health care.

All training attendees will complete evaluation surveys for each training and members will be surveyed on the utility of the information being disseminated on an on-going basis. This will be used both as reporting data but also for continual improvement of training and information dissemination. BHCA will survey members to identify how many of the new State funding opportunities they are able to apply for and elicit feedback on what impact BHCA's expanded capacity had on them.

BHCA will gather data from member agencies and highlight the impact on clients being served in both MediCal managed care and other systems as changes are evolving.

If BHCA doesn't have additional capacity to act as the conduit of information and support for its members on these unprecedented changes, the consequences will be highly problematic. A few larger agencies may have the staff and infrastructure to participate in State and regional level discussions, allowing them to stay abreast of the significant changes required. However, many agencies, particularly the smaller and ethnic specific agencies, do not have the bandwidth to participate in this same way, and they may get left behind, unable to accommodate the timely changes required. But it is not just the smaller, ethnic serving organizations whose viability is at risk. There is concern that large for-profit companies may be looking to enter the public behavioral health system, as they have in other states. Colleagues in other states have experienced these entities being profit driven, rather than mission and service driven, and they certainly aren't as familiar with the diverse communities of Santa Clara County as the BHCA agencies who have been embedded within our communities for many decades.

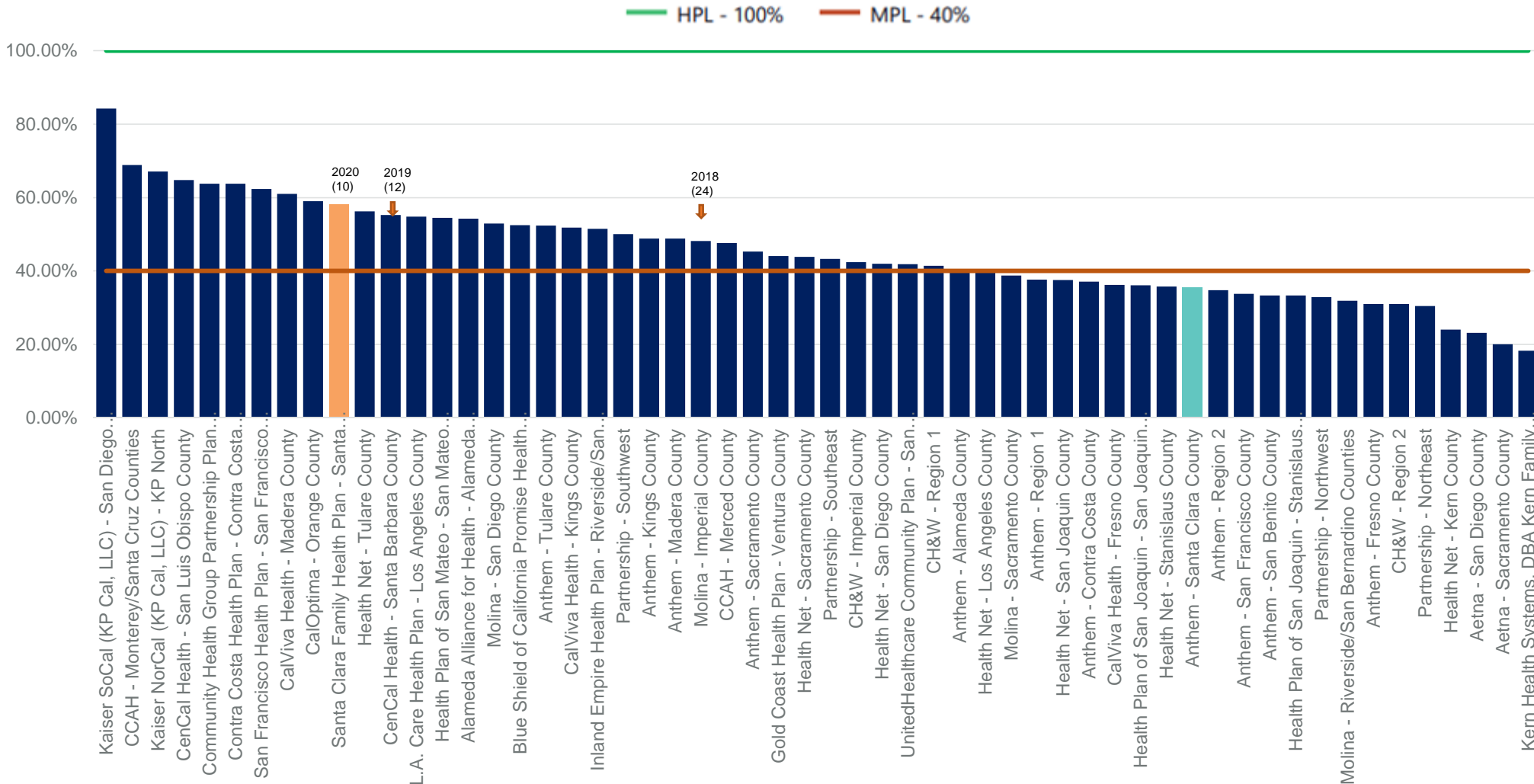


# Santa Clara Family Health Plan™

Medi-Cal Managed Care Plan Quality Performance  
Review  
CY 2020

# Estimated Medi-Cal Aggregated Quality Factor Score (AQFS) by Health Plan CY 2020

SCFHP – Rank 10  
 Anthem – Rank 43  
 Total # of MCPs = 56



\*Performance might be affected as some plans reported the rates as is during COVID.

\*\* Only measures with available benchmarks were used to estimate the score

# Medi-Cal Measure Rankings (Measures with Benchmarks)

SCFHP generally performed in the top 50% of all MCPs (56 total plans)\*

Measure	Ranking	Percentile	# of Plans that Reported a Rate
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing	3	75th	50
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose & Cholesterol Testing	3	75th	35
Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Poor Control (>9.0 Percent)	5	50th	56
Childhood Immunization Status—Combination 10	5	95th	56
Breast Cancer Screening	6	50th	35
Antidepressant Medication Management—Effective Continuation Phase Treatment	6	90th	55
Prenatal and Postpartum Care—Timeliness of Prenatal Care	7	50th	34
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing	8	50th	34
Antidepressant Medication Management—Effective Acute Phase Treatment	11	75th	56
Prenatal and Postpartum Care—Postpartum Care	13	90th	56
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD)	16	50th	55

Measure	Ranking	Percentile	# of Plans that Reported a Rate
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	17	25th	55
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total	23	50th	56
Immunizations for Adolescents—Combination 2	23	75th	55
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total	24	50th	56
Controlling High Blood Pressure	25	25th	56
Cervical Cancer Screening	25	25th	56
Chlamydia Screening in Women	31	25th	48
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total	32	50th	56
Asthma Medication Ratio	33	50th	56
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	43	< 10th	56

\*Performance might be affected as some plans reported the rates as is during COVID.



# Medi-Cal Measure Rankings (Measures without Benchmarks)

SCFHP generally performed in the top 50% of all MCPs (56 total plans)\*

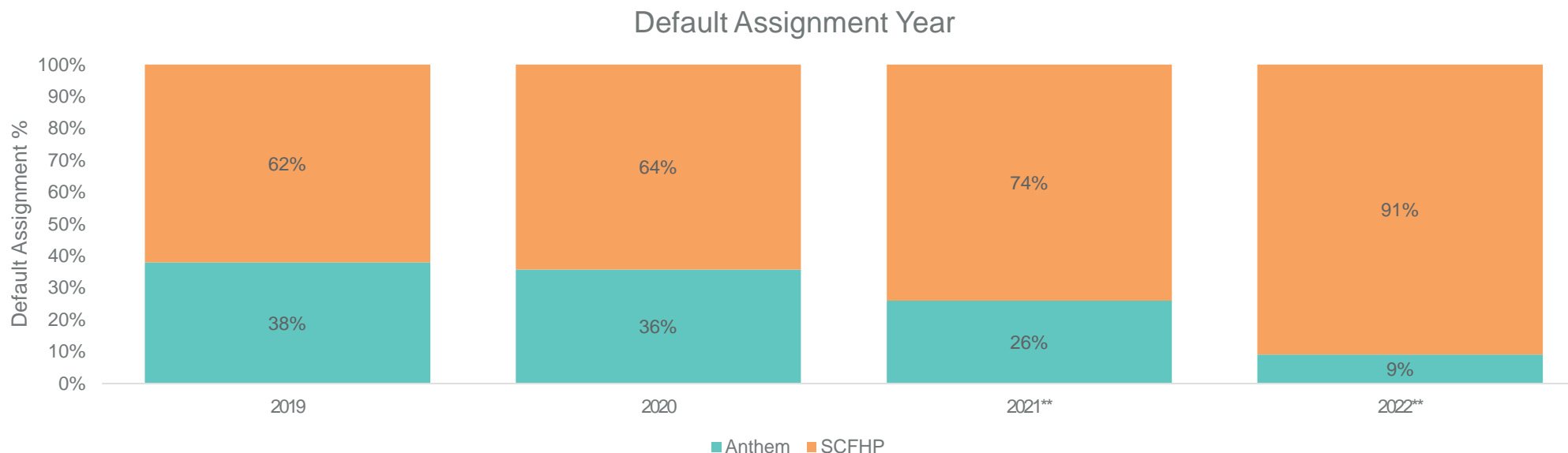
Measure	Ranking	# of Plans that Reported a Rate
Use of Opioids at High Dosage in Persons Without Cancer—Ages 18–64 Years	1	50
Use of Opioids at High Dosage in Persons Without Cancer—Ages 65+ Years	1	11
Contraceptive Care—Postpartum Women—Long Acting Reversible Contraception (LARC)—3 Days—Ages 15–20 Years	2	27
Contraceptive Care—Postpartum Women—LARC—3 Days—Ages 21–44 Years	2	30
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 21–44 Years	2	55
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 15–20 Years	3	25
Concurrent Use of Opioids and Benzodiazepines—Ages 65+ Years	4	10
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—3 Days—Ages 21–44 Years	5	53
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 15–20 Years	5	45
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years	6	56
Contraceptive Care—Postpartum Women—LARC—60 Days—Ages 15–20 Years	6	30
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	7	56
Child and Adolescent Well-Care Visits—Total	14	56
Contraceptive Care—All Women—LARC—Ages 21–44 Years	16	56

