Regular Meeting of the

Santa Clara County Health Authority
Governing Board Committee

Thursday, March 26, 2020, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 496 506 727
Password: 503606

AGENDA

1.	**Roll Call** Swear in new Board member, Debra Porchia-Usher.	Mr. Brownstein	12:00	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Governing Board reserves the right to limit the duration of the public comment period to 30 minutes. **Announcement Prior to Recessing into Closed Session** Announcement that the Governing Board will recess into closed session to discuss Item No. 3 below:	Mr. Brownstein	12:05	5 min
3.	**Adjourn to Closed Session**		12:10	

a. **Existing Litigation** Government Code Section 54956.9(d)(1)):
It is the intention of the Governing Board to meet in Closed Session to confer with Legal Counsel regarding consolidated Cases before the Board Administration of the California Public employees' Retirement System.

- In the matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Craig W. Walsh (Respondent) Case Number: CalPERS Case No. 2017-1114;OAH No. 2018051223.
- In the matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Melodie U. Gellman (Respondent) Case Number: CalPERS Case No. 2017-1115; OAH Case No. 2018051029.

b. **Anticipated Litigation** (Government Code Section 54956.9(d)(3)):
It is the intention of the Governing Board to meet in Closed Session to confer with Legal Counsel regarding significant exposure to litigation based on receipt of a claim pursuant to the Government Claims Act: one case.

c. **Contract Rates** (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Governing Board to meet in Closed Session to discuss plan partner rates.

d. **Conference with Labor Negotiators** (Government Code Section 54957.6): It is the intention of the Governing Board to meet in Closed Session to confer with its management representatives regarding negotiations with SEIU Local 521.
   - Santa Clara County Health Authority Designated Representatives: Christine Tomcala, Neal Jarecki, Sharon Valdez, and Richard Noack
   - Employee Organization: SEIU Local 521

4.	**Report from Closed Session**	Mr. Brownstein	12:50	5 min
5.	**Tentative Agreement with SEIU Local 521** **Possible Action:** Approve agreement with SEIU Local 521	Mr. Brownstein	12:55	5 min
6.	**Approve Consent Calendar and Changes to the Agenda** Items removed from the Consent Calendar will be considered as regular agenda items. **Possible Action:** Approve Consent Calendar	Mr. Brownstein	1:00	5 min

a. Approve minutes of the December 12, 2019 **Regular Board** Meeting

b. Approve minutes of the March 6, 2020 **Special Governing Board** Meeting

c. Accept minutes of the January 23, 2020 **Executive/Finance Committee** Meeting
   - Ratify approval of the November 2019 Financial Statements
   - Ratify acceptance of the Quarterly Investment Compliance Report
   - Ratify acceptance of the DMHC Routine Financial Audit Report

d. Accept minutes of the February 27, 2020 **Executive/Finance Committee** Meeting
   - Ratify approval of the December 2019 Financial Statements
   - Ratify acceptance of the Rate Development Process
   - Ratify acceptance of the Quarterly Investment Compliance Report
   - Ratify approval of the Innovation Fund Expenditure for the Heathier Kids Foundation
   - Ratify approval of the Network/Voice Circuit Contract
   - Ratify acceptance of the Compliance Update
   - Ratify acceptance of the Network Detection & Prevention Update

e. Accept minutes of the March 2, 2020 **Compliance Committee** Meeting
   - Ratify acceptance of the Compliance Activity Report
   - Ratify approval of the Compliance Policies and Procedures (HIPAA Policies and Procedures HI.01 – HI.51)
   - Ratify acceptance of the CMC and Medi-Cal Compliance Dashboard and Work Plans
   - Ratify acceptance of the Fraud, Waste and Abuse Report

f. Accept minutes of the February 12, 2020 **Quality Improvement Committee** Meeting
   - Ratify approval of the Quality Improvement (QI) Program Description 2020

- Ratify approval of the Health Education (HE) Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019
- Ratify approval of the Cultural and Linguistics (C&L) Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019
- Ratify approval of the Satisfaction Report for MY2019
- Ratify approval of the Population Health Assessment
- Ratify approval of the Clinical, Behavioral, and Medical Preventative Practice Guidelines
- Ratify approval of the American with Disabilities Act (ADA) Work Plan 2020
- Ratify approval of the Continuity and Coordination between Medical Care and Behavioral Health Analysis
- Ratify approval of the Annual Review of QI Policies
  - QI.05 Potential Quality of Care Issues
  - QI.07 Physical Access Compliance
  - QI.10 IHA and IHEBA Assessments
- Ratify acceptance of Committee Reports
  - Credentialing Committee – December 20, 2019
  - Utilization Management Committee – October 16, 2019

g. Accept minutes of the February 11, 2020 **Provider Advisory Council** Meeting
h. Approve **Publicly Available Salary Schedule**
i. Adopt resolution approving the revised **Conflict of Interest Code**
j. Ratify resolution to **name the Community Resource Center after Blanca Alvarado**
k. Approve the **January 2020 Financial Statements**
l. Approve renewal of **funding for The Health Trust for Health Insurance Enrollment**
m. Approve **Fulfillment and Provider Directory Vendor Contract**
n. Appoint **Sue Murphy to the Compliance Committee**
o. **Elect Officers** to a two-year term:
  - Chairperson – Bob Brownstein
  - Vice-Chairperson – Dolores Alvarado
  - Secretary – Sue Murphy
  - Treasurer – Neal Jarecki

7.	**COVID-19 Update** Discuss impact and actions related to COVID-19. **Possible Action:** Accept COVID-19 Update	Ms. Tomcala	1:05	20 min
8.	**COVID-19 Funding Support for Community Health Centers** Consider funding request from Community Health Partnership (CHP) to support member Community Health Centers with COVID-19 related expenses. **Possible Action:** Approve expenditure to support CHP's Community Health Centers	Ms. Tomcala	1:25	10 min
9.	**Innovation Fund Expenditure** Consider funding request from the Santa Clara County Office of Education (SCCOE) for Child Health and Wellness Coordination. **Possible Action:** Approve expenditure from the Board Designated Innovation Fund for SCCOE	Ms. Tomcala	1:35	10 min

10. Quality Measure Overview Present overview of how quality is measured and current program status. **Possible Action:** Accept Quality Measure Overview	Dr. Nakahira	1:45	15 min
11. Compliance Report Review and discuss compliance activities and notifications. **Possible Action:** Accept Compliance Report	Ms. Yamashita	2:00	10 min
12. Government Relations Update Discuss of CalAIM and other local, state, and federal legislative and policy issues impacting the Plan and its members. **Possible Action:** Accept the Government Relations Update	Mr. Haskell	2:10	10 min
13. CEO Update Discuss status of current topics and initiatives. **Possible Action:** Accept CEO Update	Ms. Tomcala	2:20	10 min
14. Adjournment		2:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The 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.

Regular Meeting of the

Santa Clara County Health Authority Governing Board

Thursday, December 12, 2019, 12:00 PM - 2:30 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein, Chair
Dolores Alvarado
Alma Burrell
Kathleen King
Liz Kniss
Sue Murphy
Sherri Sager
Evangeline Sangalang
Jolene Smith *(via telephone)*
Linda Williams

Members Absent
Darrell Evora
Ria Paul, M.D.

Staff Present
Christine Tomcala, Chief Executive Officer
Dave Cameron, Chief Financial Officer
Robin Larmer, Chief Compliance & Regulatory Affairs Officer
Laurie Nakahira, D.O., Chief Medical Officer
Chris Turner, Chief Operating Officer
Jonathan Tamayo, Chief Information Officer
Sharon Valdez, VP, Human Resources
Laura Watkins, VP Marketing & Enrollment
Neal Jarecki, Controller
Tyler Haskell, Director, Government Relations
Jordan Yamashita, Director, Compliance
Lori Andersen, Director, Long Term Services & Supports
Johanna Liu, Director, Quality & Process Improvement
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present
Daphne Annett, Burke, Williams & Sorenson LLP *(via telephone)*
April Pitt, Enrollment Coordinator II & SEIU Steward
Jim Frieman, Business Systems Analyst II & SEIU Steward

1. **Roll Call**

   Bob Brownstein, Chair, called the meeting to order at 12:05 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Adjourn to Closed Session**
   a. **Existing Litigation**
   The Governing Board met in Closed Session to confer with Legal Counsel regarding consolidated Cases (i) CalPERS Case No. 2017-1114; OAH No. 2018051223 and (ii) CalPERS Case No. 2017-1115; OAH Case No. 2018051029.

Liz Kniss and Kathleen King arrived at 12:14 pm.

   b. **Public Employee Performance Evaluation**
   The Governing Board met in Closed Session to consider the performance evaluation of the Chief Executive Officer.

Dolores Alvarado arrived at 12:45 pm.

4. **Report from Closed Session**

Mr. Brownstein reported the Governing Board met in Closed Session to discuss existing litigation and public employee performance evaluation.

5. **Annual CEO Evaluation Process**

Mr. Brownstein reported on the 2018-19 annual performance and compensation review of the CEO. He indicated the ad hoc CEO Evaluation Subcommittee recommended a 4% annual salary increase effective July 1, 2019 and an 8% incentive bonus based on the favorable evaluation of the CEO.

> **It was moved, seconded and** the recommended annual salary increase and incentive bonus for the CEO was **unanimously approved,** with a recommendation that a compensation comparison of CEOs at other health plans be conducted by June 2020.

6. **Approve Consent Calendar and Changes to the Agenda**

Mr. Brownstein presented the Consent Calendar and indicated all items would be approved in one motion. Robin Larmer, Chief Compliance and Regulatory Affairs Officer, requested removal of the Conflict of Interest Code resolution, as it was still under review at the County.

a. Approve minutes of the September 26, 2019 **Regular Board** Meeting
b. Accept minutes of the October 24, 2019, 2019 **Executive/Finance Committee** Meeting
- Ratify acceptance of the FY2018-2019 Independent Auditor's Report
- Ratify approval of the August 2019 Financial Statements

c. Accept minutes of the November 14, 2019 **Executive/Finance Committee** Meeting
- Ratify approval of the September 2019 Financial Statements
- Ratify acceptance of the of the Network Detection and Prevention Update

d. Accept minutes of the November 14, 2019 **Compliance Committee** Meeting
- Ratify acceptance of the Compliance Program Update
- Ratify acceptance of the Compliance Activity Report
- Ratify acceptance of the Compliance Dashboard and Work Plans
- Ratify acceptance of the Oversight Committee Report
- Ratify acceptance of the Fraud, Waste and Abuse Report

e. Accept minutes of the November 19, 2019 **Quality Improvement Committee** Meeting
- Ratify acceptance of the Accessibility of Provider Network Assessment MY2019
- Ratify acceptance of the Member Services Email Response Evaluation
- Ratify acceptance of Committee Reports:
  - Credentialing Committee – September 26, 2019
  - Pharmacy & Therapeutics Committee – June 20, 2019
  - Utilization Management Committee – July 17, 2019

f. Accept minutes of the December 4, 2019 **Quality Improvement Committee** Meeting
- Ratify acceptance of the Network Adequacy Assessment

- Ratify acceptance of the Quality & Accuracy Assessment of Personalized Information of Health Plans Services
- Ratify acceptance of the Quality & Accuracy Assessment of Pharmacy Benefit Information
- Ratify acceptance of the Continuity & Coordination of Medical Care
- Ratify acceptance of the Member Experience Analysis
- Committee Reports
  - Credentialing Committee
  - Pharmacy & Therapeutics

g. Accept minutes of the November 13, 2019 **Provider Advisory Council** Meeting
h. Accept minutes of the December 10, 2019 **Consumer Advisory Committee** Meeting
i. Approve **Publicly Available Salary Schedule**
j. Approve the Annual Report to the **County Board of Supervisors**

It was moved, seconded, and the Consent Calendar was **unanimously approved,** with the removal of the Conflict of Interest Code resolution.

7. Compliance Report

Robin Larmer, Chief Compliance and Regulatory Affairs Officer, discussed audit activity and corrective action plan progress. She noted that the Plan is in the revalidation phase of the CMS Program Audit, and the proposed work plan has been submitted. The Plan has not received approval from CMS, but Ms. Larmer hopes to have it by the end of the week. Staff has implemented the corrective action plans and are working through remediation, and by all indications, things are on track. The Plan is awaiting additional information about the scope of the upcoming DHCS annual audit.

It was moved, seconded, and the Compliance Report was **unanimously approved.**

8. October 2019 Financial Statements

Dave Cameron, Chief Financial Officer, presented the October 2019 financial statements, which reflected a current month net surplus of $262 thousand ($264 thousand unfavorable to budget) and a fiscal year-to-date net surplus of $2.9 million ($41 thousand unfavorable to budget). Enrollment decreased by 854 members from the prior month to 245,330 members (1,077 favorable to budget). Medi-Cal enrollment has generally declined since October 2016 while CMC enrollment is growing due to continued outreach efforts. Revenue reflected a favorable current month variance of $2.6 million (2.9%) largely due higher member months, higher supplemental kick utilization versus budget, and slightly higher FY20 capitation rates. Medical expense reflected an unfavorable current month variance of $3.4 million (4.0%) due to higher capitation member months and certain higher fee-for-service expenses versus budget. Administrative expense reflected a favorable current month variance of $341 thousand (6.3%) due largely to the timing of personnel hiring and the timing of certain non-personnel expenses. The balance sheet reflected a Current Ratio of 1.27:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity was $205 million, which represented approximately two months of the Plan's total monthly expenses. Year-to-date capital investments of $890 thousand were made, largely comprised of building improvements and I.T. hardware.

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

9. Fund Retiree Healthcare Liability

Mr. Cameron noted that the Plan participates in the CalPERS California Employers Retiree Benefit Trust (CERBT) program to provide post-employment medical benefits to retirees. In December 2017, the Governing Board accepted management's recommendation to fund the unfunded Other Post-Employment Benefits (OPEB) liability as of June 30, 2016 over a period of three years. Making advance contributions was estimated to save the Plan $6 million in avoidable interest cost. In December 2017, the first payment of $1,888,847 was made and in December 2018, the second payment of $1,332,000 was made. As of June 30, 2019 (the last measurement date), the retiree healthcare liability is 75.3% funded. The Plan's actuaries have recommended a contribution of $1,252,850 be made in December 2019 to achieve 100% funded status.

It was moved, seconded, and the resolution for final payment of outstanding retiree health care liability was **unanimously approved.**

10. Community Resource Center Lease

Mr. Cameron reported on the Community Resource Center, noting the lease was signed with generally favorable terms acceptable to the Plan. Management requests that the Board authorize Management to enter into contracts to build out the space within the established $1.25 million budget.

It was moved, seconded and unanimously approved to authorize the CEO to execute contracts as necessary for demolition and build out at 408 N. Capitol Avenue, San Jose, CA, not to exceed the approved capital budget amount of $1.25 million.

11. Naming the Community Resource Center

Christine Tomcala, Chief Executive Officer, referred to the draft resolution naming the Community Resource Center after Blanca Alvarado. Dolores Alvarado, Board Member, offered suggested edits. The Board discussed and recommended additional edits to the language of the resolution.

It was moved, seconded, and unanimously approved to adopt the resolution naming the CRC after Blanca Alvarado, with edits to be approved by Dolores Alvarado, Kathleen King, and Jolene Smith.

12. Community Health Investment Program

Ms. Tomcala presented an overview of the Community Health Investment Program. She noted that through designated funding, SCFHP seeks to collaborate with community partners to address gaps and opportunities in achieving quality health care outcomes for county residents who benefit from the availability of safety-net services.

The Community Health Investment Program is composed of three funding categories. The Annual Budget funds various community-focused program initiatives, along with community organization sponsorships that vary from year to year. The Innovation Fund enables multi-year strategic investments the Plan identifies that address gaps in serving members' health needs, as well as public health policy and regulatory expectations. Thirdly, the Special Project Funding for CBOs supports projects that further the Plan's objectives and strengthen community partnerships. Discussion ensued.

It was moved, seconded, and unanimously approved to establish a Board-Designated Innovation Fund (Policy GO.03) with an allocation of $16 million.

It was moved, seconded, and the revised Special Project Fund for CBOs (Policy Go.02) was **unanimously approved** with an additional allocation of $1.8 million**.**

13. Government Relations Update

Tyler Haskell, Director, Government Relations, discussed CalAIM, California Advancing and Innovating Medi-Cal. CalAIM is a set of proposals using Medi-Cal as a tool to address some of California's major challenges: homelessness, insufficient access to behavioral health care, children with complex medical needs, clinical needs of justice-involved populations, and an aging population.

There are three primary goals:

1. Identify and manage member risk and need through whole-person care approaches and addressing the social determinants of health.
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

Mr. Haskell further summarized the timeline for the eight core initiatives impacting Medi-Cal health plans. Several open questions will be addressed through the workgroup process. SCFHP is represented in two out of five state workgroups, and is represented by Local Health Plans of California on all five. Other questions will be answered through finalized proposals, legislation, and behind the scenes conversations.

14. CEO Update

Ms. Tomcala shared a chart on Medi-Cal Membership Change from FY17/18 to FY19/20, noting there was a request to compare whether the child population is decreasing faster than the adult population. The data indicate that the child population is declining at roughly the same rate as adults.

She also reported on the Healthy Kids transition, noting the approximately 3,500 CCHIP children were successfully shifted to Medi-Cal effective October 1, 2019. There are two children left in the non-CCHIP Healthy Kids population for whom alternative coverage is being offered.

Ms. Tomcala noted that Medi-Cal Young Adult Expansion through SB 104 begins January 1, 2020. All low-income young adults, ages 19-25, can enroll in Medi-Cal, regardless of immigration status. There are 3,080 young adults in Santa Clara County currently enrolled in emergency Medi-Cal. They will automatically move to full-scope fee-for-service Medi-Cal. It is unknown how many additional young adults will become Medi-Cal enrollees as a result of the new law.

The Health Plan's new and improved website was displayed. The Plan anticipates that the website will enhance the Plan's visibility, with a professional and easy to navigate mobile-friendly site.

Ms. Tomcala mentioned the Behavioral Health Integration Incentive Program available through Prop 56, which may provide additional funding to be passed through to community partners who apply to participate.

Valley Health Plan has a new CEO, Laura Rosas, who most recently held the position of Ethics and Compliance Officer at the Health and Hospital System. Dolly Goel, Chief Medical Officer at Valley Health Plan, has transitioned to Valley Medical Center.

Ms. Tomcala announced that Dave Cameron, CFO, is retiring in early 2020. Neal Jarecki will transition to the CFO position, and Ngoc Bui-Tong will also transition into a new leadership role. Ms. Tomcala stated that Mr. Cameron has been invaluable to SCFHP, and we wish him well in retirement.

Ms. Alvarado expressed her respect for Mr. Cameron and thanked him for all he has done for the health plan over the years.

April Pitt, Enrollment Coordinator II & Union Steward, expressed her pleasure in working with Mr. Cameron over the past eleven years, noting that he has always exemplified the Spirit of Care. She wished him the best in the years to come.

Jim Frieman, Business Systems Analyst II & Union Steward, stated it has been an honor and pleasure to work with Mr. Cameron, noting that he has always felt welcomed, valued, and appreciated by Mr. Cameron. Jim wished him well.

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

15. Adjournment

The meeting was adjourned at 2:28 pm.

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Bob Brownstein, Chair

Special Meeting of the

Santa Clara County Health Authority Governing Board

Friday, March 6, 2020, 3:00 PM – 5:00 PM
Santa Clara Family Health Plan, Pine Conference Room
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein, Chair
Dolores Alvarado *(via telephone)*
Kathleen King
Liz Kniss
Ria Paul, M.D. *(via telephone)*
Debra Porchia-Usher
Sherri Sager
Evangeline Sangalang *(via telephone)*
Linda Williams *(via telephone)*

Staff Present
Christine Tomcala, Chief Executive Officer
Laurie Nakahira, D.O., Chief Medical Officer
Neal Jarecki, Controller
Tyler Haskell, Director, Government Relations
Lori Anderson, Director, Long Term Services & Supports
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Members Absent
Alma Burrell
Darrell Evora
Sue Murphy
Jolene Smith

1. **Roll Call**

   Bob Brownstein, Chair, called the meeting to order at 3:00 pm. Roll call was taken and a quorum was established. Mr. Brownstein welcomed Deborah Porchia-Usher as a new member of the Santa Clara County Health Authority Governing Board.

2. **Public Comment**

   There were no public comments.

3. **CalAIM Study Session**

   Tyler Haskell, Director, Government Relations, provided an in-depth overview of California Advancing and Innovating Medi-Cal (CalAIM), a set of 26 Medi-Cal reform proposals designed to address the Governor's top challenges.

Liz Kniss arrived at 3:30 pm.

Discussion ensued.

4. **Adjournment**

   The meeting was adjourned at 5:00 pm.

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Bob Brownstein, Chair

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, January 23, 2020, 11:30 AM - 1:30 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Bob Brownstein, Chair
Dolores Alvarado *(via telephone)*
Liz Kniss
Sue Murphy
Linda Williams

Staff Present
Christine Tomcala, Chief Executive Officer
Dave Cameron, Chief Financial Officer
Robin Larmer, Chief Compliance and Regulatory Affairs Officer
Laurie Nakahira, D.O., Chief Medical Officer
Neal Jarecki, Controller
Laura Watkins, Vice President, Marketing and Enrollment
Sharon Valdez, Vice President, Human Resources
Tyler Haskell, Director, Government Relations
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present
Daphne Annett, Burke, Williams & Sorenson, LLP *(via telephone)*

1. **Roll Call**

   Bob Brownstein, Chair, called the meeting to order at 11:42 am. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Adjourn to Closed Session**
   a. **Existing Litigation**
      The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding consolidated cases: CalPERS Case No. 2017-1114; OAH No. 2018051223 and CalPERS Case No. 2017-1115; OAH No. 2018051029.

   b. **Contract Rates**
      The Executive/Finance Committee met in Closed Session to discuss plan partner rates.

Liz Kniss arrived at 11:47 am.

4. **Report from Closed Session**

   Mr. Brownstein reported the Executive/Finance Committee met in Closed Session to discuss Existing Litigation and Contract Rates.

5. Meeting Minutes

The minutes of the November 21, 2019 Executive/Finance Committee were reviewed.

It was moved, seconded, and the November 21, 2019 Executive/Finance Committee Minutes were **unanimously approved.**

6. November 2019 Financial Statements

Mr. Cameron presented the November 2019 financial statements, which reflected a current month net surplus of $722 thousand ($171 thousand unfavorable to budget) and a fiscal year-to-date net surplus of $3.6 million ($212 thousand unfavorable to budget). Enrollment decreased by 1,689 members from the prior month to 243,641 members (332 favorable to budget). Medi-Cal enrollment has generally declined since October 2016 while CMC enrollment is growing due to continued outreach efforts. Revenue reflected a favorable current month variance of $7.9 million (8.99%) largely due to revised FY20 capitation rates (including enhanced Prop 56), higher member months, and accrual of CY19 CMC Part C quality withhold earn-back. Medical expense reflected an unfavorable current month variance of $8.7 million (10.4%) due to increased Prop 56 expense, higher capitation member months, and certain higher fee-for-service expenses versus budget. Administrative expense reflected a favorable current month variance of $532 thousand (10.5%) due largely to the timing of certain non-personnel expenses. The balance sheet reflected a Current Ratio of 1.24:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity was $205.5 million, which represented approximately two months of the Plan's total monthly expenses. Year-to-date capital investments of $1.2 million were made, largely comprised of building improvements and I.T. hardware.

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

7. Quarterly Investment Compliance Report

Mr. Cameron presented the initial quarterly report prepared by advisors Sperry Capital regarding compliance with the Plan's investment policy as of September 30, 2019. Mr. Cameron noted that Sperry recommended transferring funds from the money market fund to an investment portfolio in April 2019 to attain full compliance with the investment policy. After evaluating options, Well Fargo was selected as investment manager and a portfolio was created on September 17, 2019. The Wells portfolio is supplemented with funds invested in the County comingled investment trust and in Well's Money Market account. Through September 30, 2019, Sperry concluded that the Plan was in full compliance with its investment policy and with the government code.

It was moved, seconded and the September 30, 2019 Investment Compliance Report was **unanimously approved.**

8. DMHC Routine Financial Audit Report

Mr. Jarecki presented the Department of Managed Health Care (DMHC) Final Audit Report, noting that routine financial and claims audits are conducted triennially. This audit was based on the Plan's financial statements as of December 31, 2018. DMHC issued its Final Audit Report, including the Plan's responses, on October 15, 2019, in which DMHC had no financial findings and four findings in claims and compliance. For each finding, the Plan took immediate action to correct the issue and revised its processes to ensure sustained compliance. Within the audit report, DMHC determined the Plan's efforts to address each finding was fully responsive.

It was moved, seconded and the DMHC Financial Audit Report was **unanimously approved.**

9. Compliance Update

Robin Larmer, Chief Compliance and Regulatory Affairs Officer, discussed audit activity and corrective action plan progress. Ms. Larmer gave a status report on the CMS Program Audit, noting that she requested an extension of time to complete the case management portion of the revalidation audit. She said that despite significant progress, the Plan is not in a position to begin the audit as currently scheduled. The primary reason for the delayed readiness is related to staffing, and in particular, a lack of sufficient licensed staff to complete the many individual tasks associated with the cited areas of deficiency in case management. The Plan will submit a formal written request for an extension for the case management portion of the audit only. The remaining portions will proceed as scheduled.

The Plan will continue to recruit and hire as quickly as possible. To date, eight temporary and six permanent staff have been hired, and the Plan has engaged a case management consultant to further support the Case Management team.

Mr. Brownstein noted it would have been beneficial to have something in writing in advance of the meeting to better prepare the Committee to process the information.

Sue Murphy, Board Member, asked about the contingency plan and potential consequences in the event the request for an extension is denied.

Ms. Larmer responded that the staff has been directed to work with urgency, and to proceed as if we will not be granted an extension, to ensure our audit performance will be as favorable as possible if the extension is not granted. She cautioned that a successful audit is unlikely absent the extension, and indicated her expectation that CMS will grant the request. Although CMS will view the request for an extension as a serious matter, it, like the Plan, ultimately wants the Plan to succeed.

Ms. Tomcala noted her belief that the Plan will be able to succeed if we get the extension, and referenced the overall improvement in the Plan's understanding of the case management requirements and the resources necessary to complete them. Hiring permanent staff who are well-trained in the requirements and capable of doing high-quality work is key.

It was moved, seconded and the Compliance Update was **unanimously approved.**

10. Government Relations Update

Tyler Haskell, Director, Government Relations, provided an update on CalAIM, the State's effort to overhaul Medi-Cal. The Governor's office changed the name of the initiative to Medi-Cal Healthier California for All (MCHCFA). The State appears poised to cut out the annual open enrollment proposal, and workgroups continue to meet.

SCFHP has initiated meetings with the County to transition Whole Person Care Services to the new Enhanced Care Management (ECM) and In Lieu Of Services (ILOS) program under MCHCFA. Meetings will continue with the County every two weeks. There is other internal work underway related to the Population Health Management Plan, DSNP (which will replace CMC), and NCQA accreditation by 2025.

We had the opportunity to appear before the Health and Hospital Committee and provide a general update on the Plan. Ms. Tomcala presented an overview and answered questions from the Committee. We also discussed new initiatives and issues related to CalAIM.

Mr. Haskell gave an update on Public Charge, noting there were several injunctions issued last fall that temporarily kept the regulation from going into effect. One nationwide injunction remains; the California injunction was lifted. The Trump administration is seeking to have the injunction lifted in the Supreme Court.

Mr. Haskell reported on Texas vs. the United States, noting the federal appeals court ruled that the Affordable Care Act (ACA) is unconstitutional without a tax penalty. However, they did not decide whether the entire law was unconstitutional and, as a result, it was sent back to the trial court.

Mr. Haskell also gave an overview of the prescription drug pricing reform, noting it passed through the House in December and stalled in the Senate.

The final topic was in relation to the Medicaid Fiscal Accountability Rule (MFAR), a proposed regulation by CMS. The intent is to strengthen the fiscal integrity of the Medicaid program and ensure that state supplemental payments and financing arrangements are transparent and value-driven. Supplemental payments are payments in addition to Medicaid base payments that states can put into their state plans. In some states, the supplemental payments almost eclipse the regular Medicaid payments. CMS is concerned there is not a coherent strategy for the increase in these over time. The Governor put a number of $25 billion on the impact to the State in a media interview this week.

It was moved, seconded and unanimously approved to accept the Government Relations Update.

11. CEO Update

Christine Tomcala, Chief Executive Officer, noted there will be a DHCS leadership change in Sacramento with Jennifer Kent, Mari Cantwell, and Sarah Brooks leaving, at the same time the State is rolling out CalAIM.

Ms. Tomcala reported on the Behavioral Health Incentive Program applications, noting five applications were received from Valley Medical Center, AACI, Gardner, NEMS, and School Clinics and Uplift in a collaborative effort.

Applications will be reviewed and sent to the State with the hope there will be money available to the community to fund these programs.

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

12. Adjournment

The meeting was adjourned at 1:39 pm.

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Robin Larmer, Secretary

Santa Clara Family Health Plan™

Unaudited Financial Statements
For Five Months Ended November 30, 2019

Agenda

Santa Clara Family Health Plan

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Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$97 M		$461 M	
Medical Expense (MLR)	$92 M	94.9%	$435 M	94.4%
Administrative Expense (% Rev)	$4.5 M	4.7%	$24.2 M	5.3%
Other Income/Expense	$315K		$2.0 M	
Net Surplus (Loss)	**$722K**		**$3.6 M**	
Cash on Hand			$324 M	
Receivables			$546 M	
Total Current Assets			$881 M	
Current Liabilities			$709 M	
Current Ratio			1.24	
Tangible Net Equity			$206 M	
% of DMHC Requirement			**669.5%**	

Financial Highlights

Net Surplus (Loss)	▶ Month: Surplus of $722K is $171K or 19.1% unfavorable to budget of $893K. ▶ YTD: Surplus of $3.6M is $212K or 5.6% unfavorable to budget of $3.8M.
Enrollment	▶ Month: Membership was 243,641 (332 or 0.1% favorable budget of 243,309). ▶ YTD: Membership was 1,230,342 (4,308 or 0.4% favorable budget of 1,226,034).
Revenue	▶ Month: $96.9M ($7.9M or 8.9% favorable to budget of $89.0M). ▶ YTD: $460.7M ($14.6M or 3.3% favorable to budget of $446.1M).
Medical Expenses	▶ Month: $91.9M ($8.7M or 10.4% unfavorable to budget of $83.3M). ▶ YTD: $434.9M ($17.0M or 4.1% unfavorable to budget of $418.0M).
Administrative Expenses	▶ Month: $4.5M ($532K or 10.5% favorable to budget of $5.0M). ▶ YTD: $24.2M ($1.4M or 5.3% favorable to budget of $25.6M).
Tangible Net Equity	▶ TNE was $205.5M (669.5% of minimum DMHC requirement of $30.7M).
Capital Expenditures	▶ YTD Capital Investments of $1.2M vs. $4.8M annual budget, primarily building improvements and computer hardware.

Enrollment

- Total enrollment of 243,641 members exceeds budget by 332 or 0.1%. Total enrollment has decreased since June 30, 2019 by 5,564 or 2.2%, slightly better than budgeted expectation.
- Medi-Cal enrollment has declined since October 2016, predominately in the Non-Dual Child, Adult & Adult Expansion categories of aid. Effective October 1st, 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal. Medi-Cal Dual enrollment has been stable overall while CMC enrollment continues to grow in line with budget due to outreach efforts.
- With the transfer of the Healthy Kids program, net Medi-Cal membership has decreased since the beginning of the fiscal year by 2,347 or 1.0%. CMC membership has increased since the beginning of the fiscal year by 267 or 3.3%.

	For the Month November 2019				For Five Months Ending November 30, 2019					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY19 vs. FY20
Medi-Cal	235,350	235,082	268	0.1%	1,178,890	1,175,292	3,598	0.3%	1,227,485	(4.0%)
Cal Medi-Connect	8,289	8,227	62	0.8%	40,926	40,698	228	0.6%	37,889	8.0%
Healthy Kids	2	0	2	0.0%	10,526	10,044	482	4.8%	16,305	(35.4%)
Total	**243,641**	**243,309**	**332**	**0.1%**	**1,230,342**	**1,226,034**	**4,308**	**0.4%**	**1,281,679**	**(4.0%)**

Santa Clara Family Health Plan Enrollment By Network
November 2019

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,956	13%	8,289	100%	-	0%	39,245	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	116,394	49%	-	0%	-	0%	116,394	48%
Palo Alto Medical Foundation	6,678	3%	-	0%	-	0%	6,678	3%
Physicians Medical Group	41,548	18%	-	0%	2	100%	41,550	17%
Premier Care	14,622	6%	-	0%	-	0%	14,622	6%
Kaiser	25,152	11%	-	0%	-	0%	25,152	10%
Total	**235,350**	**100%**	**8,289**	**100%**	**2**	**100%**	**243,641**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(1.0%)		3.3%		(99.9%)		(2.2%)	

[1] *SCVHHS = Santa Clara Valley Health & Hospital System*
[2] *FQHC = Federally Qualified Health Center*

Enrollment By Aid Category

Santa Clara Family Health Plan

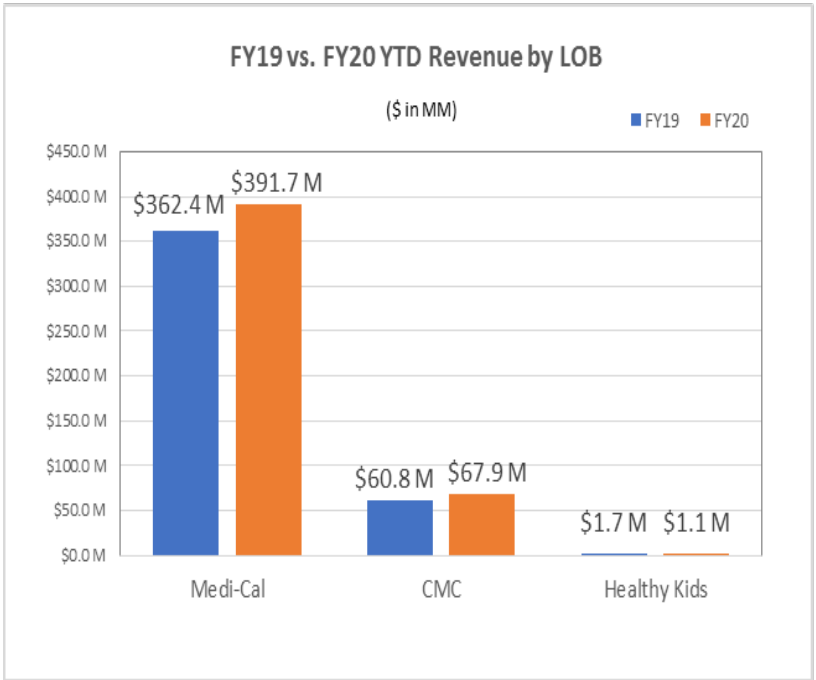
SCFHP TRENDED ENROLLMENT BY COA YTD NOV-19

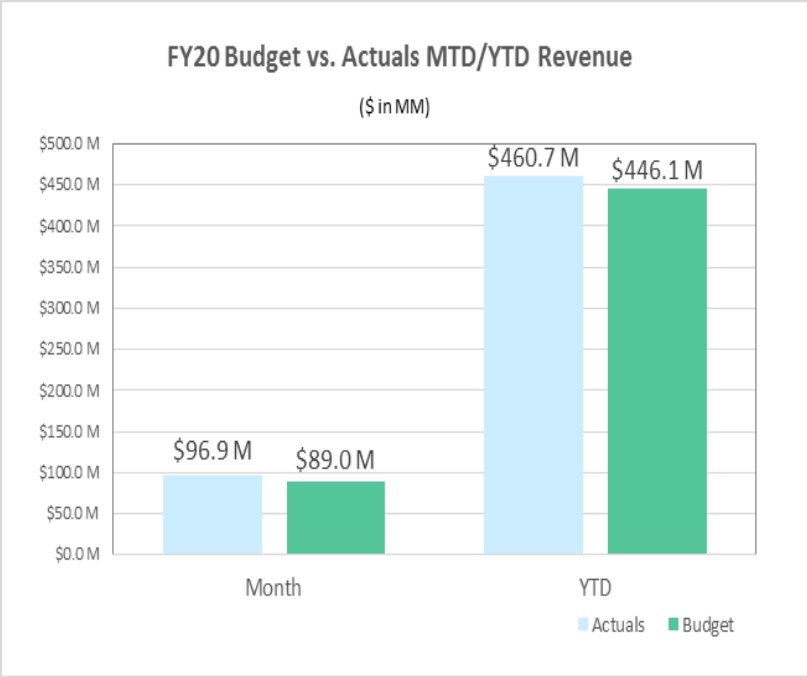
		2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	FYTD Var	%
NON DUAL	Adult (over 19)	26,213	26,175	25,954	25,846	25,779	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	(997)	(4.0%)
	Child (under 19)	96,830	96,330	95,155	95,177	95,229	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	(197)	(0.2%)
	Aged - Medi-Cal Only	10,887	10,923	10,901	10,963	10,934	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	(98)	(0.9%)
	Disabled - Medi-Cal Only	10,624	10,631	10,629	10,579	10,595	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	47	0.4%
	Adult Expansion	73,398	73,186	72,075	72,223	72,143	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	(1,576)	(2.2%)
	BCCTP	11	11	9	9	8	10	11	11	10	10	10	10	12	1	9.1%
	Long Term Care	377	372	371	376	375	375	370	372	372	364	366	372	371	(1)	(0.3%)
	Total Non-Duals	**218,340**	**217,628**	**215,093**	**215,173**	**215,063**	**214,644**	**212,848**	**212,891**	**211,711**	**210,356**	**209,244**	**211,845**	**210,070**	**(2,821)**	**(1.3%)**
DUAL	Adult (21 Over)	390	379	373	376	367	368	354	352	351	345	351	341	350	(2)	(0.6%)
	SPD (21 Over)	22,897	22,893	22,765	22,728	22,725	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,577	589	2.6%
	Adult Expansion	538	586	556	529	479	304	252	253	209	226	201	122	82	(171)	(67.6%)
	BCCTP	1	1	2	1	1	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,233	1,208	1,209	1,203	1,201	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	58	4.8%
	Total Duals	**25,059**	**25,067**	**24,905**	**24,837**	**24,773**	**24,800**	**24,807**	**24,806**	**24,867**	**25,033**	**25,234**	**25,250**	**25,280**	**474**	**1.9%**
	Total Medi-Cal	**243,399**	**242,695**	**239,998**	**240,010**	**239,836**	**239,444**	**237,655**	**237,697**	**236,578**	**235,389**	**234,478**	**237,095**	**235,350**	**(2,347)**	**(1.0%)**
	Healthy Kids	**3,460**	**3,345**	**3,252**	**3,375**	**3,348**	**3,465**	**3,507**	**3,486**	**3,501**	**3,509**	**3,512**	**2**	**2**	**(3,484)**	**(99.9%)**
CMC	CMC Non-Long Term Care	7,407	7,484	7,540	7,616	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	254	3.3%
	CMC - Long Term Care	218	211	210	198	204	208	209	207	207	213	212	217	220	13	6.3%
	Total CMC	**7,625**	**7,695**	**7,750**	**7,814**	**7,884**	**7,869**	**7,915**	**8,022**	**8,076**	**8,134**	**8,194**	**8,233**	**8,289**	**267**	**3.3%**
	Total Enrollment	**254,484**	**253,735**	**251,000**	**251,199**	**251,068**	**250,778**	**249,077**	**249,205**	**248,155**	**247,032**	**246,184**	**245,330**	**243,641**	**(5,564)**	**(2.2%)**

Revenue

Current month revenue of $96.9M is $7.9M or 8.9% favorable to budget of $89.0M. The current month variance was due to largely to Medi-Cal revenue, which is $6.7M favorable and CMC Medicare, which is $1.3M favorable.