Measure	Ranking	# of Plans that Reported a Rate
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years	20	56
Plan All-Cause Readmissions—Expected Readmission Rate—Total	25	55
Concurrent Use of Opioids and Benzodiazepines—Ages 18–64 Years	28	51
Screening for Depression and Follow-Up Plan—Ages 18–64 Years	32	56
Contraceptive Care—All Women—LARC—Ages 15–20 Years	33	51
Screening for Depression and Follow-Up Plan—Ages 65+ Years	34	38
Developmental Screening in the First Three Years of Life	35	53
Plan All-Cause Readmissions—Observed to Expected (O/E) Ratio—Total	35	55
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	35	55
Plan All-Cause Readmissions—Observed Readmission Rate—Total	37	55
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years	39	56
Screening for Depression and Follow-Up Plan—Ages 12–17 Years	46	49
Ambulatory Care—Emergency Department (ED) Visits—Total	49	56

\*Performance might be affected as some plans reported the rates as is during COVID.

# Default Assignment

SCFHP's default assignment percentage would have potentially increased had it not been frozen due to COVID.



*\*Performance might be affected as some plans reported the rates as is during COVID.*

*\*\* Due to COVID the rates are frozen from 2020 onwards. Displayed rates are an estimate.*



**Santa Clara Family  
Health Plan™**

Questions?



**Santa Clara Family  
Health Plan™**

## Cal MediConnect Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 Results

Johanna Liu, Director, Quality and Process Improvement

# Cal MediConnect (CMC) CAHPS 2021

## Overview

- CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS)
- SCFHP contracts with SPH Analytics to conduct the survey
- Results impact NCQA accreditation and health plan stars ratings
- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2021



# CMC CAHPS 2021

## 2021 Updates

- Achieved a 33.5% response rate (Highest response rate since CAHPS started in 2016)
  - +4.3 percentage points from 2020 (29.2%)
  - +4.7 percentage points from 2019 (28.8%)
  - 27.4% surveys completed by mail
  - 5.9% surveys completed by phone interview
- CAHPS language was integrated into the Customer Service post call survey and social media platform implemented on March 15, 2021