- FYTD Prop 56 accrual of $4.4M (with an offsetting increase to medical expense).
- Higher FY20 rates in the Medi-Cal Non-Dual categories of aid ($2.1M) which includes July-Oct 19 revenue of $1.3M.
- Accrual of CY19 CMC Quality Withhold Earnback of $1.2M.
- Higher retro member months than budget ($200K).

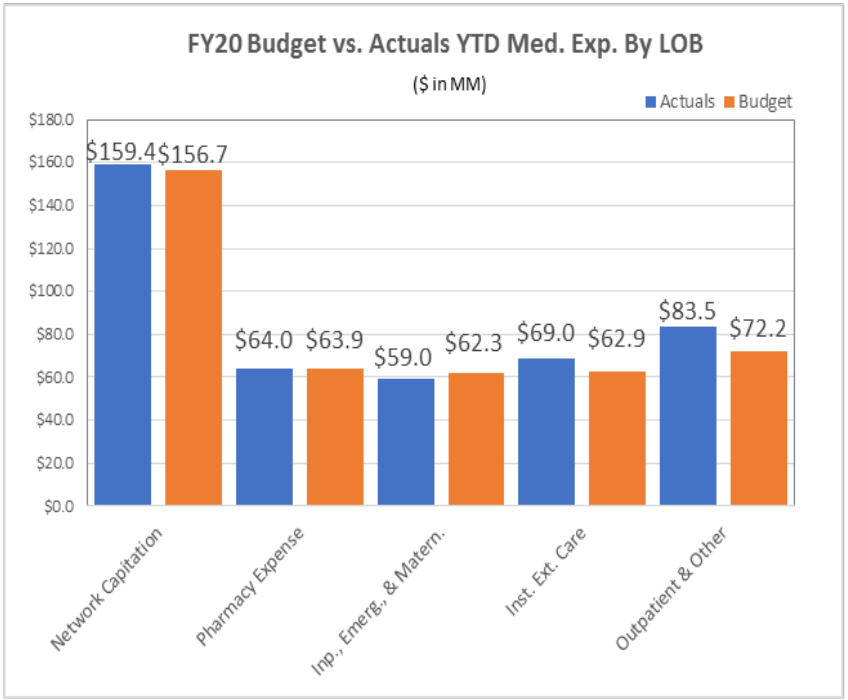


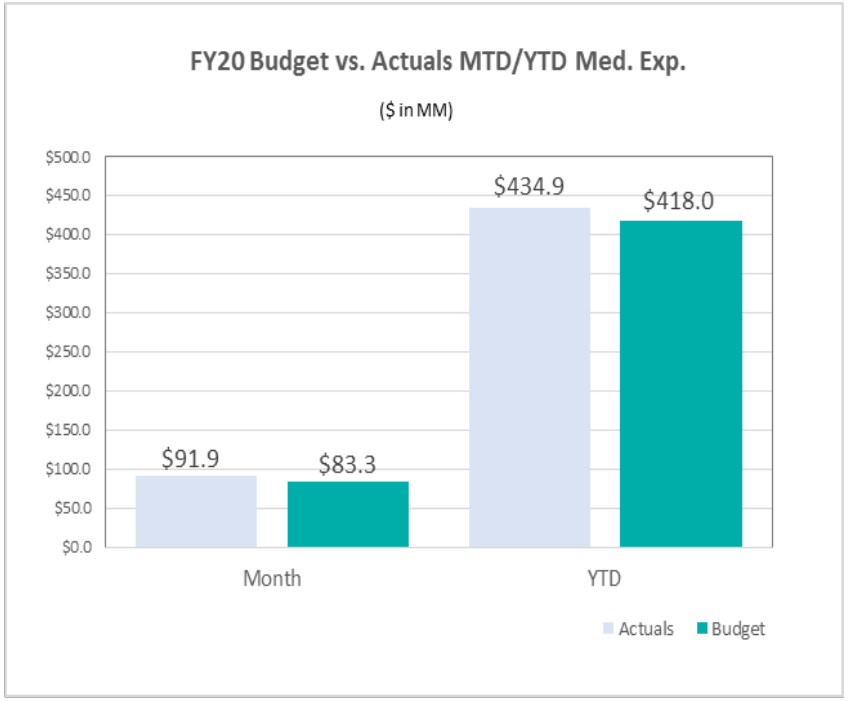


Medical Expense

Current month medical expense of $91.9M is $8.7M or 10.4% unfavorable to budget of $83.3M. The current month variance was due largely to:

- FY20 Prop 56 accrued expense of $4.4M (with offsetting an increase to revenue).
- Medi-Cal LTC, Inpatient, and Outpatient Facility expenses in excess of budget yielded an unfavorable variance of $4.0M due to higher average cost versus budget.
- Capitation expense is $734K unfavorable due to higher member months and rates than budgeted.
- Pharmacy expense is $356K favorable due to an increase in rebates.

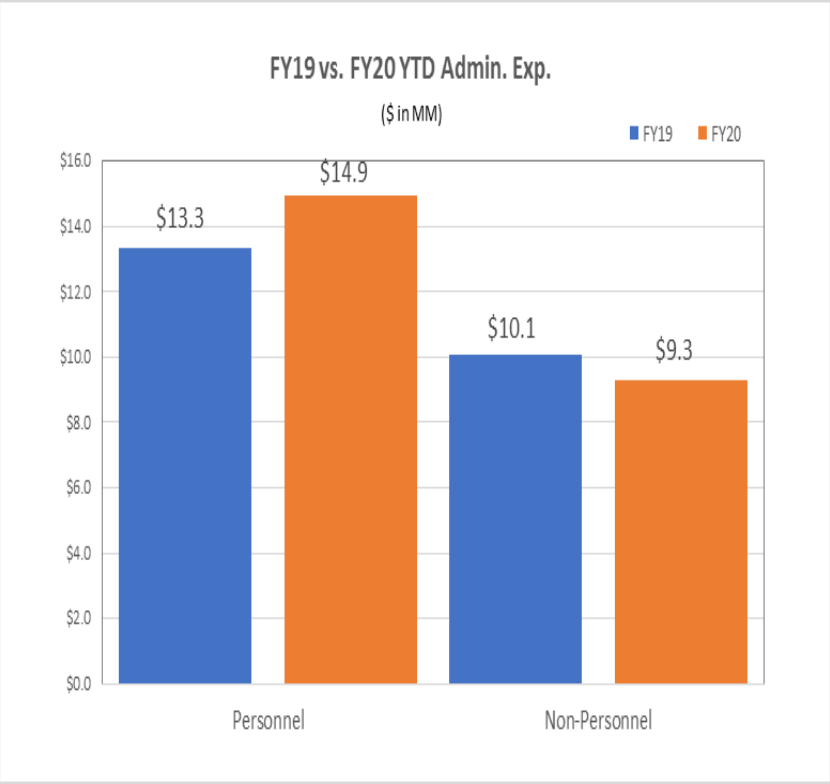


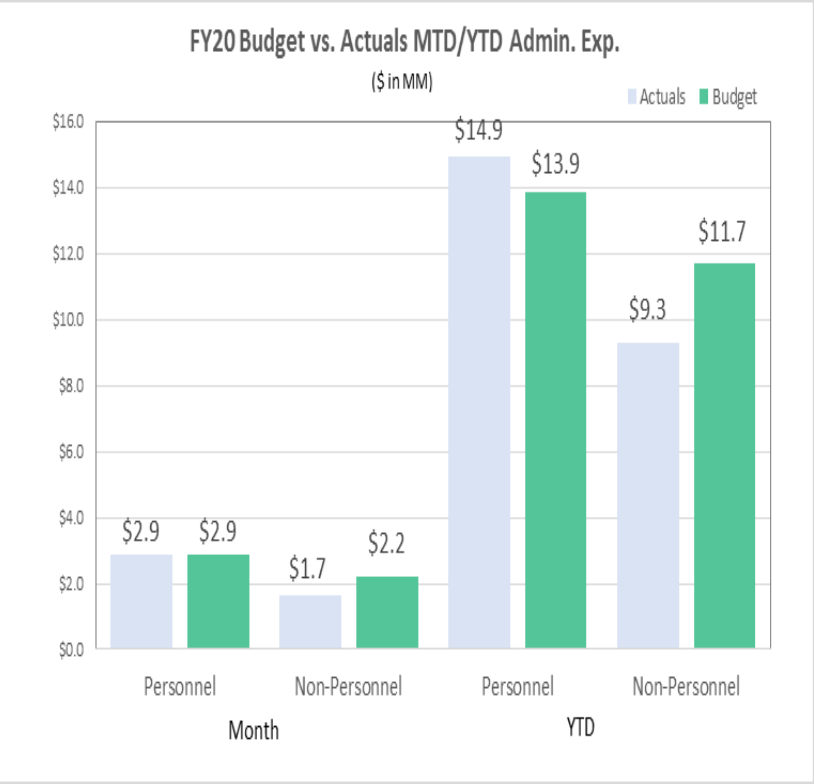


Administrative Expense

Current month admin expense of $4.5M is $532K or 10.5% favorable to budget of $5.0M. The current month variances were primarily due to the following:

- Non-Personnel expenses were overall $534K or 24.4% favorable to budget due to timing of consulting, advertising and postage expenses and reduced Quality Improvement spending versus budget.
- Personnel expenses were at budget.





Balance Sheet

- Current assets totaled $881.2M compared to current liabilities of $708.6M, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash balance increased by $24.3M compared to the cash balance as of year-end June 30, 2019 due to timing of payments, received and paid.
- Current Cash & Equivalent components and yields were as follows:
  - Overall cash and investment yield favorably exceeds budget (1.8% actual vs. 1.4% budgeted).

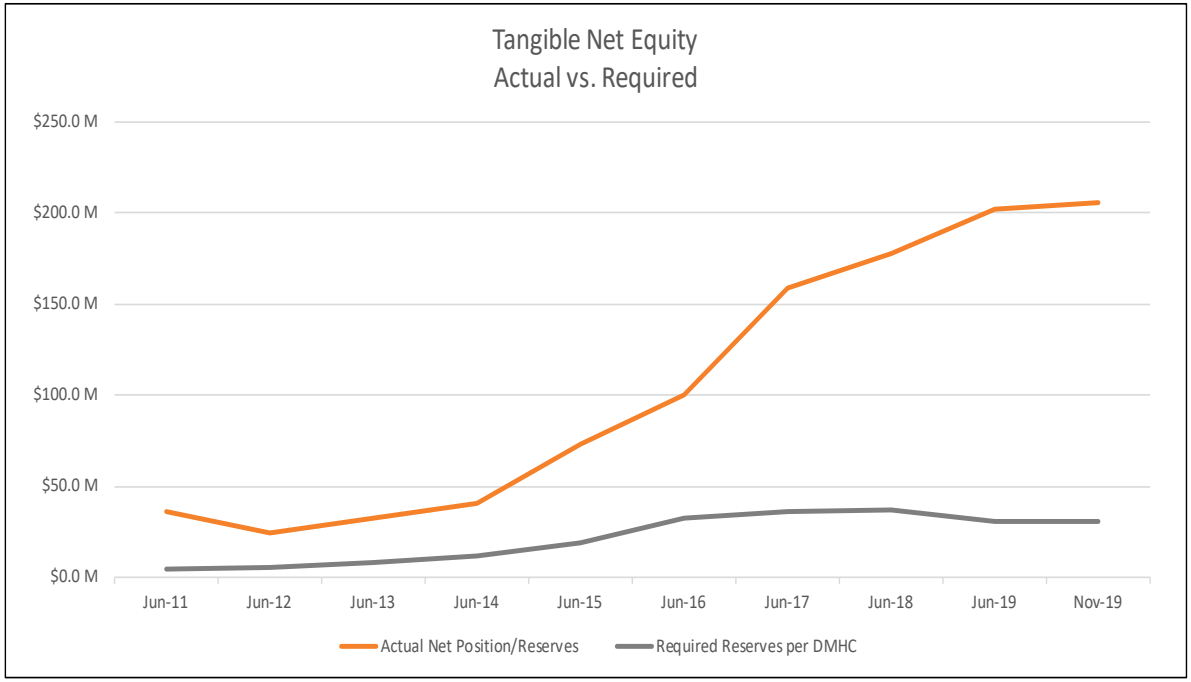
Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$79,623,903	2.13%	$100,000	$500,000
Wells Fargo Investments	$203,775,676	2.01%	$277,410	$851,806
	$283,399,579		$377,410	$1,351,806
Cash & Equivalents				
Bank of the West Money Market	$397,810	0.70%	$1,655	$56,446
Wells Fargo Bank Accounts	$39,578,562	1.50%	$45,158	$1,166,151
	$39,976,372		$46,813	$1,222,597
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$0	$348
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$323,681,801**		**$424,223**	**$2,574,751**

Tangible Net Equity

- TNE was $205.5M or 669.5% of the most recent quarterly DMHC minimum requirement of $30.7M. This represents approximately two months of the Plan's total actual expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of November 30, 2019

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Nov-19
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$205.5 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$30.7 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$61.4 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	669.5%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS NOVEMBER 2019

Financial Reserve Target #1: Tangible Net Equity	Approved	Balance
Unrestricted Net Equity		$203,506,625
Board Designated Special Project Funding for CBOs	2,200,000	2,040,000
Total TNE		205,546,625
Current Required TNE		30,700,511
Excess TNE		**174,846,113**
Required TNE %		669.5%
SCFHP Target TNE Range:		
350% of Required TNE (Low)		107,451,789
500% of Required TNE (High)		153,502,556
TNE Above/(Below) SCFHP Low Target		**98,094,835**
TNE Above/(Below) High Target		**$52,044,068**
Financial Reserve Target #2: Liquidity		
Cash & Investments		$323,681,801
Less Pass-Through Liabilities		
Net Payable to State of CA		(51,762,850)
Other Pass-Through Liabilities		(27,601,237)
Total Pass-Through Liabilities		**(79,364,087)**
Net Cash Available to SCFHP		244,317,715
SCFHP Target Liquidity		
45 Days of Total Operating Expense		(132,452,458)
60 Days of Total Operating Expense		(176,603,277)
Liquidity Above/(Below) SCFHP Low Target		**111,865,257**
Liquidity Above/(Below) High Target		**$67,714,437**

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund of $2.2M. The specific projects/recipients have yet to be determined.

Note 2: Other Pass-Through Liabilities include Prop 56 and other provider payables.