Santa Clara Family Health Plan

March 15 · 🌐

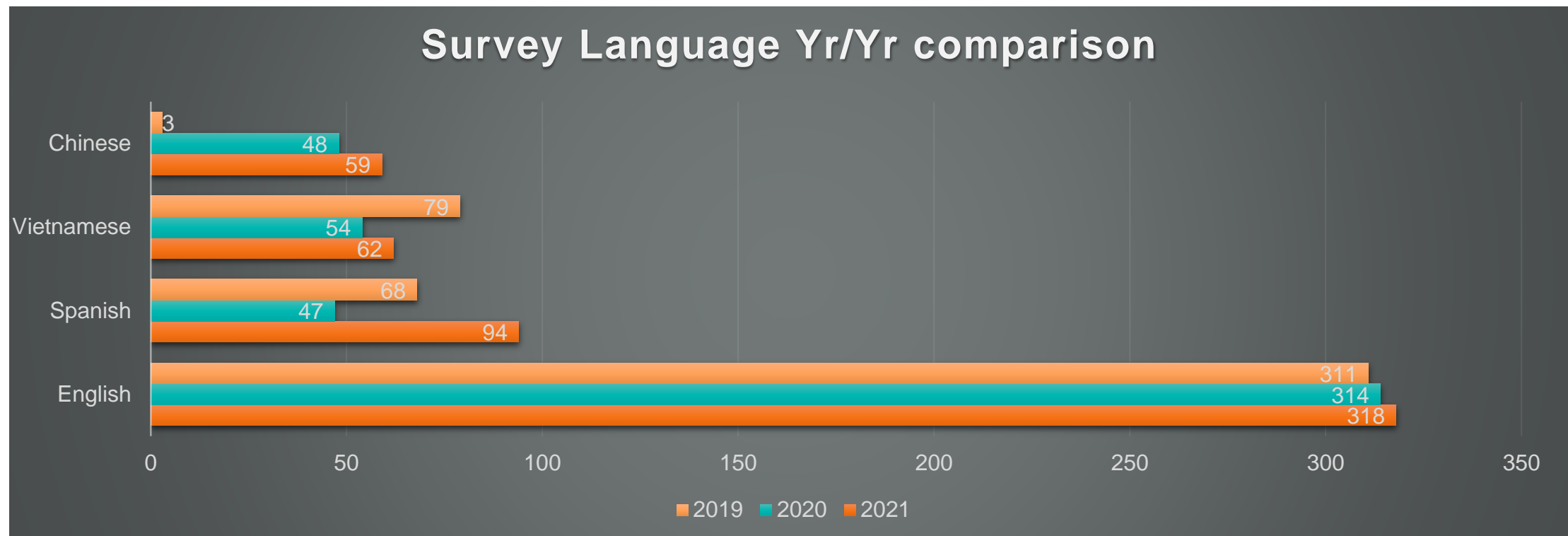
We want to be the best plan possible. You may get a survey in the mail or a phone call from SPH Analytics or Health Services Advisory Group asking you to complete a survey about our plan. Your input is important to help us improve. We're always here to help!



# CMC CAHPS 2021

## CAHPS Response Rate:

- 2019: 28.8%
- 2020: 29.1%
- 2021: 33.5%



# CMC CAHPS 2021

## SCFHP's Overall Performance based on SPH benchmark

### Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Getting Needed Prescription Drugs	492	87.6	87.5	-0.1	89.3	-1.8	89.5	-2.0	13 <sup>th</sup>
Rating of Specialist	228	89.8	86.3	-3.5	88.7	-2.4	88.8	-2.5	12 <sup>th</sup>
Rating of Health Care	508	83.7	80.9	-2.8	85.3 ▼	-4.4	84.6 ▼	-3.7	6 <sup>th</sup>

### Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Rating of Drug Plan	510	89.5	86.8	-2.7	87.0	-0.2	90.4 ▼	-3.6	<5 <sup>th</sup>
Rating of Personal Doctor	326	89.3	87.7	-1.6	90.4	-2.7	90.7	-3.0	<5 <sup>th</sup>
Coordination of Care	351	80.6	79.5	-1.1	84.8 ▼	-5.3	83.6	-4.1	<5 <sup>th</sup>

\*SPH BoB (Book of Business) includes all MA contracts that conducted surveys with SPH analytics (39 contracts)



# CMC CAHPS 2021

## Overall Performance: Providers

		SCFHP Mean Score			Yr/Yr Change		National MMP Mean Score	CA MMP Mean Score	CA MMP Mean Score	SPH MMP BoB
Category	Description	2019	2020* SPI'	2021	19/'21	20/'21	2021	2019	2021	2021
Getting Needed Care	COMPOSITE	3.32	3.18	3.29	↓ (0.03)	↑ 0.11	3.43	3.45	3.37	3.34
Getting Appointments and Care Quickly	COMPOSITE	3.18	3.03	3.24	↑ 0.06	↑ 0.21	3.30	3.33	3.23	3.25
Doctors Who Communicate Well	COMPOSITE	N/A	3.61	N/A	N/A	N/A	3.72	3.73	3.68	3.67
Customer Service	COMPOSITE	3.59	3.56	3.60	↑ 0.01	↑ 0.12	3.68	3.71	3.66	3.66
Care Coordination	COMPOSITE	3.50	3.46	3.56	↑ 0.06	↑ 0.10	3.57	3.57	3.52	3.43

\*SPH mean score

N/A indicates that the survey measure doesn't meet reporting criteria for sample size or reliability

Blue: CMS reported scores

Green: Current year performance

White: SPH Analytics reported score

# CMC CAHPS 2021

## Overall Performance: SCFHP

		SCFHP Mean Score			Yr/Yr Change		National MMP Mean Score	CA MMP Mean Score	CA MMP Mean Score	SPH MMP BoB
Category	Description	2019	2020* SPI	2021	19/'21	20/'21	2021	2019	2021	2021
Overall Rating of Health Plan	0-10 scale. 10 (best), 0 (worst)	8.50	8.81	8.60 ↑	0.10 ↓	(0.21)	8.80	8.70	8.70	8.87
Overall Rating of Health Care Quality	0-10 scale. 10 (best), 0 (worst)	8.50	8.37	8.40 ↓	(0.10) ↑	0.03	8.70	8.50	8.60	8.47
Overall Rating of Personal Doctor	0-10 scale. 10 (best), 0 (worst)	8.90	8.93	N/A	N/A	N/A	9.10	9.00	9.10	9.07
Overall Rating of Specialist	0-10 scale. 10 (best), 0 (worst)	N/A	8.98	N/A	N/A	N/A	9.00	8.90	9.10	8.88
Getting Needed Prescription Drugs	COMPOSITE	3.61	3.63	3.70 ↑	0.09 ↑	0.07	3.71	3.68	3.69	3.69
Overall Rating of Drug Plan	0-10 scale. 10 (best), 0 (worst)	8.40	8.95	8.40 →	- ↓	(0.55)	8.80	8.70	8.70	9.04

\*SPH mean score

N/A indicates that the survey measure doesn't meet reporting criteria for sample size or reliability

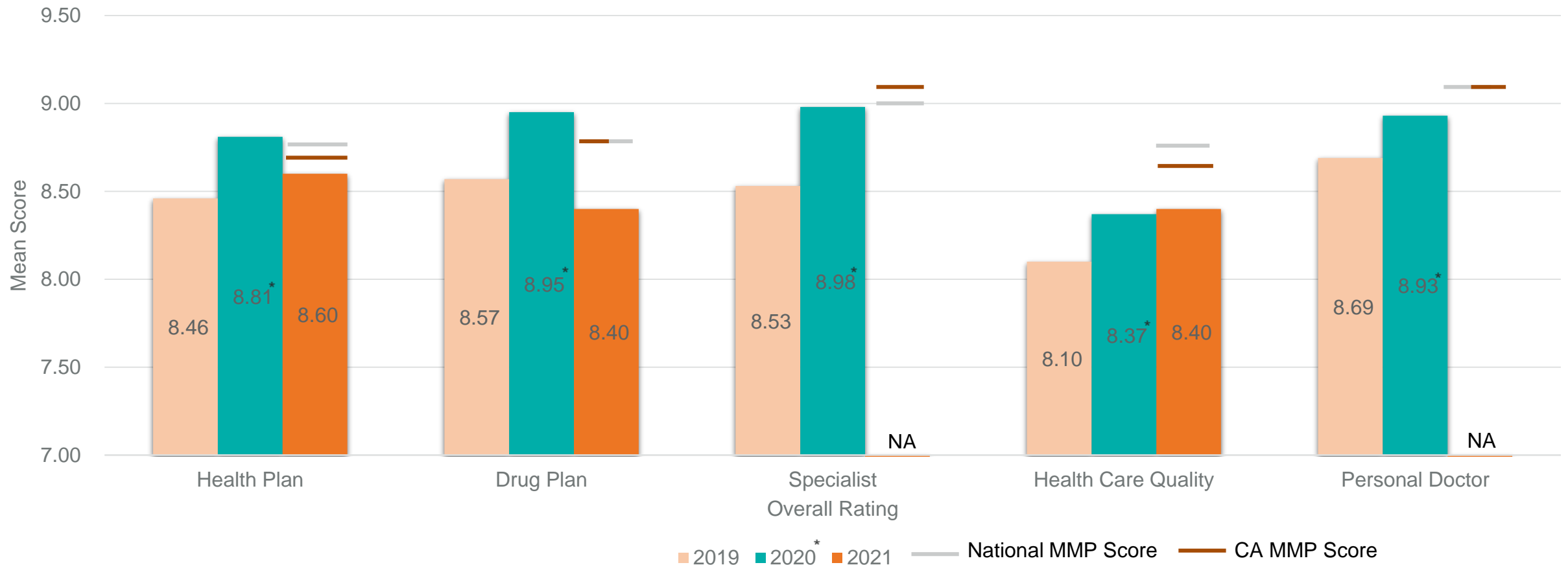
Blue: CMS reported scores

Green: Current year performance

White: SPH Analytics reported score

# CMC CAHPS 2021

## Overall CAHPS Ratings 2019 to 2021



\*SPH mean score

Overall Rating of Specialist and personal doctor are N/A

NA = survey measure doesn't meet reporting criteria for sample size or reliability

# CMC CAHPS 2021

## Findings by Demographic

### **Race:**

- White/Caucasian CMC members reported significantly higher satisfaction levels for getting needed care and getting care quickly over other reporting race
- Asian CMC members reported significantly highest annual flu vaccine rates

### **Age:**

- CMC members ages 65-74(79%) and 75+ (80%) were significantly more likely to report that they received a flu vaccine over younger members (ages <65, 52%)