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

Capital Expenditures

Santa Clara Family Health Plan

Expenditure	YTD Actual	Annual Budget
Hardware	$344,468	$620,000
Software	$54,419	$1,029,000
Building Improvements	$777,923	$3,149,500
TOTAL	**$1,176,809**	**$4,798,500**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Five Months Ending November 30, 2019

	Nov-2019 Actuals	% of Rev	Nov-2019 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Nov-2019 Actuals	% of Rev	YTD Nov-2019 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 81,836,162	84.5%	$ 75,088,924	84.4%	$ 6,747,238	9.0%	$ 391,681,234	85.0%	$ 376,511,702	84.4%	$ 15,169,532	4.0%
CMC MEDI-CAL	2,695,964	2.8%	2,868,360	3.2%	(172,396)	-6.0%	13,353,313	2.9%	14,189,439	3.2%	(836,126)	-5.9%
CMC MEDICARE	12,332,926	12.7%	10,992,917	12.4%	1,340,008	12.2%	54,591,377	11.8%	54,380,668	12.2%	210,710	0.4%
TOTAL CMC	15,028,890	15.5%	13,861,277	15.6%	1,167,612	8.4%	67,944,690	14.7%	68,570,107	15.4%	(625,417)	-0.9%
HEALTHY KIDS	151	0.0%	0	0.0%	151	0.0%	1,123,638	0.2%	1,043,572	0.2%	80,066	7.7%
TOTAL REVENUE	**$ 96,865,203**	**100.0%**	**$ 88,950,202**	**100.0%**	**$ 7,915,002**	**8.9%**	**$ 460,749,562**	**100.0%**	**$ 446,125,380**	**100.0%**	**$ 14,624,182**	**3.3%**
MEDICAL EXPENSES												
MEDI-CAL	$ 79,059,070	81.6%	$ 70,086,581	78.8%	$ (8,972,489)	-12.8%	$ 370,113,666	80.3%	$ 351,733,653	78.8%	$ (18,380,013)	-5.2%
CMC MEDI-CAL	2,854,836	2.9%	3,024,042	3.4%	169,206	5.6%	13,389,630	2.9%	14,962,501	3.4%	1,572,871	10.5%
CMC MEDICARE	10,043,595	10.4%	10,142,786	11.4%	99,191	1.0%	50,634,816	11.0%	50,149,425	11.2%	(485,391)	-1.0%
TOTAL CMC	12,898,430	13.3%	13,166,828	14.8%	268,397	2.0%	64,024,446	13.9%	65,111,927	14.6%	1,087,481	1.7%
HEALTHY KIDS	(15,204)	0.0%	0	0.0%	15,204	0.0%	804,536	0.2%	1,123,405	0.3%	318,869	28.4%
TOTAL MEDICAL EXPENSES	**$ 91,942,296**	**94.9%**	**$ 83,253,409**	**93.6%**	**$ (8,688,887)**	**-10.4%**	**$ 434,942,648**	**94.4%**	**$ 417,968,985**	**93.7%**	**$ (16,973,663)**	**-4.1%**
MEDICAL OPERATING MARGIN	**$ 4,922,907**	**5.1%**	**$ 5,696,793**	**6.4%**	**$ (773,886)**	**-13.6%**	**$ 25,806,914**	**5.6%**	**$ 28,156,395**	**6.3%**	**$ (2,349,481)**	**-8.3%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 2,860,258	3.0%	$ 2,858,326	3.2%	$ (1,932)	-0.1%	$ 14,926,149	3.2%	$ 13,883,251	3.1%	$ (1,042,898)	-7.5%
RENTS AND UTILITIES	26,306	0.0%	11,917	0.0%	(14,389)	-120.7%	96,282	0.0%	85,185	0.0%	(11,097)	-13.0%
PRINTING AND ADVERTISING	(16,613)	0.0%	72,613	0.1%	89,226	122.9%	77,855	0.0%	345,565	0.1%	267,710	77.5%
INFORMATION SYSTEMS	273,688	0.3%	299,410	0.3%	25,722	8.6%	1,295,848	0.3%	1,554,050	0.3%	258,202	16.6%
PROF FEES/CONSULTING/TEMP STAFFING	675,853	0.7%	1,022,689	1.1%	346,836	33.9%	4,430,511	1.0%	5,751,639	1.3%	1,321,128	23.0%
DEPRECIATION/INSURANCE/EQUIPMENT	370,072	0.4%	387,762	0.4%	17,690	4.6%	1,735,488	0.4%	1,942,749	0.4%	207,261	10.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	47,791	0.0%	84,741	0.1%	36,950	43.6%	344,231	0.1%	396,105	0.1%	51,874	13.1%
MEETINGS/TRAVEL/DUES	100,138	0.1%	111,772	0.1%	11,634	10.4%	474,196	0.1%	628,474	0.1%	154,278	24.5%
OTHER	178,300	0.2%	199,000	0.2%	20,700	10.4%	844,540	0.2%	997,750	0.2%	153,210	15.4%
TOTAL ADMINISTRATIVE EXPENSES	**$ 4,515,792**	**4.7%**	**$ 5,048,230**	**5.7%**	**$ 532,437**	**10.5%**	**$ 24,225,099**	**5.3%**	**$ 25,584,768**	**5.7%**	**$ 1,359,670**	**5.3%**
OPERATING SURPLUS (LOSS)	**$ 407,115**	**0.4%**	**$ 648,563**	**0.7%**	**$ (241,448)**	**-37.2%**	**$ 1,581,815**	**0.3%**	**$ 2,571,627**	**0.6%**	**$ (989,812)**	**-38.5%**
ALLOWANCE FOR UNCOLLECTED PREMIUM	0	0.0%	0	0.0%	0	0.0%	42267	0.0%	0	0.0%	(42,267)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	59,780	0.1%	60,000	0.1%	220	0.4%	298,898	0.1%	300,000	0.1%	1,102	0.4%
GASB 68 - UNFUNDED PENSION LIABILITY	75,000	0.1%	75,000	0.1%	0	0.0%	375,000	0.1%	375,000	0.1%	0	0.0%
NON-OPERATING EXPENSES	**$ 134,780**	**0.1%**	**$ 135,000**	**0.2%**	**$ 220**	**0.2%**	**$ 716,165**	**0.2%**	**$ 675,000**	**0.2%**	**$ (41,165)**	**-6.1%**
INTEREST & OTHER INCOME	449,595	0.5%	379,225	0.4%	70,369	18.6%	2,715,222	0.6%	1,896,125	0.4%	819,096	43.2%
NET NON-OPERATING ACTIVITIES	**$ 314,815**	**0.3%**	**$ 244,225**	**0.3%**	**$ 70,590**	**28.9%**	**$ 1,999,056**	**0.4%**	**$ 1,221,125**	**0.3%**	**$ 777,931**	**63.7%**
NET SURPLUS (LOSS)	**$ 721,930**	**0.7%**	**$ 892,788**	**1.0%**	**$ (170,858)**	**-19.1%**	**$ 3,580,872**	**0.8%**	**$ 3,792,752**	**0.9%**	**$ (211,880)**	**-5.6%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
For Five Months Ending November 30, 2019

	Nov-2019	Oct-2019	Sep-2019	Nov-2018
Assets				
Current Assets				
Cash and Investments	323,681,801	300,653,115	292,802,171	219,146,699
Receivables	545,738,541	528,337,519	512,431,795	516,503,446
Prepaid Expenses and Other Current Assets	11,776,164	11,671,741	11,807,126	8,795,924
Total Current Assets	**881,196,507**	**840,662,376**	**817,041,092**	**744,446,069**
Long Term Assets				
Property and Equipment	45,935,579	45,648,483	45,257,793	43,080,423
Accumulated Depreciation	(18,867,161)	(18,544,570)	(18,235,377)	(15,859,844)
Total Long Term Assets	27,068,418	27,103,913	27,022,416	27,220,579
Total Assets	**908,264,924**	**867,766,289**	**844,063,508**	**771,666,648**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**917,502,533**	**877,003,898**	**853,301,117**	**786,201,888**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,257,553	10,008,958	7,598,240	8,265,604
Employee Benefits	1,983,388	1,781,081	1,740,524	1,668,438
Retirement Obligation per GASB 75	4,242,184	4,182,405	4,122,625	5,181,693
Advance Premium - Healthy Kids	-	-	85,058	82,523
Deferred Revenue - Medicare	10,204,914	-	-	8,943,810
Whole Person Care / Prop 56	27,601,237	21,339,570	19,531,214	12,063,420
IGT, HQAF, Other Provider Payables	41,825,039	38,212,182	35,620,914	9,163,650
MCO Tax Payable - State Board of Equalization	51,762,850	41,410,280	31,057,710	17,569,260
Due to DHCS	31,562,982	29,964,404	28,665,798	30,744,661
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	413,549,551
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	106,775,698	97,451,250	92,558,575	86,276,451
Total Current Liabilities	**708,602,395**	**668,736,681**	**645,367,209**	**601,803,086**
Non-Current Liabilities				
Net Pension Liability GASB 68	358,966	287,974.17	216,983	2,199,796
Total Non-Current Liabilities	**358,966**	**287,974**	**216,983**	**2,199,796**
Total Liabilities	**708,961,361**	**669,024,655**	**645,584,191**	**604,002,882**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Invested in Capital Assets	27,068,418	27,103,913	27,022,416	27,220,579
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Board Designated Fund: Special Project Funding for CBOs	2,040,000	2,200,000	2,200,000	0
Unrestricted Net Equity	172,551,985	172,516,490	172,597,987	150,489,934
Current YTD Income (Loss)	3,580,872	2,858,942	2,596,625	148,503
Total Net Assets / Reserves	**205,546,625**	**204,984,695**	**204,722,378**	**178,164,366**
Total Liabilities, Deferred Inflows and Net Assets	**917,502,533**	**877,003,898**	**853,301,117**	**786,201,888**

Cash Flow Statement

Santa Clara Family Health Plan

	Nov-2019	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$91,415,329	$696,259,890
Medical Expenses Paid	(79,164,992)	(673,078,537)
Adminstrative Expenses Paid	10,615,850	(460,468)
Net Cash from Operating Activities	**$22,866,187**	**$22,720,885**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(287,096)	(1,176,809)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	449,595	2,715,222
Net Increase/(Decrease) in Cash & Cash Equivalents	**23,028,686**	**24,259,298**
Cash & Cash Equivalents (Beginning)	300,653,116	299,422,504
Cash & Cash Equivalents (Ending)	**$323,681,801**	**$323,681,801**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	$272,335	$865,650
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	322,592	1,500,631
Changes in Operating Assets/Liabilities		
Premiums Receivable	(17,401,022)	205,327,584
Prepaids & Other Assets	(104,423)	363,923
Accounts Payable & Accrued Liabilities	14,977,263	22,417,277
State Payable	11,951,148	30,182,744
IGT, HQAF & Other Provider Payables	3,612,857	(257,056,570)
Net Pension Liability	70,991	358,966
Medical Cost Reserves & PDR	9,164,447	18,760,681
Total Adjustments	**22,593,852**	**21,855,235**
Net Cash from Operating Activities	**$22,866,187**	**$22,720,885**

Santa Clara Family Health Plan™

Detail Analyses

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Five Months Ending November 30, 2019

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$391,681,234	$13,353,313	$54,591,377	$67,944,690	$1,123,638	**$460,749,562**
MEDICAL EXPENSE (MLR)	$370,113,666	$13,389,630	$50,634,816	$64,024,446	$804,536	**$434,942,648**
GROSS MARGIN	$21,567,568	-$36,317	$3,956,561	$3,920,244	$319,102	**$25,806,914**
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	$20,593,653	$702,085	$2,870,283	$3,572,368	$59,078	**$24,225,099**
OPERATING INCOME/(LOSS) (% of Revenue Allocation)	$973,915	($738,402)	$1,086,278	$347,876	$260,024	**$1,581,815**
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	$1,699,389	$57,936	$236,856	$294,792	$4,875	**$1,999,056**
NET INCOME/(LOSS)	$2,673,304	($680,466)	$1,323,134	$642,668	$264,899	**$3,580,872**
PMPM (ALLOCATED BASIS)						
REVENUE	$332.25	$326.28	$1,333.90	$1,660.18	$106.75	**$374.49**
MEDICAL EXPENSES	$313.95	$327.17	$1,237.23	$1,564.40	$76.43	**$353.51**
GROSS MARGIN	$18.29	-$0.89	$96.68	$95.79	$30.32	**$20.98**
ADMINISTRATIVE EXPENSES	$17.47	$17.15	$70.13	$87.29	$5.61	**$19.69**
OPERATING INCOME/(LOSS)	$0.83	($18.04)	$26.54	$8.50	$24.70	**$1.29**
OTHER INCOME/(EXPENSE)	$1.44	$1.42	$5.79	$7.20	$0.46	**$1.62**
NET INCOME/(LOSS)	$2.27	($16.63)	$32.33	$15.70	$25.17	**$2.91**
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	1,178,890	40,926	40,926	40,926	10,526	1,230,342
REVENUE BY LOB	85.0%	2.9%	11.8%	14.7%	0.2%	100.0%

Santa Clara Family Health Plan
Quarterly Investment Compliance Report
Third Quarter Ending September 30, 2019

(In accordance with the California Government Code)

1. OVERVIEW

The California Government Code (the Code), Section 53646, which governs Santa Clara Family Health Plan's (the Plan's) investments, requires the Chief Financial Officer to submit a quarterly report on the status of investment portfolio and excess cash to its Governing Board.

The quarterly report contains a listing of investments, fund balances, activity, and return on investments made by the Plan. Quarterly reports reflect the current positions and past performance of a portfolio of investments for the period of time under consideration. (The new Wells Fargo Asset Management Portfolio covers the period from inception on September 17, 2019 through September 30, 2019.)

This quarterly report also includes 1) a statement of compliance with the investment policy or an explanation for non-compliance; and 2) a statement of SCFHP's ability to meet its expenditure requirements for the next six months (and an explanation of why sufficient money would not be available, if that were the case).

The Plan's investments and excess cash accounts currently include:

1. County of Santa Clara Comingled Investment Pool (County Pool)
2. Wells Fargo Investment Management Portfolio (Portfolio)
3. Wells Fargo Stagecoach Money Market Fund (Sweep)

2. COMPLIANCE WITH THE 2019 ANNUAL INVESTMENT POLICY

Based upon our independent compliance review of the quarterly investment reports prepared for the County Pool, and Portfolio) investments and the Sweep account were in compliance with the Santa Clara Family Health Plan's 2019 Annual Investment Policy adopted May 1, 2019 and the subsequent Executive/Finance Committee directive dated July 25, 2019, to engage Wells Fargo Asset Management as portfolio manager. Investments made by Wells Fargo Asset Management are made in keeping with the Annual Investment Policy and the California Government Code.

Investment information for the County Pool and the Portfolio is as of September 30, 2019. Going forward, this investment oversight report will be provided as of quarter end and be available no later than 30 days after quarter end.

As required by the Code, the quarter end listing of the portfolio holdings is attached to this report.

3. PORTFOLIO SUMMARY

As of September 30, 2019, the market values of the investments of the SCFHP as invested in the County Pool, the Wells' managed portfolio and the Wells' Stagecoach Money Market Fund (Sweep Account) are as follows:

County Commingled Investment Pool (County Pool)	Wells Fargo Asset Management Portfolio (Portfolio)	Wells Fargo Stagecoach Money Market Fund (Sweep Account)	Total
$79,390,883	$190,599,560	$38,668,160	$308,658,603

4. SIX MONTH CASH SUFFICIENCY

The Plan's treasury management staff confirmed to Sperry Capital that the Plan has sufficient cash on-hand plus projected revenues to meet its operating expenditure requirements for at least the next six months.

5. DIVERSIFICATION COMPLIANCE

As of September 30, 2019, the investment composition of the Wells Portfolio and Sweep accounts is compliant with the SCFHP Annual Investment Policy 2019.

The published Quarterly Investment Report as of September 30, 2019 for the Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. There is no maximum percentage requirement for investment in the Commingled Investment Pool.

6. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

Investment Type	Maximum Maturity	Maximum Specified % of Portfolio	Minimum Quality Requirements	Portfolio As of 9-30-2019	Compliance
Wells Stagecoach MMF	N/A	20%	**	38,668,160	Yes
Wells Govt MMF	N/A	20%	**	963,278	Yes
Commingled Investment Pool	N/A	None	None	79,390,883	Yes
U.S. Treasury Obligations	5 years	None	None	40,009,449	Yes
U.S. Agency Obligations	5 years	None	None	49,552,366	Yes
Commercial Paper	270 days	40% of the agency's money	Highest letter and number rating by a national rating agency	36,404,516	Yes
CA Local Agency Obligations	5 years	None	None	2,661,679	Yes
Medium-Term Notes	5 years	30%	"A" rating or better	44,538,853	Yes
Mortgage Pass-Through Securities	5 years	None	"AA" rating or better	9,936,762	Yes
Supranational Obligations	5 years	30%	"AA" rating or better	7,495,935	Yes

***A money market mutual fund must receive the highest ranking by not less than two nationally recognized statistical rating organizations or retain an investment advisor registered with the SEC or exempt from registration and who has not less than five years' experience investing in money market instruments with assets under management in excess of $500 million.*

7. PERFORMANCE

For the period, September 17 – 30, 2019
Wells Fargo Asset Managed portfolio
Portfolio (Net of Fees): 0.083%* (reflects 2-week period only)
Annualized Yield = 2.04%*
Primary Benchmark: ICE Merrill Lynch 3-Month T-Bill: 0.100%
Average Duration: 0.33 years*
Average Effective Maturity: 0.38 years*
**provided by Wells Fargo Asset Management*

For the quarter ending September 30, 2019
1. Santa Clara County Commingled Investment Pool
   Yield (annualized) = 2.13%
   Weighted average life = 1.53 years (558 days)
   Benchmark: LAIF = 2.28% (weighted average life = .51 years)
   Benchmark: 2-year T-Note = 1.62%

2. Stagecoach Sweep Account (Wells Money Market Mutual Fund)
   7-day yield = .0348% (annualized = 1.81%)

ATTACHMENT

Portfolio listing of the Wells managed portfolio

Portfolio Holdings

US Dollar

As of 30 September 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofAML 3-Month U.S. Treasury Bill

WELLS FARGO Asset Management

Cash

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
CCYUSD Cash	-25.00 -25.00	0.00 AAA	09/30/2019 09/30/2019	-25.00	1.0000 0.00	0.00 0.00	-25.00 -25.00
CCYUSD Payable	-7,200,659.60 -7,200,659.60	0.00 AAA	09/30/2019 09/30/2019	-7,200,659.60	1.0000 0.00	0.00 0.00	-7,200,659.60 -7,200,659.60
CCYUSD Receivable	2,051,446.26 2,051,446.26	0.00 AAA	09/30/2019 09/30/2019	2,051,446.26	1.0000 0.00	0.00 0.00	2,051,446.26 2,051,446.26
CCYUSD **---**	**-5,149,238.34** **-5,149,238.34**	**0.00** **AAA**	**09/30/2019** **09/30/2019**	**-5,149,238.34**	**1.0000** **0.00**	**0.00** **0.00**	**-5,149,238.34** **-5,149,238.34**

MMFund

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
94975P405 WELLS FRGO GOVERNMENT CL I MMF	963,277.56 963,277.56	2.04 AAA	09/30/2019 09/30/2019	963,277.56	1.0000 1.75	0.00 0.00	963,277.56 963,277.56
94975P405 **WELLS FRGO GOVERNMENT CL I MMF**	**963,277.56** **963,277.56**	**2.04** **AAA**	**09/30/2019** **09/30/2019**	**963,277.56**	**1.0000** **1.75**	**0.00** **0.00**	**963,277.56** **963,277.56**