### **Mental/Physical Health:**

- Members reporting that they had “Excellent” or “Very Good” mental health had more significantly higher satisfaction levels on rating of health plan, rating of healthcare quality, customer service, care coordination than members reporting “Fair/Poor” physical or mental health

# CMC CAHPS 2021

## Estimated NCQA Health Insurance Plan Ratings

	2021 Score	Score Definition	Percentile Threshold	2022 SPH Estimated Star Rating
<b>CONSUMER SATISFACTION</b>				<b>1.5</b>
<b>GETTING CARE</b>				<b>1.0</b>
Getting Needed Care	75.9%	Usually + Always	<10th	1.0
Getting Care Quickly	77.4%	Usually + Always	<10th	1.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>1.5</b>
Rating of Personal Doctor	68.1%	9 + 10	<10th	1.0
Rating of Specialist	66.7%	9 + 10	10th	2.0
Rating of Health Care	51.2%	9 + 10	<10th	1.0
Coordination of Care	85.4%	Usually + Always	<10th	1.0
<b>SATISFACTION WITH PLAN SERVICES</b>				
Rating of Health Plan	60.6%	9 + 10	33rd	<b>3.0</b>
<b>PREVENTION</b>				
Flu Vaccinations	79.8%	% Yes	67th	<b>4.0</b>
Pneumococcal Vaccination	68.1%	% Yes	10th	<b>2.0</b>
<b>TREATMENT</b>				
Advising Smokers to Quit	64.7%	Sometimes + Usually + Always	<10th	<b>1.0</b>