Fixed Income

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
02665WCL3 AMERICAN HONDA FINANCE CORP	1,350,000.00 1,350,000.00	2.30 A	02/21/2020 02/21/2020	1,350,789.64	100.0464 2.08	3,538.56 -163.22	1,350,626.41 1,354,164.97
02665WCG4 AMERICAN HONDA FINANCE CORP	1,075,000.00 1,075,000.00	2.38 A	06/16/2020 06/16/2020	1,076,417.81	100.1257 1.99	1,065.37 -66.08	1,076,351.73 1,077,417.10
037833DH0 APPLE INC	3,356,000.00 3,356,000.00	1.80 AA+	11/13/2019 11/13/2019	3,355,263.11	99.9720 2.02	23,156.40 -204.20	3,355,058.91 3,378,215.31
06051GFT1 BANK OF AMERICA CORP	3,000,000.00 3,000,000.00	2.63 A	10/19/2020 10/19/2020	3,020,625.19	100.6346 2.01	35,437.50 -1,585.75	3,019,039.44 3,054,476.94
06406HDD8 BANK OF NEW YORK MELLON CORP	2,712,000.00 2,712,000.00	2.60 A+	08/17/2020 07/17/2020	2,725,588.09	100.4729 1.99	8,712.02 -761.85	2,724,826.24 2,733,538.26
072024WU2 BAY AREA TOLL AUTH CALIF TOLL BRDG REV	2,660,000.00 2,660,000.00	2.02 AA-	04/01/2020 04/01/2020	2,660,000.00	100.0350 1.95	748.13 931.00	2,660,931.00 2,661,679.13
07330NAP0 BRANCH BANKING AND TRUST CO	3,310,000.00 3,310,000.00	2.75 A+	01/15/2020 12/15/2019	3,313,103.13	100.0870 2.26	19,746.32 -223.72	3,312,879.40 3,332,625.73
1247P3Y55 CAFCO LLC	4,500,000.00 4,500,000.00	0.00 A-1	11/05/2019 11/05/2019	4,491,031.25	99.8004 2.06	0.00 -13.25	4,491,018.00 4,491,018.00
14913Q2K4 CATERPILLAR FINANCIAL SERVICES CORP	3,000,000.00 3,000,000.00	2.34 A	05/15/2020 05/15/2020	3,002,203.24	100.0716 2.01	9,157.68 -56.68	3,002,146.56 3,011,304.24

Portfolio Holdings

US Dollar

As of 30 September 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofAML 3-Month U.S. Treasury Bill

WELLS FARGO Asset Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
17325FAE8 CITIBANK NA	3,000,000.00 3,000,000.00	2.10 A+	06/12/2020 05/12/2020	3,001,374.29	100.0318 2.05	19,075.00 -420.92	3,000,953.37 3,020,028.37
12619UY62 CRC Funding, LLC	750,000.00 750,000.00	0.00 A-1	11/06/2019 11/06/2019	748,425.00	99.7865 2.14	0.00 -26.02	748,398.98 748,398.98
53245QXM3 Eli Lilly and Company	1,403,000.00 1,403,000.00	0.00 A-1+	10/21/2019 10/21/2019	1,401,456.70	99.8794 2.07	0.00 -149.19	1,401,307.52 1,401,307.52
30229BXJ1 Exxon Mobil Corporation	3,000,000.00 3,000,000.00	0.00 A-1+	10/18/2019 10/18/2019	2,997,053.33	99.9003 2.00	0.00 -44.33	2,997,009.00 2,997,009.00
313312VZ0 FEDERAL FARM CREDIT BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	04/24/2020 04/24/2020	4,945,906.47	98.9643 1.85	0.00 2,307.43	4,948,213.90 4,948,213.90
313312ZY9 FEDERAL FARM CREDIT BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	07/28/2020 07/28/2020	4,921,799.10	98.5201 1.82	0.00 4,205.05	4,926,004.15 4,926,004.15
313312NQ9 FEDERAL FARM CREDIT BANKS	4,000,000.00 4,000,000.00	0.00 A-1+	10/30/2019 10/30/2019	3,993,812.35	99.8486 1.82	0.00 129.90	3,993,942.24 3,993,942.24
3133EJYY9 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00 2,000,000.00	2.69 AAA	09/04/2020 09/04/2020	2,015,060.50	100.8079 1.81	4,035.00 1,097.04	2,016,157.54 2,020,192.54
313384QT9 FEDERAL HOME LOAN BANKS	10,000,000.00 10,000,000.00	0.00 A-1+	12/20/2019 12/20/2019	9,955,539.47	99.5844 1.85	0.00 2,904.93	9,958,444.40 9,958,444.40
313384PK9 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	11/18/2019 11/18/2019	4,986,995.77	99.7493 1.85	0.00 470.88	4,987,466.65 4,987,466.65
313384QA0 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	12/03/2019 12/03/2019	4,983,107.06	99.6727 1.85	0.00 530.44	4,983,637.50 4,983,637.50
313384NZ8 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	11/08/2019 11/08/2019	4,989,811.70	99.8016 1.83	0.00 266.10	4,990,077.80 4,990,077.80
313384G86 FEDERAL HOME LOAN BANKS	3,000,000.00 3,000,000.00	0.00 A-1+	09/22/2020 09/22/2020	2,945,843.98	98.2646 ---	0.00 2,093.51	2,947,937.49 2,947,937.49
313384NW5 FEDERAL HOME LOAN BANKS	800,000.00 800,000.00	0.00 A-1+	11/05/2019 11/05/2019	798,541.47	99.8172 1.83	0.00 -3.70	798,537.78 798,537.78
313396UL5 FEDERAL HOME LOAN MORTGAGE CORP	5,000,000.00 5,000,000.00	0.00 A-1+	03/18/2020 03/18/2020	4,957,508.85	99.1456 1.82	0.00 -228.30	4,957,280.55 4,957,280.55
313396QS5 FEDERAL HOME LOAN MORTGAGE CORP	5,000,000.00 5,000,000.00	0.00 A-1+	12/19/2019 12/19/2019	4,979,478.74	99.5896 1.85	0.00 3.21	4,979,481.95 4,979,481.95
369550BA5 GENERAL DYNAMICS CORP	2,895,000.00 2,895,000.00	2.88 A	05/11/2020 05/11/2020	2,910,543.26	100.5209 2.02	32,367.71 -463.26	2,910,080.00 2,942,447.71
38346MY81 Gotham Funding Corporation	5,000,000.00 5,000,000.00	0.00 A-1	11/08/2019 11/08/2019	4,988,811.11	99.7748 2.14	0.00 -72.36	4,988,738.75 4,988,738.75
4042Q1AE7 HSBC BANK USA	3,000,000.00 3,000,000.00	4.88 A+	08/24/2020 08/24/2020	3,072,970.18	102.4418 2.12	15,031.25 284.39	3,073,254.57 3,088,285.82
458140AQ3 INTEL CORP	3,000,000.00 3,000,000.00	2.45 A+	07/29/2020 07/29/2020	3,011,284.87	100.4142 1.94	12,658.33 1,141.43	3,012,426.30 3,025,084.63
4581X0CP1 INTER-AMERICAN DEVELOPMENT BANK	2,500,000.00 2,500,000.00	1.88 AAA	06/16/2020 06/16/2020	2,498,537.02	99.9438 1.95	13,671.88 58.48	2,498,595.50 2,512,267.38
459058FA6 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM	5,000,000.00 5,000,000.00	1.38 AAA	03/30/2020 03/30/2020	4,984,877.84	99.6696 2.04	190.97 -1,400.34	4,983,477.50 4,983,668.47

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 30 September 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofAML 3-Month U.S. Treasury Bill

WELLS FARGO Asset Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
24422EUN7 JOHN DEERE CAPITAL CORP	1,731,000.00 1,731,000.00	2.76 A	07/10/2020 07/10/2020	1,735,250.12	100.2134 2.03	11,005.95 -556.61	1,734,693.50 1,745,699.45
46625HNX4 JPMORGAN CHASE & CO	3,000,000.00 3,000,000.00	2.55 A	10/29/2020 09/29/2020	3,013,462.62	100.5168 2.02	32,300.00 2,042.61	3,015,505.23 3,047,805.23
48306BXG5 Kaiser Foundation Hospitals, Inc.	5,250,000.00 5,250,000.00	0.00 A-1+	10/16/2019 10/16/2019	5,245,513.54	99.8965 2.33	0.00 -945.56	5,244,567.98 5,244,567.98
637432NF8 NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	2,909,000.00 2,909,000.00	2.30 A+	11/01/2020 10/01/2020	2,919,163.91	100.3471 1.95	27,877.92 -68.20	2,919,095.71 2,946,973.63
67983UY64 Old Line Funding LLC	5,000,000.00 5,000,000.00	0.00 A-1+	11/06/2019 11/06/2019	4,989,750.00	99.7948 2.06	0.00 -12.35	4,989,737.65 4,989,737.65
68389XAY1 ORACLE CORP	2,900,000.00 2,900,000.00	2.81 A+	10/08/2019 10/08/2019	2,900,426.30	100.0142 2.15	19,258.70 -14.59	2,900,411.71 2,919,670.42
880592MT4 TENNESSEE VALLEY AUTHORITY	5,000,000.00 5,000,000.00	0.00 A-1+	10/09/2019 10/09/2019	4,997,832.92	99.9582 1.67	0.00 78.18	4,997,911.10 4,997,911.10
19121ACQ2 The Coca-Cola Company	1,048,000.00 1,048,000.00	0.00 A-1	03/24/2020 03/24/2020	1,038,065.83	99.0447 2.00	0.00 -77.26	1,037,988.57 1,037,988.57
2546R3X41 The Walt Disney Company	3,000,000.00 3,000,000.00	0.00 A-1	10/04/2019 10/04/2019	2,999,462.50	99.9753 2.22	0.00 -204.49	2,999,258.01 2,999,258.01
88602UXF2 Thunder Bay Funding, LLC	4,500,000.00 4,500,000.00	0.00 A-1+	10/15/2019 10/15/2019	4,496,360.00	99.9150 2.04	0.00 -185.00	4,496,175.00 4,496,175.00
89236TGE9 TOYOTA MOTOR CREDIT CORP	3,000,000.00 3,000,000.00	2.22 AA-	09/14/2020 09/14/2020	3,001,377.16	100.0165 1.89	3,517.58 -882.85	3,000,494.31 3,004,011.89
912828W22 UNITED STATES TREASURY	5,000,000.00 5,000,000.00	1.38 AAA	02/15/2020 02/15/2020	4,990,122.95	99.7852 1.95	8,780.57 -862.95	4,989,260.00 4,998,040.57
912796WA3 UNITED STATES TREASURY	10,000,000.00 10,000,000.00	0.00 A-1+	10/22/2019 10/22/2019	9,989,091.67	99.8954 1.71	0.00 448.33	9,989,540.00 9,989,540.00
912828W63 UNITED STATES TREASURY	5,000,000.00 5,000,000.00	1.63 AAA	03/15/2020 03/15/2020	4,993,553.55	99.8867 1.87	3,571.43 781.45	4,994,335.00 4,997,906.43
9128282Z2 UNITED STATES TREASURY	5,000,000.00 5,000,000.00	1.63 AAA	10/15/2020 10/15/2020	4,989,593.17	99.7969 1.82	37,517.08 251.83	4,989,845.00 5,027,362.08
912796VX4 UNITED STATES TREASURY	5,000,000.00 5,000,000.00	0.00 A-1+	10/01/2019 10/01/2019	5,000,000.00	100.0000 0.00	0.00 0.00	5,000,000.00 5,000,000.00
912796VY2 UNITED STATES TREASURY	10,000,000.00 10,000,000.00	0.00 A-1+	10/08/2019 10/08/2019	9,996,543.75	99.9660 1.53	0.00 56.25	9,996,600.00 9,996,600.00
90331HNU3 US BANK NA	2,005,000.00 2,005,000.00	3.05 AA-	07/24/2020 06/24/2020	2,019,856.25	100.7670 1.99	11,381.16 521.86	2,020,378.11 2,031,759.27
90331HNK5 US BANK NA	1,000,000.00 1,000,000.00	2.43 AA-	01/17/2020 12/17/2019	1,000,350.00	100.0284 2.12	5,126.31 -66.33	1,000,283.67 1,005,409.98
92826CAB8 VISA INC	2,000,000.00 2,000,000.00	2.20 AA-	12/14/2020 11/14/2020	2,007,369.61	100.3712 1.85	13,077.78 54.49	2,007,424.10 2,020,501.88
93114FXR0 Walmart Inc.	3,000,000.00 3,000,000.00	0.00 A-1+	10/25/2019 10/25/2019	2,995,860.00	99.8569 2.06	0.00 -151.68	2,995,708.32 2,995,708.32
--- **---**	**194,654,000.00** **194,654,000.00**	**0.89** **AA+**	**02/14/2020** **02/11/2020**	**194,402,766.35**	**99.8803** **1.88**	**372,006.58** **10,747.76**	**194,413,514.11** **194,785,520.69**

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 30 September 2019

WC-Santa Clara Family HealthPl
Account: XXXX5000
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofAML 3-Month U.S. Treasury Bill

WELLS FARGO Asset Management

Summary

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
---	190,468,039.22	0.92	02/17/2020	190,216,805.57	102.0519	372,006.58	190,227,553.33
---	190,468,039.22	AA+	02/14/2020		1.93	10,747.76	190,599,559.91

* Grouped by: Asset Class. * Groups Sorted by: Asset Class. * Weighted by: Base Market Value + Accrued. * Holdings Displayed by: Position.

Gavin Newsom, Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
980 9th Street, Suite 500
Sacramento, CA 95814
Phone: 916-324-8176 | Fax: 916-255-5241
www.HealthHelp.ca.gov

October 15, 2019

Via USPS Delivery and eFile

Mr. Robert Brownstein
Chairman of the Governing Board
Santa Clara County Health Authority
DBA: Santa Clara Family Health Plan
P.O. Box 18880
San Jose, CA 95158

FINAL REPORT OF A ROUTINE EXAMINATION OF SANTA CLARA COUNTY HEALTH AUTHORITY

Dear Mr. Brownstein:

Enclosed is the final report (Final Report) of a routine examination for the quarter ended December 31, 2018 of the fiscal and administrative affairs of Santa Clara County Health Authority (Plan). The examination was conducted by the Department of Managed Health Care (Department) pursuant to Section 1382 of the Knox-Keene Health Care Service Plan Act of 1975.[1] The Department issued a preliminary report to the Plan on July 25, 2019. The Department accepted the Plan's electronically filed responses (Responses) on September 10, 12 and 16, 2019.

The Final Report includes a description of the compliance efforts included in the Plan's Responses in accordance with Section 1382(c).

Section 1382(d) states, "If requested in writing by the plan, the director shall append the plan's response to the final report issued pursuant to subdivision (c). The plan may modify its response or statement at any time and provide modified copies to the department for public distribution not later than 10 days from the date of notification from the department that the final report will be made available to the public. The addendum to the response or statement shall also be made available to the public."

Please indicate within 10 days from the date of the Plan's receipt of this letter whether the Plan requests the Department to append its Responses. If so, please indicate which portions of the Plan's Responses should be appended, and electronically file copies of those portions excluding information held confidential pursuant to Section 1382(c). If the

[1] References to "Section" are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as codified in Health and Safety Code Section 1340 et seq.

Plan requests the Department to append a brief statement summarizing the Plan's Responses or wishes to modify any information provided to the Department in its Responses, please provide an addendum no later than 10 days from the date of the Plan's receipt of this letter. Please file this addendum electronically via the corrective action plan system (CAP system) within the Department's eFiling web portal at https://wpso.dmhc.ca.gov/secure/login/, as follows:

- From the main menu, select "eFiling."
- From the eFiling menu, select "Online Forms."
- From the Online Forms menu, select "Details" for "CAP# L19-R-351."
- Go to the "Messages" tab, then:
    - Select "Addendum to Final Report" (note this option will only be available for 10 days after the issuance of the Final Report).
    - Select the deficiency(ies) that are applicable.
    - Create a message for the Department.
    - Attach and upload all documents with the name "Addendum to Final Report."
    - Select "Send Message."

The Department finds that the Plan's compliance efforts are responsive to the deficiencies cited and the corrective actions required. Therefore, no further response is required.

Questions or problems related to the electronic transmission of any addendum should be directed to Vijon Morales at 916-255-2447 or by e-mail at Vijon.Morales@dmhc.ca.gov. You may also e-mail inquiries to wpso@dmhc.ca.gov.

The Department will make the Final Report available to the public in 10 days from the Plan's receipt of this letter. The Final Report will be located at the Department's web site at http://www.dmhc.ca.gov/LicensingReporting/ViewFinancialExaminationReports.aspx.

If there are any questions regarding the Final Report, please contact me at 213-576-7541 or by e-mail at Maria.Marquez@dmhc.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Maria Marquez
Corporation Examiner IV, Supervisor
Office of Financial Review
Division of Financial Oversight

cc: Christine Tomcala, Chief Executive Officer, Santa Clara County Health Authority
Pritika Dutt, CPA, Deputy Director, Office of Financial Review
Ned Gennaoui, Supervising Examiner, Division of Financial Oversight
Francisco Garcia, Examiner, Division of Financial Oversight
Ping Han, Examiner, Division of Financial Oversight
Steven Coskie, Attorney III, Office of Plan Licensing
Laura Dooley-Beile, Supervising Health Care Service Plan Analyst, Office of Plan Monitoring
Ben Carranco, Assistant Deputy Director, Help Center
Chad Bartlett, Staff Services Manager II, Help Center

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE

OFFICE OF FINANCIAL REVIEW
DIVISION OF FINANCIAL OVERSIGHT

FINAL REPORT OF A ROUTINE EXAMINATION

OF

SANTA CLARA COUNTY HEALTH AUTHORITY
DBA: SANTA CLARA FAMILY HEALTH PLAN

FILE NO. 933 0351

DATE OF FINAL REPORT: OCTOBER 15, 2019

SUPERVISING EXAMINER: NED GENNAOUI

OVERSIGHT EXAMINER: MARIA MARQUEZ

EXAMINER-IN-CHARGE: FRANCISCO GARCIA

FINANCIAL EXAMINERS:
JULILANA ASABOR
JOHN ATAMIAN
CHANTE BIAGAS
ZAW OO

BACKGROUND INFORMATION FOR SANTA CLARA COUNTY HEALTH AUTHORITY DBA SANTA CLARA FAMILY HEALTH PLAN

Date Plan Licensed:	December 20, 1996
Organizational Structure:	Santa Clara County Health Authority (Plan), dba Santa Clara Family Health Plan, was established by the Santa Clara County (County) Board of Supervisors. The Plan is a Local Initiative Plan created to provide services to Medi-Cal managed care enrollees. The Plan files its financial statements on a combined basis with Santa Clara Community Health Authority (QIF). The QIF is a Knox-Keene licensed plan established by the County's Board of Supervisors. The Plan and the QIF are public entities, separate and apart from the County, and are not considered to be agencies, divisions, or departments of the County.
Type of Plan:	The Plan is a full service health care plan. The Plan contracts with the California Department of Health Care Services and the Centers for Medicare and Medicaid Services.
Provider Network:	The Plan contracts with hospitals and physicians on a capitation or fee-for-service basis.
Plan Enrollment:	As of December 31, 2018, the Plan reported total enrollment of 253,735 enrollees, consisting of 242,695 Medi-Cal, 7,695 Medicare, and 3,345 Healthy Kids beneficiaries.
Service Area:	The Plan's service area is Santa Clara County.
Date of Prior Final Routine Examination Report:	November 29, 2016

FINAL REPORT OF A ROUTINE EXAMINATION OF SANTA CLARA COUNTY HEALTH AUTHORITY DBA SANTA CLARA FAMILY HEALTH PLAN

This is the final report (Final Report) for the quarter ended December 31, 2018 of a routine examination of the fiscal and administrative affairs of Santa Clara County Health Authority (Plan). The examination was conducted by the Department of Managed Health Care (Department) pursuant to Section 1382 of the Knox-Keene Health Care Service Plan Act of 1975.[1] The Department issued a preliminary report (Preliminary Report) to the Plan on July 25, 2019. The Department accepted the Plan's electronically filed responses (Responses) on September 10, 12 and 16, 2019.

This Final Report includes a description of the compliance efforts included in the Plan's Responses to the Preliminary Report, in accordance with Section 1382(c). The Plan's Responses are noted in italics within this Final Report.

The Department examined the Plan's financial report filed with the Department for the quarter ended December 31, 2018 as well as other selected accounting records and controls related to the Plan's various fiscal and administrative transactions. The Department's findings are presented in this Final Report as follows:

Part I.	Financial Statements
Part II.	Calculation of Tangible Net Equity
Part III.	Compliance Issues

The Department finds the Plan's compliance efforts are responsive to the deficiencies cited and the corrective actions required. Therefore, no further response is required.

[1] References to "Section" are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as codified in Health and Safety Code Section 1340 et seq. References to "Rule" are to regulations promulgated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 contained within title 28 of the California Code of Regulations.

PART I. FINANCIAL STATEMENTS

The Department's examination did not result in any adjustments or reclassifications to the Plan's financial statements for the quarter ended December 31, 2018, as filed with the Department. A copy of the Plan's financial statements can be viewed by selecting "Santa Clara County Health Authority" on the second drop-down menu of the Department's financial statement database available at http://wpso.dmhc.ca.gov/fe/search/#top.

No response is required to this Part.

PART II. CALCULATION OF TANGIBLE NET EQUITY (TNE)

Net Worth and TNE as reported by the Plan as of quarter ended December 31, 2018	$186,073,000
Required TNE	34,625,000
TNE Excess per Examination	$151,448,000

The Plan was in compliance with the TNE requirements of Rule 1300.76 as of December 31, 2018.

No response is required to this Part.

PART III. COMPLIANCE ISSUES

A. CLAIMS SETTLEMENT PRACTICES – "UNFAIR PAYMENT PATTERNS"

Section 1371.37 prohibits a health care service plan from engaging in an unfair payment pattern, and defines certain claim settlement practices as "unfair payment patterns."

Rule 1300.71(a)(8) defines an "unfair payment pattern" as any practice, policy or procedure that results in repeated delays in the adjudication and correct reimbursement of provider claims.

The Department's examination found that the Plan engaged in "unfair payment patterns" for the three-month period ended December 31, 2018, as follows:

1. PAYMENT ACCURACY OF INTEREST ON LATE CLAIMS

Section 1371 requires a health care service plan that is a health maintenance organization to reimburse uncontested claims no later than 45 working days after the date of receipt of the claim by the plan. If an uncontested claim is not reimbursed within 45 working days after receipt, interest accrues at the rate of 15 percent per annum beginning with the first calendar day after the 45 working-day period. The penalty for failure to comply with this requirement shall be a fee of $10 paid to the claimant.

Rule 1300.71(i)(2) requires late payments on non-emergency complete claims to automatically include interest at the rate of 15 percent per annum for the period of time the payment is late. Rule 1300.71(j) requires that plans pay a $10 penalty if the plan fails to automatically include the interest due on a late claim payment as set forth above.

Rule 1300.71(a)(8)(K) describes one unfair payment pattern as the failure to reimburse at least 95 percent of complete claims with the correct payment including the automatic payment of all interest and penalties due and owing over the course of any three-month period.

The Department's examination disclosed the following deficiencies with interest on late claim payments:

a. Interest was not paid on five out of 73 late paid claims reviewed (a compliance rate of 93 percent). The non-payment of interest on late claims payments was due to a systemic error, resulting from the Plan's transition to a new claim payment processing system, effective July 1, 2017. The new claim payment processing system did not pay interest on claims older than 365 days from the date of receipt of the claim. This deficiency was noted in late paid claims sample numbers: 8, 16, 42, 45 and 48.

b. Interest was not paid on three out of 50 paid claims reviewed (a compliance rate of 94 percent). Interest is required to be paid on additional late payments resulting from retroactive rate changes to the Medi-Cal fee schedule, paid more than 45 working days after implementation of the retroactive fee schedule. This deficiency was noted in paid claims sample numbers: 11, 25 and 31.

The Preliminary Report required the Plan to submit a corrective action plan (CAP) to address the deficiencies cited above, and to include the following:

a. Systemic correction implemented, and date of implementation, to ensure that late payments on claims over 365 days from the date of receipt include interest in compliance with the above Section and Rules.

b. Policy and procedure implemented to ensure late payments on claims resulting from retroactive rate changes to the Medi-Cal fee schedule include interest in compliance with the above Section and Rules.

c. Audit procedures to ensure that the Plan is monitoring the accurate payment of interest and penalties on late claims payments.

d. Identification of all late paid claims for which interest and penalties were not correctly paid, including late payments resulting from retroactive rate changes, from July 1, 2017 (date of implementation of the new claim payment processing system) through the date corrective action was implemented by the Plan.

e. Evidence that interest and penalties, as appropriate, were paid retroactively for the claims identified in paragraph “d” above. This evidence was to include an electronic data file (Excel or Access) or schedule that identified the following:

- Claim number
- Date of service
- Date original claim received
- Date of receipt of new information
- Date of receipt for complete claim
- Total billed
- Total paid
- Paid date (mail date)
- Amount of original interest paid
- Date interest paid
- Number of late days used to calculate interest (with formula)
- Total interest owed per claim (with formula)
- Amount of additional interest paid in remediation (total interest owed minus previous interest paid)
- Penalty amount paid
- Date additional interest and penalty paid, if applicable
- Check number for additional interest and penalty paid amount
- Provider name

The data file was to provide the detail of all claims remediated, including the total number of claims and the total additional interest and penalty paid as a result of remediation.

f. Date the additional training and auditing procedures were implemented.

g. Management position responsible for ensuring continued compliance.

The Plan responded by acknowledging a systemic issue regarding interest due for claims paid at 366 days or later. The Plan represented that the new claim payment processing system was corrected on May 19, 2019, and previously paid claims were adjusted to pay interest and penalties.

The Plan submitted with its Responses a revised policy and procedure titled “Interest on the Late Payment of Claims,” which was implemented on September 6, 2019. The Plan's information technology department committed to updating all rates within two weeks of the date the updated fee schedule is received in order for claims to be paid properly.

The Plan included audit procedures in its policy and procedure to ensure that the Plan is monitoring the accurate payment of interest and penalties on late claim payments.

The Plan submit with its Responses evidence that on July 26, 2019 the Plan completed its required remediation resulting in the additional payments of $5,664 and $1,000 in interest and penalty, respectively, on 390 late claim payments.

In addition, the Plan conducted additional training on June 24, 2019. The auditing procedures were implemented on May 19, 2019.

The Plan's Director of Claims is responsible for ensuring continued compliance.

The Department finds that the Plan's compliance effort is responsive to the deficiency cited and corrective action required. Therefore, no further response is required.

2. CLEAR AND ACCURATE DENIAL EXPLANATION

Rule 1300.71(d)(1) states that a plan shall not improperly deny, adjust, or contest a claim. For each claim that is denied, adjusted or contested, the plan shall provide a clear and accurate written explanation of the specific reasons for the action taken.

Rule 1300.71(a)(8)(F) describes one unfair payment pattern as the failure to provide a provider with an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with Rule 1300.71(d)(1) at least 95 percent of the time over the course of any three-month period.

The Department's examination disclosed that the Plan did not provide a denial explanation or provided an unclear and inaccurate explanation for four out of 50 denied claims reviewed (a compliance rate of 92 percent). For three of these four claims, the Plan had a systemic problem of not issuing a remittance advice (RA) for claims submitted to the Plan with a member identification (ID) number that did not match the Plan's eligibility system member ID number. The Plan denied the claim in its claim payment processing system; however, the Plan did not issue a denial letter nor RA to the provider explaining the specific reason for the denial. This deficiency was noted in denied claims sample numbers: 9, 16 and 43.

In addition, the Plan used an incorrect denial reason for a claim correctly denied. This deficiency was noted in denied claims sample number 37.

The Preliminary Report required the Plan to submit a detailed CAP to address the deficiencies cited above, and to include the following:

a. Systemic correction implemented, and date of implementation, to ensure that a denial letter or RA is issued for claims with a member ID number that does not match the Plan's eligibility system member ID number in compliance with the above Rule.

b. Policy and procedure implemented, and date of implementation, to ensure that the Plan provides clear and accurate denial reasons in compliance with the above Rule.

c. Management position responsible for ensuring continued compliance.

The Plan responded by acknowledging the systemic issue regarding RAs for unknown member claims. The Plan implemented a corrective action process on November 9, 2018, and, subsequently, found that it did not fully correct the issue if providers received a check; it only corrected full denials. A second corrective action process was implemented on May 1, 2019, which corrected the remaining issue for providers that received a mix of payments and denials.

In addition, the Plan's claim payment processing system was updated on May 1, 2019 to ensure that RA is issued for claims having a member ID number that did not match the Plan's eligibility system member ID number.

The Plan submitted with its Responses a revised policy and procedure titled "Claims Processing and Adjudication," which was implemented on September 6, 2019.

The Plan's Director of Claims is responsible for ensuring continued compliance.

The Department finds that the Plan's compliance effort is responsive to the deficiency cited and corrective action required. Therefore, no further response is required.

B. PROVIDER DISPUTE RESOLUTION MECHANISM VIOLATION

Rule 1300.71.38(m)(2) states that the failure of a plan to comply with the requirements of a fast, fair and cost-effective dispute resolution mechanism shall be a basis for disciplinary action against the plan.

The Department's examination found that the Plan failed to comply with the requirements of a fast, fair and cost-effective resolution mechanism for the three-month period ended December 31, 2018, as follows:

1. LATE PAYMENT ON PROVIDER DISPUTES

Rule 1300.71.38(g) states that if the provider dispute or amended provider dispute involves a claim and is determined in whole or in part in favor of the provider, the plan shall pay any outstanding monies determined to be due, and all interest and penalties required under Sections 1371 and 1371.35 and Rules 1300.71(i) and (j), within five working days of the issuance of the written determination.

The Department's examination disclosed that the Plan failed to pay the additional amounts due to providers within five working days from the issuance of the determination letter on seven out of 87 provider disputes reviewed (a compliance rate of

92 percent). This deficiency was noted in provider dispute sample numbers: 16, 23, 37, 38, 40, 44 and 72.

The Preliminary Report required the Plan to submit a detailed CAP to address the deficiencies cited above, and to include the following:

a. Policy and procedure implemented to ensure that the Plan pays the additional amount due to providers in compliance with the above Rule.

b. Training procedures to ensure that provider dispute processors are properly trained on the requirements of Rule 1300.71.38(g).

c. Audit procedures to confirm timely payment of the additional amounts due to providers resulting from provider disputes.

d. Date of implementation of the new policy and procedure, training and audit procedures.

e. Management positions responsible for ensuring continued compliance.

The Plan responded by acknowledging that some provider dispute resolution payments were not issued within five business days of the determination letter, and the Plan made adjustments to the letters and payment schedule to meet this requirement.

The Plan responded by submitting with its Responses a revised policy and procedure titled "Provider Dispute Resolution," which was implemented on September 6, 2019. In addition, the Plan submitted a "Quick Reference Guide - PDR Overturned Letter Schedule" and a "Report Summary" as audit tools, which were implemented on May 2, 2019. The Plan provided training to staff on May 2, 2019.

The Plan's Manager of Provider Disputes and the Director of Claims are responsible for ensuring continued compliance.

The Department finds that the Plan's compliance effort is responsive to the deficiency cited and corrective action required. Therefore, no further response is required.

C. ANTI-FRAUD REPORT

Section 1348(c) requires each plan to provide to the director of the Department an annual written report describing the plan's efforts to deter, detect, and investigate fraud, and to report cases of fraud to a law enforcement agency.

The Department's examination disclosed that the Plan did not file its annual antifraud report for 2017 with the Department.

Prior to the issuance of the Preliminary Report, the Plan filed with the Department its annual antifraud report for 2017 (eFiling number 20191966). This filing is currently under review by the Department.

The Preliminary Report required the Plan to provide the policy and procedure implemented to ensure that the antifraud report is filed annually with the Department, date of implementation, and the management position responsible for ensuring continued compliance.

The Plan responded by submitting with its Responses a revised policy and procedure titled "Fraud, Waste and Abuse," which was implemented on July 30, 2019. The Plan's Chief Compliance and Regulatory Affairs Officer is responsible for ensuring continued compliance.

The Department finds that the Plan's compliance effort is responsive to the deficiency cited and corrective action required. Therefore, no further response is required.

Santa Clara Family Health Plan™

Network Detection and Prevention Report

February 2020

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 threat and are more of an FYI for reporting.

Attack Statistics Combined

October/November/December/January

	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
Severity Level	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
Critical	9	11	17	17	107	67	107	146	0.21	0.13	0.22	0.29
High	7	8	14	12	62	153	220	419	0.12	0.29	0.46	0.82
Medium	24	26	28	20	11616	10914	11386	11839	23.12	20.83	23.75	23.11
Low	4	5	5	4	188	117	169	185	0.37	0.22	0.35	0.36
Informational	18	18	14	13	38275	41134	36061	38635	76.17	78.52	75.22	75.42

Comparison of January 2020 to previous month December 2019

- Critical Severity Level - number of threat attempts is 37% higher.
- High Severity Level - number of threat attempts is **90%** higher.
- Medium Severity Level - number of threat attempts is 4% higher.
- Low Severity Level - number of threat attempts is 9% higher.

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Top 5 Events for November, December, and January

Critical Events –
Top 5 Critical vulnerability events
- 33 events for “ZeroAccess.Gen Command and Control Traffic” (botnet)
- 32 events for “Linear eMerge E3 Unauthenticated Command Injection Remote Root Exploit Vulnerability” (code-execution)
- 31 events for “ThinkPHP Remote Code Execution Vulnerability” (code-execution)
- 27 events for “Mirai and Reaper Exploitation Traffic” (code-execution)
- 19 events for “Apache Struts” (code-execution)

High Events –
Top 5 High vulnerability events
- 418 events for “SIP Bye Message Brute Force Attack” (brute-force)
- 33 events for “Netis/Netcore Router Default Credential Remote Code Execution Vulnerability” (code-execution)
- 31 events for “MAIL: User Login Brute Force Attempt” (brute-force)
- 26 events for “SIP INVITE Method Request Flood Attempt” (brute-force)
- 17 events for “Joomla HTTP User Agent Object Injection Vulnerability” (code-execution)

Medium Events –
Top 5 Medium vulnerability events
- 4280 events for “SIPVicious Scanner Detection” (Info-Leak)
- 3323 events for “PHP DIESCAN Information Disclosure Vulnerability” (Info-Leak)
- 331 events for “Masscan Port Scanning Tool Detection” (info-leak)
- 313 events for “RPC Portmapper DUMP Request Detection” (Info-Leak)
- 26 events for “Metasploit VxWorks WDB Agent Scanner Detection” (info-leak)

Attack Attempts Definitions

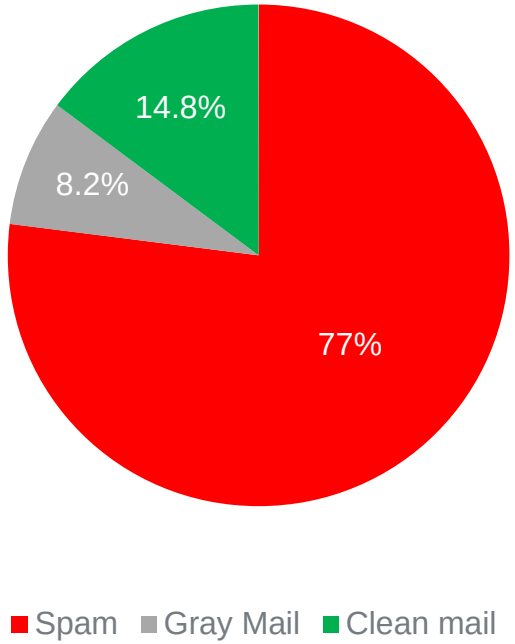
Code-execution – attempt to install or run an application
Brute Force – vulnerability attempt to obtain user credentials
Info-Leak – attempt to obtain user or sensitive information
Botnet – used to perform distributed denial-of-service attack (DDoS attack), steal data and send spam.

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	61.5%	266.4k
Stopped as Invalid Recipients	0.0%	3
Spam Detected	15.5%	67.2k
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	1
Messages with Malicious URLs	0.1%	481
Stopped by Content Filter	0.0%	193
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**77.0%**	**333.8k**
Marketing Messages	5.2%	22.7k
Social Networking Messages	0.1%	578
Bulk Messages	2.8%	12.1k
Total Graymails:	**8.2%**	**35.3k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	14.8%	64.2k
Total Attempted Messages:		**433.3k**



January

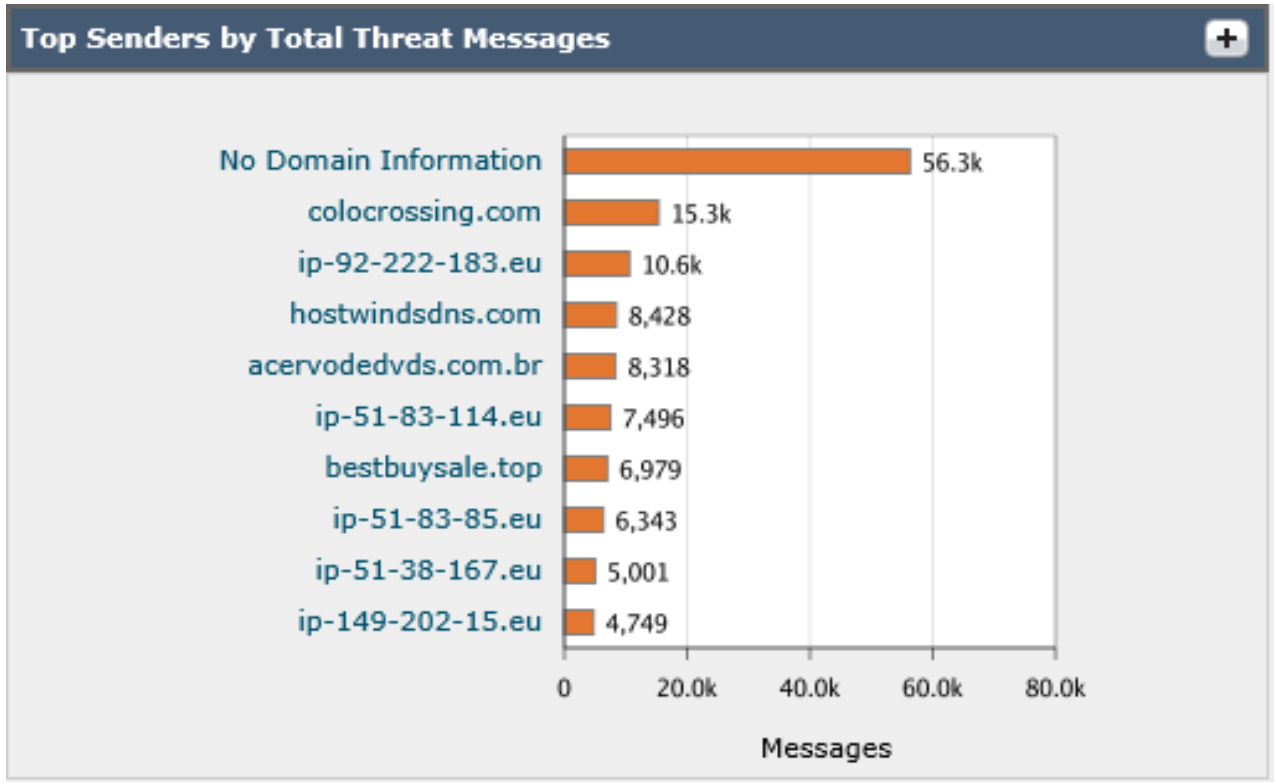
During the month.