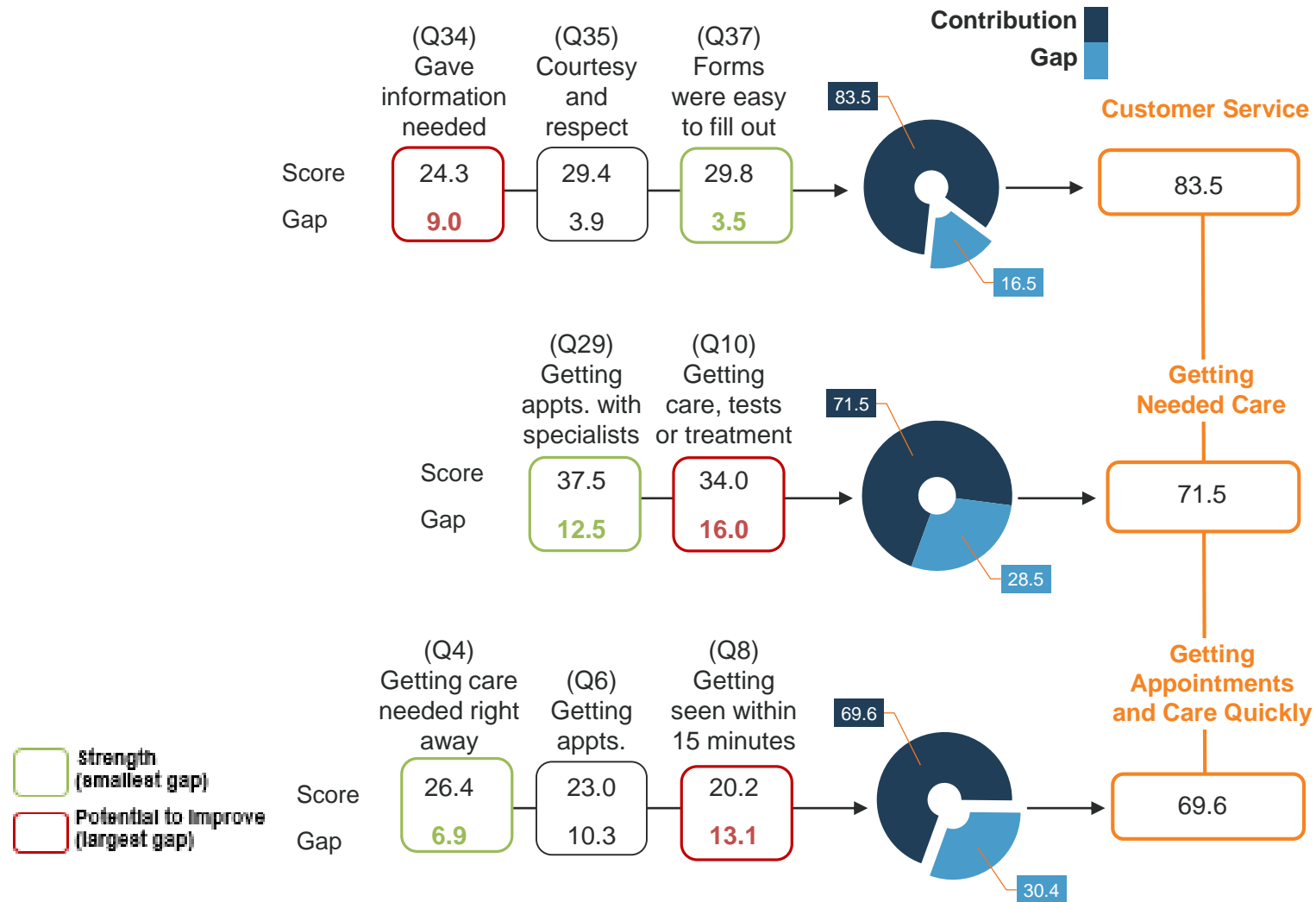
# CMC CAHPS 2021

## Estimated 2021 CMS Medicare Star Ratings

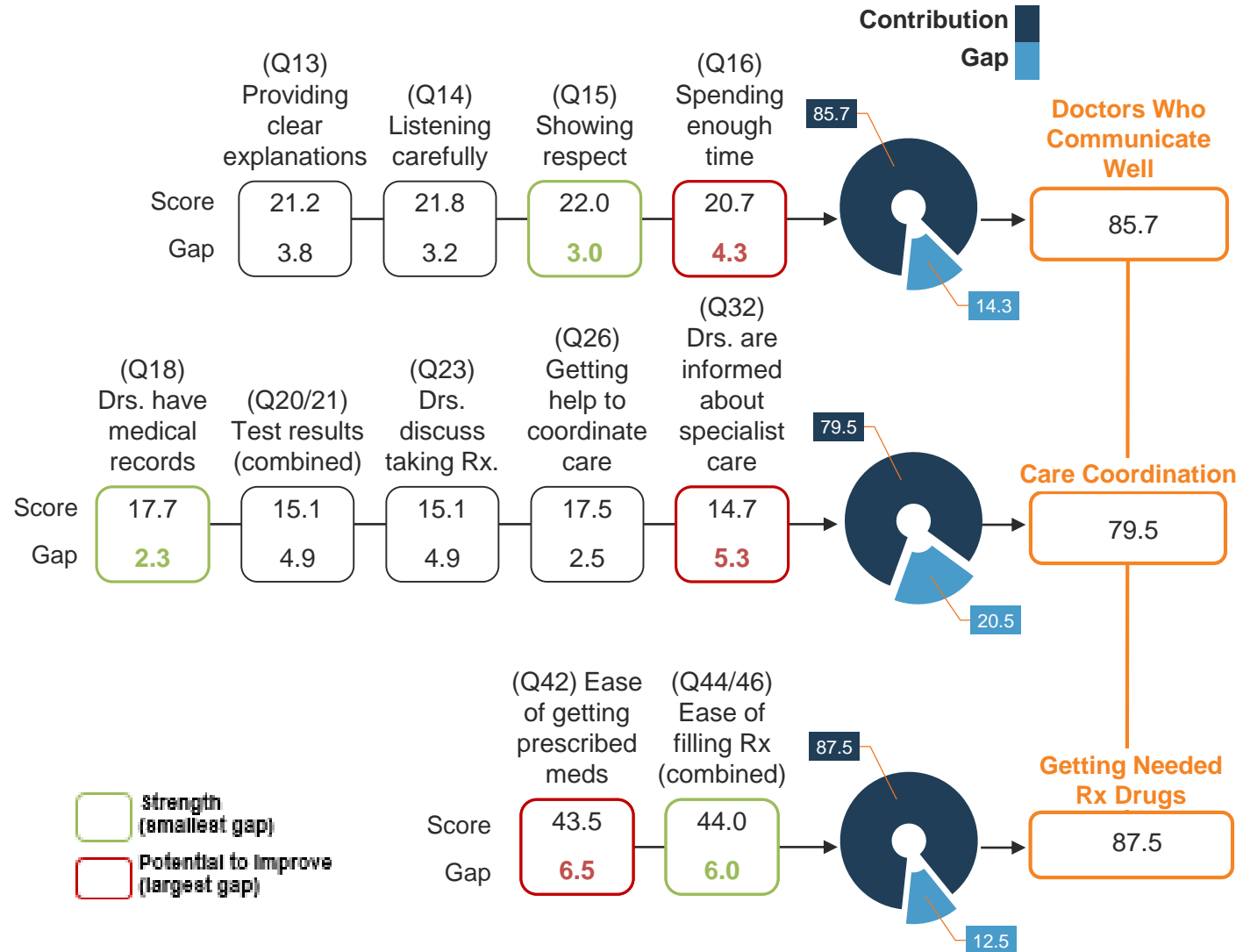
MEASURE NAME	2021 MAPD SPH BoB Star Cut Points					Unadjusted Score	Estimated Case-Mix Adjusted Score	SPH Estimated 2022 Base Star Rating	SPH Estimated 2022 Final Star Rating
	1 Star	2 Stars	3 Stars	4 Stars	5 Stars				
C26 Rating of Health Plan	<85	85	87	88	90	86	86	★★	★★
C25 Rating of Health Care Quality	<86	86	87	88	89	81	85	★	★
C22 Getting Needed Care	<81	81	82	84	85	71	78	★	★
C23 Getting Appointments and Care Quickly	<76	76	78	80	82	70	77	★★	★★
C24 Customer Service	<89	89	90	92	93	83	87	★	★
C27 Care Coordination	<85	85	86	87	88	79	85	★★	VLR*
D07 Rating of Drug Plan	<84	84	86	87	89	87	86	★★★	★★
D08 Getting Needed Prescription Drugs	<90	90	91	92	93	87	91	★★★	★★★
C03 Annual Flu Vaccine^	<65	65	69	76	81	76	76	★★★★	★★★★

\*VLR = Very Low Reliability

# Flowchart – Understanding Relative Performance



# Flowchart – Understanding Relative Performance





# CMC CAHPS 2021

## Successful CAHPS Improvement Projects

Customer Service	2019	2020	2021	Note
Q37 Health plan forms easy to fill	3.56	3.64	3.68	Steady improvement since 2020 implementation

**2020 AOR Streamline project:** Increased process efficiency, reduced backlog and allowed members to resubmit incomplete forms quicker

**2021 AOR Supplemental guidance project:** Developed for members to have easy visual guidance to complete the AOR form in one attempt

Overall response rate	2019	2020	2021	Note
Increased member awareness of CAHPS survey-Social media campaign	28.8%	29.1%	33.5%	Highest response rate since first CAHPS survey in 2016

# CMC CAHPS 2021

## Successful CAHPS Improvement Projects

Getting appoints & care quickly	2019	2020	2021	Note
	3.05	3.03	3.09	Some improvement since implementation

### 2021 Provider best practice project:

Provider Network Operations (PNO) shared materials and updated provider manual with information on timely access and availability

Customer Service	2019	2020	2021	Note
	3.47	3.56	3.50	Project is currently ongoing

### 2021 Service recovery project:

Customer Service (CS) team and Provider Network Operations (PNO) meets monthly to review billing issues

# CAHPS 2021

## Opportunities for Improvement

### **Customer Service**

- “In the last 6 months, how often did your health plan's customer service give you the information or help you needed?”

### **Getting Needed Care**

- “In the last 6 months, how often was it easy to get the care, tests, or treatment you needed”

### **Getting Appointments and Care Quickly**

- “In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?”

### **Rating of Healthcare Quality**

#### **Getting needed Rx drugs**

- In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

#### **Doctors who communicate well**

- In the last 6 months, how often did your personal doctor spend enough time with you?

# CAHPS 2021

## Next Steps

- Present findings at committees and internal meetings:
  - Provider Advisory Council (PAC)
  - Quality Improvement Committee (QIC)
  - Consumer Advisor Board Meeting (CAB)
  - Timely Access and Availability (TAA) Workgroup
  - Grievance and appeals workgroup
  - Quality and Stars Workgroup
- Continue to develop CAHPS 2022 strategy and work-plan in Nov and Dec 2021
  - Conduct qualitative analyses and identify interventions to address opportunities for improvement
- Collaborate with Marketing to continue 2022 CAHPS campaign promotion and evaluate other opportunities (i.e. utilizing our community resource center (CRC) and social media platforms for outreach)
- Explore option to request CMS to provide CAHPS survey in Tagalog language

# CAHPS 2022 Strategy

## Next Steps

- Area of focus to collaborate with different departments
- Customer service
  - Customer service retraining/education
- Pharmacy - Drug plan/Rx
  - Evaluate and explore ways to improve member access for Rx information
- Providers
  - Share, report and discuss relative CAHPS health care performance and feedback at with our network providers



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Thank you!



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## Government Relations Update

November 18, 2021

# Federal Issues

## Infrastructure reconciliation bill

- Overall cost
- Medicare expansion
- Medicaid continuous eligibility
- Prescription drug pricing reform
- House/Senate

## Employer vaccination mandate

- Timing
- Impact/applicability
- Litigation



# State Issues

## 2022 Initiatives: Recaps and Updates

- CalAIM implementation
- Medi-Cal Rx
- Student Behavioral Health Incentive Program
- Housing & Homelessness Incentive Program
- New benefits/services
- D-SNP development
- Population Health Management plan development