- 77.0% of threat messages had been blocked.
- 8.2% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 14.8% were clean messages that delivered.
- Last reporting period 66.4% Spam,12.1% Gray, 21.5% Clean and total messages = 277.9k

2/21/2020

Email Security – Monthly Threat Statistics

Top 10 domains blocked by Cisco Email SPAM gateway



January

colocrossing.com
- web and domain hosting from US.

ip-92-222-183.eu
- web and domain hosting from Spain, Europe

hostwindsdns.com
- web and domain hosting from Seattle, WA

acervodedvds.com.br
- web and domain hosting from Brazil

ip-51-83-114.eu
- web and domain hosting from France, Europe

bestbuysale.top
- web and domain hosting from Denver, CO.

ip-51-83-85.eu
- web and domain hosting from France, Europe

ip-51-38-167.eu
- web and domain hosting from France, Europe

ip-149-202-15.eu
- web and domain hosting from France, Europe

The “**No Domain Information**” category is from IP addresses without a valid reverse Domain name information.

2/21/2020

Email Background

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

SCFHP Phishing Attacks October 2019

Santa Clara Family Health Plan

	INCIDENT 72 – 10/03/2019	INCIDENT 73 – 10/03/2019	INCIDEN 74 – 10/09/2019	INCIDEN 75 – 10/14/2019	INCIDENT 76 – 10/18/2019	INCIDENT 77 – 10/24/2019
TYPE OF ATTACK	Phishing	Phishing	Phishing	Phishing	Phishing	Phishing
SUMMARY	1 employee	1 employee	1 employee	5 employees	1 employee	1 employee
TYPE OF CONTENT and PURPOSE	Suspicious voice message attachment.	Suspicious voice message attachment	Suspicious URL link	Suspicious attachment. Vendor email system compromised	Suspicious URL link	Suspicious URL link
RESPONSE	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.
	Step 2. Block source email address on email gateway. bofkN@sakai-y.co.jp • Subject: IMPORTANT: Voice Message Attached • No unique word to filter expression • Blocked source IP address (202.218.230.130).	**Step 2.** Block source email address on email gateway. yHyit@watanabenoji.com • Subject: Audlo Message Attached • No unique word to filter expression • Blocked source IP address (211.1.227.18).	**Step 1.** Analyze email and take appropriate action. RPeznv@narutoscissors.co.jp • Subject: Syncing Error Failure Notification • Recipient: ctomcala • No unique word to filter expression • Blocked source IP address (210.189.85.2)	**Step 2.** Block source email address on email gateway. Natalie.Dorsey@buildgc.com • Subject: INV-006253 from BUILDGROUP • No unique word to filter expression • No IP address provided to block.	**Step 2.** Block source email address on email gateway. xc158743@gmail.com • Subject: Russians accused of extremism • No unique word to filter expression • No IP address provided to block.	**Step 2.** Block source email address on email gateway. dfkoger@iu.edu • Subject: Error Notification • No unique word to filter expression • No IP address provided to block.
	Step 3. Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.
	Step 4. Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.

During this month, there were only 6 suspected phishing emails discovered and added to our blacklist. All others were unsolicited and marketing messages.

2/21/2020

SCFHP Phishing Attacks November 2019

Santa Clara Family Health Plan

	INCIDENT 77 – 11/04/2019	INCIDENT 78 – 11/27/2019	
TYPE OF ATTACK	Phishing	Phishing	
SUMMARY	2 employees	2 employees	
TYPE OF CONTENT and PURPOSE	Suspicious URL link. Source domain/IP from Japan	Suspicious attachment.	
RESPONSE	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	
	Step 2. Block source domain name @harima-kosyuha.co.jp in email gateway. - Subject: November 4, Monday 2019 - Sent To: Dave Cameron and Christine M. Tomcala - Blacklist source IP address (153.127.234.4) - No unique word to filter expression	**Step 2.** Block source email address kjudd@homefirstscc.org on email gateway. - Subject: FWD : [URGENT -COMPLETED ACCOUNTING & BILLINGS REMITTANCE COLLECTIONS - Sent To: Rachel Kast and Bianca Ibarra - No IP address provided to block - No unique word to filter expression - Attachment was removed by email gateway	
	Step 3. Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	
	Step 4. Monitor email and user.	**Step 4.** Monitor email and user.	

SCFHP Phishing Attacks December 2019

Santa Clara Family Health Plan

	INCIDENT 79 – 12/06/2019	INCIDENT 80 – 12/12/2019	INCIDENT 81 – 12/16/2019	INCIDENT 82 – 12/172019	INCIDENT 83 – 12/19/2019	INCIDENT 84 – 12/19/2019
TYPE OF ATTACK	Phishing	Phishing	Phishing	Phishing	Phishing	Phishing
SUMMARY	1 employees	9 employees	9 employees	3 employees	2 employees	15 employees
TYPE OF CONTENT and PURPOSE	Suspicious URL link and attachment.	Suspicious attachments, masked recipient address.	Suspicious pdf attachment, unknown recipient address.	Suspicious attachments, masked recipient address.	Suspicious attachments, masked recipient address.	Suspicious attachments, masked recipient address. .
RESPONSE	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.
	Step 2. Block Source email DmJoe@purdue.edu on e-mail gateway. - Subject: ctomcala 4 Quarantined Mails - Recipient: ctomcala - No IP address blocking due to legit domain name. - No unique word to filter expression	**Step 2.** Block Source email dialla.orc1980@aol.com on e-mail gateway. - Subject: December New Invoice - Recipient: Call Center Management group. - No IP address blocking due to legit domain name. - No unique word to filter expression	**Step 2.** Block Source email selchesterglosil@aol.com on e-mail gateway. - Subject: Your Customer Invoice, from Orc Productions - Recipient: Call Center Management Group. - No IP address blocking due to legit domain name, Yahoo.com. - No unique words to Filter Expression	**Step 1.** Block Source e-mail address faxbound@matrixcommunications.com on e-mail gateway. - Subject: OpenFax Notification from 16484638475 - Recipients: ctomcala, camerdav, njarecki - Blocked source IP address (45.133.183.182) - No unique words to Filter Expression	**Step 2.** Block Source email address wunaberick@aol.com on e-mail gateway - Subject: Fax email caller-ID 24847204 - Recipients: Laura Watkins, Chelsea Byom - No unique word to filter expression - No IP address provided to block.	**Step 2.** Block Source email maipotoinoc3@aol.com on e-mail gateway. - Subject: Fax recieved ID 51250121 - Recipient: Compliance Dept. group. - No IP address blocking due to legit domain name. - No unique word to filter expression
	Step 3. Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.
	Step 4. Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.

2/21/2020

SCFHP Phishing Attacks January 2020

Santa Clara Family Health Plan

	INCIDENT 85 – 1/13/2020	INCIDENT 86 –01/14/2020	INCIDENT 87 –01/16/2020	INCIDENT 88 – 01/21/2020	INCIDENT 89 – 01/29/2020
TYPE OF ATTACK	Spam	Marketing, Spam	Phishing	Spam	Phishing
SUMMARY	1 employee	4 employees	20+ employees	8 employees	1 employee
TYPE OF CONTENT and PURPOSE	Suspicious email, unknown sender and recipient. BCC to SCFHP staff.	Marketing blast email, hide recipient addresses. .	Suspicious URLs, unknown sender address.	Suspicious email, unknown sender address.	Suspicious email and Hyperlink in the body of message; source domain/IP from Japan.
RESPONSE	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.	**Step 1.** Analyze email and take appropriate action.
	Step 1. Block source e-mail address <smike1407@gmail.com> on mail gateway. - Subject: Good morning - Recipients: ctomcala - No IP address blocking due to legit domain name - No unique words to Filter Expression	**Step 2.** Block Source email domain <@installbasedetail.com> on mail gateway. - Subject: Pediatrician- Valid Email Addresses with Phone Numbers - Recipient: compliance, mediarelations, and healthed group - No IP address blocking due to legit domain name. - No unique word to filter expression	**Step 2.** Block sender email domain <@gaadi.com> on mail gateway. - Subject: [Case 6864137711] New correspondence added - Recipient: compliance, providerservices, mediarelations, and callcentermanagement groups. - No IP address blocking due to legit domain name. - No unique words to Filter Expression	**Step 2.** Block sender email domain <abcd.gu.87@gmail.com> on mail gateway - Subject: no subject - Recipients: ctomcala, frios, lbarrientos, svaldez, cohara, leinfalt, camerdav, and njarecki - No IP address blocking due to legit domain name. - No unique word to filter expression	**Step 2.** Block sender email domain <@jan.ne.jp> on mail gateway - Subject: New VM to [2207 - njarecki] - Recipients: njarecki@scfhp.com - No unique word to filter expression - Blocked source IP address <211.10.90.140 >provided to block.
	Step 3. Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.	**Step 3.** Remove threat by permanently deleting email.
	Step 4. Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.	**Step 4.** Monitor email and user.

Santa Clara Family Health Plan

Questions

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, February 27, 2020, 11:30 PM – 1:30 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Dolores Alvarado, Chair
Bob Brownstein
Liz Kniss
Sue Murphy
Linda Williams

Staff Present
Christine Tomcala, Chief Executive Officer
Dave Cameron, Chief Financial Officer
Robin Larmer, Chief Compliance and Regulatory Affairs Officer
Laurie Nakahira, D.O., Chief Medical officer
Jonathan Tamayo, Chief Information Officer
Neal Jarecki, Controller
Laura Watkins, Vice President, Marketing and Enrollment
Ngoc Bui-Tong, Vice President, Strategies & Analysis
Tyler Haskell, Director, Government Relations
Jordan Yamashita, Director, Compliance
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Other Present
Daphne Annett, Burke, Williams & Sorenson, LLP *(via telephone)*

1. **Roll Call**

   Dolores Alvarado, Chair, called the meeting to order at 11:32 am. Roll call was taken and a quorum was established.

2. **Public Comments**

   There were no public comments.

3. Ms. Alvarado recommended addressing Agenda Items No. 8. Quarterly Investment Compliance Report; 10. Network/Voice Circuit Proposal; and 12. Network Detection and Prevention Update as consent items.

   It was moved, seconded, and Agenda Items 8, 10, & 12 **were unanimously approved**.

4. **Adjourn to Closed Session**
   a. **Existing Litigation**
   The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding consolidated Cases" CalPERS Case No. 2017-1114; OAH No. 2018051223 and CalPERS Case No. 2017-1115; OAH No. 2018051029.

b. Anticipated Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding significant exposure to litigation.

c. Contract Rates

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

Liz Kniss arrived at 12:17 pm.

5. Report from Closed Session

Ms. Alvarado reported the Executive/Finance Committee met in Closed Session to discuss Items 3 (a), (b), and (c).

6. Meeting Minutes

The minutes of the January 23, 2020 Executive/Finance Committee Minutes were reviewed.

It was moved, seconded, and the January 23, 2020 Executive/Finance Committee Minutes were **unanimously approved** with an amendment to reflect the request for future discussion of the hospital utilization management program.

The Committee took time to acknowledge Mr. Cameron, noting his expertise, integrity, and communication ability, which engendered the confidence of the Board.

7. December 2019 Financial Statements

Dave Cameron, Chief Financial Officer, presented the December 2019 financial statements, which reflected a current month net loss of $2.5 million ($2.8 million unfavorable to budget) and a fiscal year-to-date net surplus of $1.1 million ($3.0 million unfavorable to budget). Enrollment decreased by 1,216 members from the prior month to 242,425 members (54 favorable to budget). Medi-Cal enrollment has generally declined since October 2016 while CMC enrollment is growing due to continued outreach efforts. Revenue reflected an unfavorable current month variance of $4.0 million (4.5%) largely due to retroactive CY19 CCI rate adjustments. Medical expense reflected a favorable current month variance of $299 thousand (0.4%) due to retroactive CY19 CCI provider rate adjustments and increased Prop 56 expense offset by certain higher fee-for-service expenses versus budget. Administrative expense reflected a favorable current month variance of $618 thousand (11.0%) due largely to the timing of certain non-personnel expenses. The balance sheet reflected a Current Ratio of 1.24:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity was $203.2 million, which represented approximately two months of the Plan's total monthly expenses. Year-to-date capital investments of $1.4 million were made, largely comprised of building improvements and I.T. hardware.

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

8. Rate Development Process

Ngoc Bui-Tong, Vice President, Strategies and Analytics, and Neal Jarecki, Controller, gave a presentation on the rate-setting processes for the Medi-Cal and Medicare programs, noting the many estimates, delays in receiving rates, and volatility of the processes.

9. Innovation Fund Expenditures

Christine Tomcala, Chief Executive Officer, presented the Committee with two Innovation Fund requests.

The first, from Santa Clara County Office of Education (SCCOE), requested $589K for Child Health and Wellness Coordination. The proposal is to provide a centralized place for hospitals, doctors, parents, and schools to access information, coordinate care plans, and implement best practices for students returning to school from home/hospital. Upon discussion, the Committee identified questions to be addressed prior to further consideration.

The second, from the Healthier Kids Foundation (HKF), requested $47K to assist with developing a roadmap for planning, implementing, and evaluating a collaborative effort to implement mental health screening and

referrals, and improve mental health outcomes, for children and youth in Santa Clara County public schools. The Committee discussed questions and recommendations for consideration in development of this program.

It was moved, seconded, and the Board Discretionary Innovation Fund expenditure for development of the HKF My HealthFirst program was **unanimously approved**, with an adjustment to overhead to be determined by the CEO and Board Chair.

10. Compliance Update

Robin Larmer, Chief Compliance and Regulatory Affairs Officer, discussed audit activity and corrective action plan progress. She noted that the Plan requested and CMS granted an extension of time to complete the Revalidation Audit for the Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) Conditions. The primary purpose for the extension is to allow the Plan to recruit and train additional staff to achieve and sustain full compliance with respect to the relevant tasks. Audit field of work for the CCQIPE Conditions will begin August 2020. The auditors will evaluate data reflecting the Plan's performance between May 1, 2020 and July 31, 2020. The Revalidation Audit for the Coverage Determinations, Appeals and Grievances (CDAG) and Compliance Program Effectiveness (CPE) Conditions is not affected by this extension. Field work for those Conditions will begin in March 2020 and May 2020, respectively.

The Plan is preparing for the 2020 Medicare Data Validation Audit (MDV), which begins this spring. The CMC Contract Management Team (CMT) previously directed several California plans, including SCFHP, to submit a Performance Improvement Plan (PIP) demonstrating how the Plan will improve performance related to HRAs. SCFHP submitted a PIP addressing how we will bolster timely completion rates for ICPs. The PIP was accepted by the CMT, and SCFHP is submitting monthly status reports demonstrating progress on the measure.

Ms. Alvarado and Ms. Williams expressed gratitude for the service that Ms. Larmer has provided to the Plan.

It was moved, seconded, and unanimously approved to accept the Compliance Update**.**

Sue Murphy & Liz Kniss left the meeting at 1:48 pm.

11. CEO Update

Ms. Tomcala reported the Plan provided Community Clinics with a Provider Performance Program payment of approximately $1 million dollars.

Tyler Haskell, Director, Government Relations, and Ms. Tomcala will be meeting with Cindy Chavez, President of the Santa Clara County Board of Supervisors, regarding the Community Resource Center (CRC).

Concerning the CRC, the Plan received a Kaiser grant commitment of $1 million dollars, with half received and the remainder payable upon completion. Currently work is being done on lead and asbestos abatement, with the goal of moving in July 15. Community Health Partnership will be subletting space for their office.

Ms. Tomcala noted the Plan is working on a collaboration with the YMCA to offer YMCA benefits to members and assist with fitness classes at the CRC.

The Behavioral Health Integration Incentive Program was mentioned, with an update that five applications have been received, scored, and sent to the State.

Ms. Tomcala reported on the Navigator Grant Project, noting the plan offered a letter of support for Healthier Kids Foundation, The Health Trust, Community Health Partnership, and CCHI coming together to seek funding for outreach, enrollment, retention, & navigation services for eligible unenrolled individuals.

It was also reported that the contract termination of Foothill Community Health Center has been rescinded, subject to certain conditions.

Ms. Tomcala acknowledged several Leadership changes, noting Neal Jarecki will replace Mr. Cameron as Chief Financial Officer and Ngoc Bui-Tong will be Vice President, Strategies and Analytics. Ms. Tomcala also

stated that Jordan Yamashita will be the Compliance Officer and Teresa Chapman will be replacing Sharon Valdez as VP of Human Resources.

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

12. Adjournment

The meeting was adjourned at 2:00 pm.

_____

Robert Brownstein, Chair

Santa Clara Family Health Plan™

Unaudited Financial Statements
For Six Months Ended December 31, 2019

Agenda

Santa Clara Family Health Plan

Table of Contents	Page

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$85 M		$546 M	
Medical Expense (MLR)	$83 M	97.6%	$518 M	94.9%
Administrative Expense (% Rev)	$5.0 M	5.9%	$29.2 M	5.4%
Other Income/Expense	$484K		$2.5 M	
Net Surplus (Loss)	**($2.5 M)**		**$1.1 M**	
Cash and Investments			$302 M	
Receivables			$565 M	
Total Current Assets			$877 M	
Current Liabilities			$707 M	
Current Ratio			1.24	
Tangible Net Equity			$203 M	
% of DMHC Requirement			**660.4%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Loss)	▶ Month: Loss of $2.5M is $2.8M or 807.6% unfavorable to budgeted net surplus of $351K. ▶ YTD: Surplus of $1.1M is $3.0M or 73.5% unfavorable to budgeted surplus of $4.1M.
Enrollment	▶ Month: Membership was 242,425 (54 or 0.0% favorable budget of 242,371). ▶ YTD: Membership was 1,472,767 (4,362 or 0.3% favorable budget of 1,468,405).
Revenue	▶ Month: $84.8M ($4.0M or 4.5% unfavorable to budget of $88.8M). ▶ YTD: $545.6M ($10.6M or 2.0% favorable to budget of $535.0M).
Medical Expenses	▶ Month: $82.8M ($299K or 0.4% favorable to budget of $83.1M). ▶ YTD: $517.8M ($16.7M or 3.3% unfavorable to budget of $501.1M).
Administrative Expenses	▶ Month: $5.0M ($618K or 11.0% favorable to budget of $5.6M). ▶ YTD: $29.2M ($2.0M or 6.3% favorable to budget of $31.2M).
Tangible Net Equity	▶ TNE was $203.2M (660.4% of minimum DMHC requirement of $30.8M).
Capital Expenditures	▶ YTD Capital Investments of $1.4M vs. $4.8M annual budget, primarily building improvements and computer hardware.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 242,425 members is at budget. Total enrollment has decreased since June 30, 2019 by 6,780 or 2.7%.
- Medi-Cal enrollment has declined since October 2016, predominately in the Non-Dual Adult Expansion, Adult, & Child categories of aid. Effective October 1st, 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal. Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has decreased 2.0%, Dual enrollment has grown 2.1%, and CMC enrollment has grown 5.1%, all in line with budget.
- With the transfer of the Healthy Kids program, net Medi-Cal membership has decreased since the beginning of the fiscal year by 3,702 or 1.6%. CMC membership has increased since the beginning of the fiscal year by 406 or 5.1%.

	For the Month December 2019				For Six Months Ending December 31, 2019					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY19 vs. FY20
Medi-Cal	233,995	234,100	(105)	0.0%	1,412,885	1,409,392	3,493	0.2%	1,470,180	(3.9%)
Cal Medi-Connect	8,428	8,271	157	1.9%	49,354	48,969	385	0.8%	45,584	8.3%
Healthy Kids	2	0	2	0.0%	10,528	10,044	484	4.8%	19,650	(46.4%)
Total	**242,425**	**242,371**	**54**	**0.0%**	**1,472,767**	**1,468,405**	**4,362**	**0.3%**	**1,535,414**	**(4.1%)**

Santa Clara Family Health Plan Enrollment By Network
December 2019

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,766	13%	8,428	100%	-	0%	39,194	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	115,651	49%	-	0%	-	0%	115,651	48%
Palo Alto Medical Foundation	6,639	3%	-	0%	-	0%	6,639	3%
Physicians Medical Group	41,420	18%	-	0%	2	100%	41,422	17%
Premier Care	14,541	6%	-	0%	-	0%	14,541	6%
Kaiser	24,978	11%	-	0%	-	0%	24,978	10%
Total	**233,995**	**100%**	**8,428**	**100%**	**2**	**100%**	**242,425**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(1.6%)		5.1%		(99.9%)		(2.7%)	

[1] *SCVHHS = Santa Clara Valley Health & Hospital System*
[2] *FQHC = Federally Qualified Health Center*

Enrollment By Aid Category

Santa Clara Family Health Plan

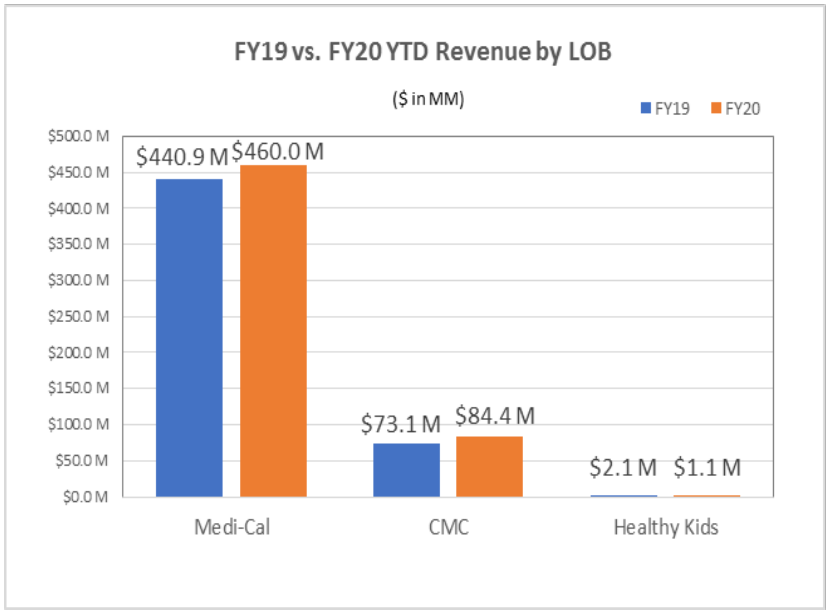
SCFHP TRENDED ENROLLMENT BY COA YTD DEC-19

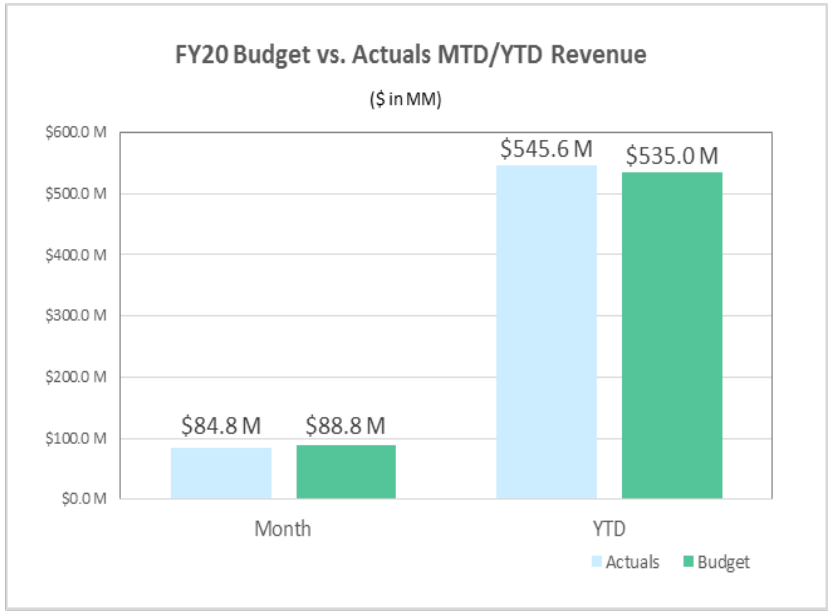
		2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	FYTD var	%
NON DUAL	Adult (over 19)	26,175	25,954	25,846	25,779	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	23,999	(1,205)	(4.8%)
	Child (under 19)	96,330	95,155	95,177	95,229	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	93,477	(549)	(0.6%)
	Aged - Medi-Cal Only	10,923	10,901	10,963	10,934	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	10,903	(92)	(0.8%)
	Disabled - Medi-Cal Only	10,631	10,629	10,579	10,595	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	10,839	21	0.2%
	Adult Expansion	73,186	72,075	72,223	72,143	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	69,069	(2,396)	(3.4%)
	BCCTP	11	9	9	8	10	11	11	10	10	10	10	12	11	0	0.0%
	Long Term Care	372	371	376	375	375	370	372	372	364	366	372	371	373	1	0.3%
	Total Non-Duals	**217,628**	**215,093**	**215,173**	**215,063**	**214,644**	**212,848**	**212,891**	**211,711**	**210,356**	**209,244**	**211,845**	**210,070**	**208,671**	**(4,220)**	**(2.0%)**
DUAL	Adult (21 Over)	379	373	376	367	368	354	352	351	345	351	341	350	341	(11)	(3.1%)
	SPD (21 Over)	22,893	22,765	22,728	22,725	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,577	23,498	510	2.2%
	Adult Expansion	586	556	529	479	304	252	253	209	226	201	122	82	177	(76)	(30.0%)
	BCCTP	1	2	1	1	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,208	1,209	1,203	1,201	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	1,308	95	7.8%
	Total Duals	**25,067**	**24,905**	**24,837**	**24,773**	**24,800**	**24,807**	**24,806**	**24,867**	**25,033**	**25,234**	**25,250**	**25,280**	**25,324**	**518**	**2.1%**
	Total Medi-Cal	**242,695**	**239,998**	**240,010**	**239,836**	**239,444**	**237,655**	**237,697**	**236,578**	**235,389**	**234,478**	**237,095**	**235,350**	**233,995**	**(3,702)**	**(1.6%)**
	Healthy Kids	**3,345**	**3,252**	**3,375**	**3,348**	**3,465**	**3,507**	**3,486**	**3,501**	**3,509**	**3,512**	**2**	**2**	**2**	**(3,484)**	**(99.9%)**
CMC	CMC Non-Long Term Care	7,484	7,540	7,616	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	391	5.0%
	CMC - Long Term Care	211	210	198	204	208	209	207	207	213	212	217	220	222	15	7.2%
	Total CMC	**7,695**	**7,750**	**7,814**	**7,884**	**7,869**	**7,915**	**8,022**	**8,076**	**8,134**	**8,194**	**8,233**	**8,289**	**8,428**	**406**	**5.1%**
	Total Enrollment	**253,735**	**251,000**	**251,199**	**251,068**	**250,778**	**249,077**	**249,205**	**248,155**	**247,032**	**246,184**	**245,330**	**243,641**	**242,425**	**(6,780)**	**(2.7%)**

Revenue

Current month revenue of $84.8M is $4.0M or 4.5% unfavorable to budget of $88.8M. The current month variance was primarily due to the following:

- Medi-Cal Coordinated Care Initiative (CCI) Duals rate reduction of $9.7M for Jan 17 - Dec 19 due to recast.
- Cal MediConnect (CMC) MCAL net rate increase of $2.8M favorable for Jan 17 – Dec 19 due to recast.
- Increased Prop 56 revenue accrual of $877K due to rate increase (with an offsetting increase to medical expense).
- Revised estimate for Date of Death Audit of $689K favorable.

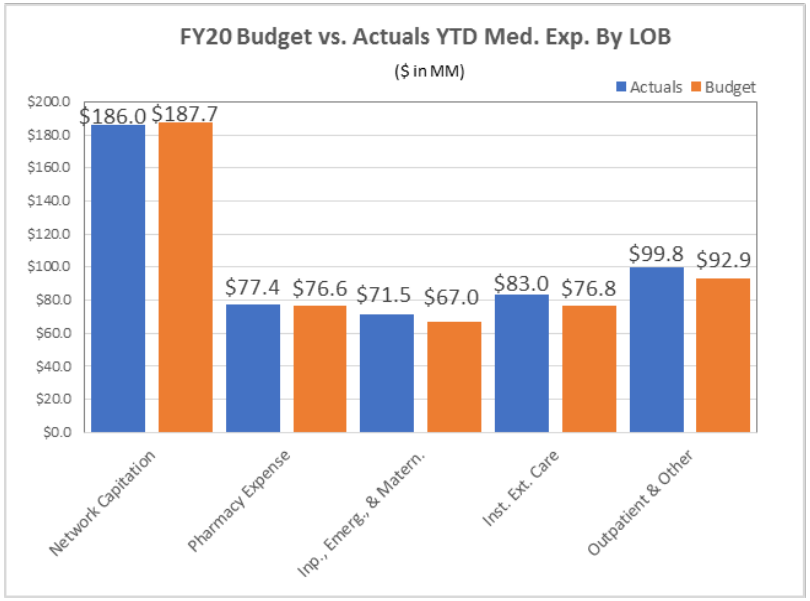


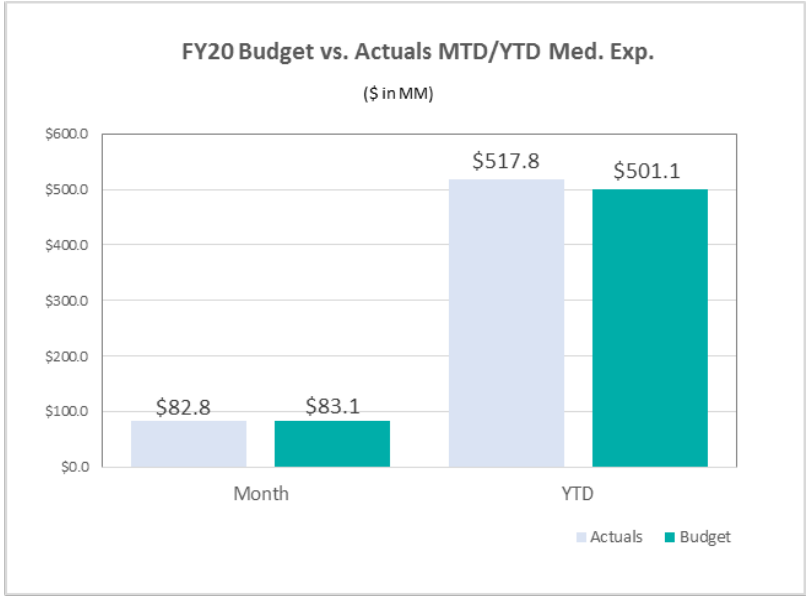


Medical Expense

Current month medical expense of $82.8M is $299K or 0.4% favorable to budget of $83.1M. The current month variance was due largely to:

- Capitation expense is $4.4M favorable due to retroactive Medi-Cal Coordinated Care Initiative (CCI) Duals provider adjustments related to recast.
- Medi-Cal and Cal MediConnect (CMC) Long Term Care (LTC) and Inpatient Hospital expenses in excess of budget yielded an unfavorable variance of $2.5M due to higher average cost per day versus budget.
- Other Expense is $1.0M unfavorable to budget largely due to increased FY20 Prop 56 accrued expense of $877K (with offsetting an increase to revenue).
- Pharmacy expense is $634K unfavorable due to higher utilization of specialty drugs.

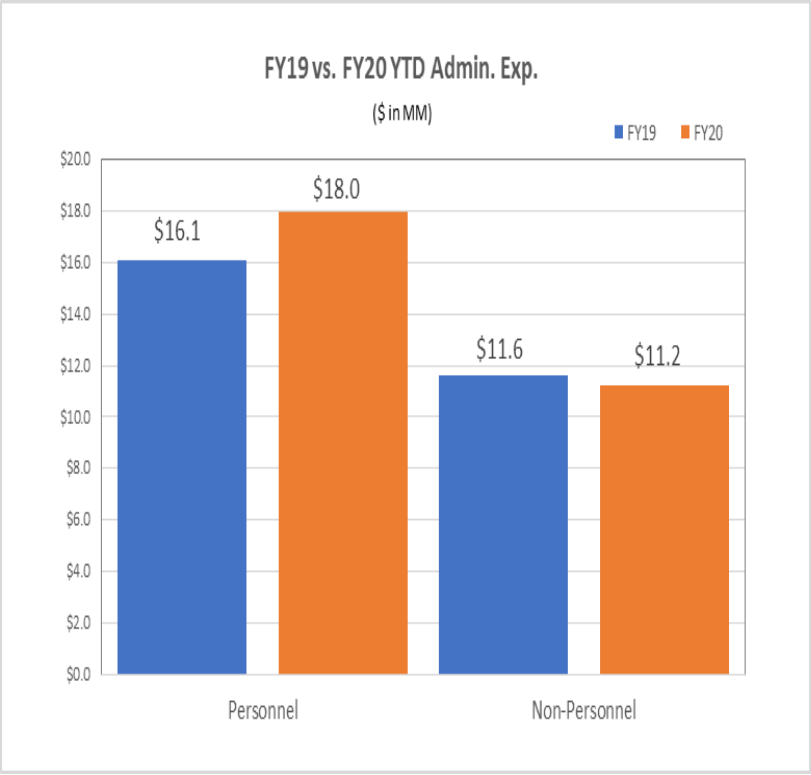


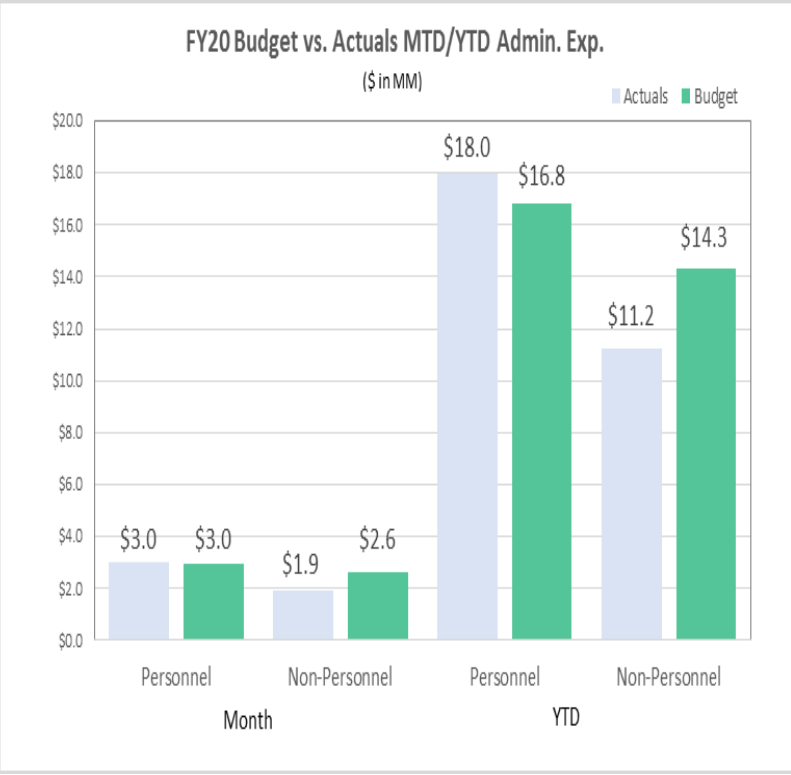


Administrative Expense

Current month admin expense of $5.0M is $618K or 11.0% favorable to budget of $5.6M. The current month variances were primarily due to the following:

- Non-Personnel expenses were overall $689K or 26.1% favorable to budget due to timing of consulting, advertising and postage expenses and reduced Quality Improvement spending versus budget.
- Personnel expenses were $71K or 2.4% unfavorable to budget due to slightly higher average salaries partially offset by a lower head count.





Balance Sheet

- Current assets totaled $877.0M compared to current liabilities of $706.6M, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash balance increased by $2.9M compared to the cash balance as of year-end June 30, 2019 due to timing of payments, received and paid.
- Current Cash & Equivalent components and yields were as follows:
  - Overall cash and investment yield favorably exceeds budget (1.9% actual vs. 1.4% budgeted).

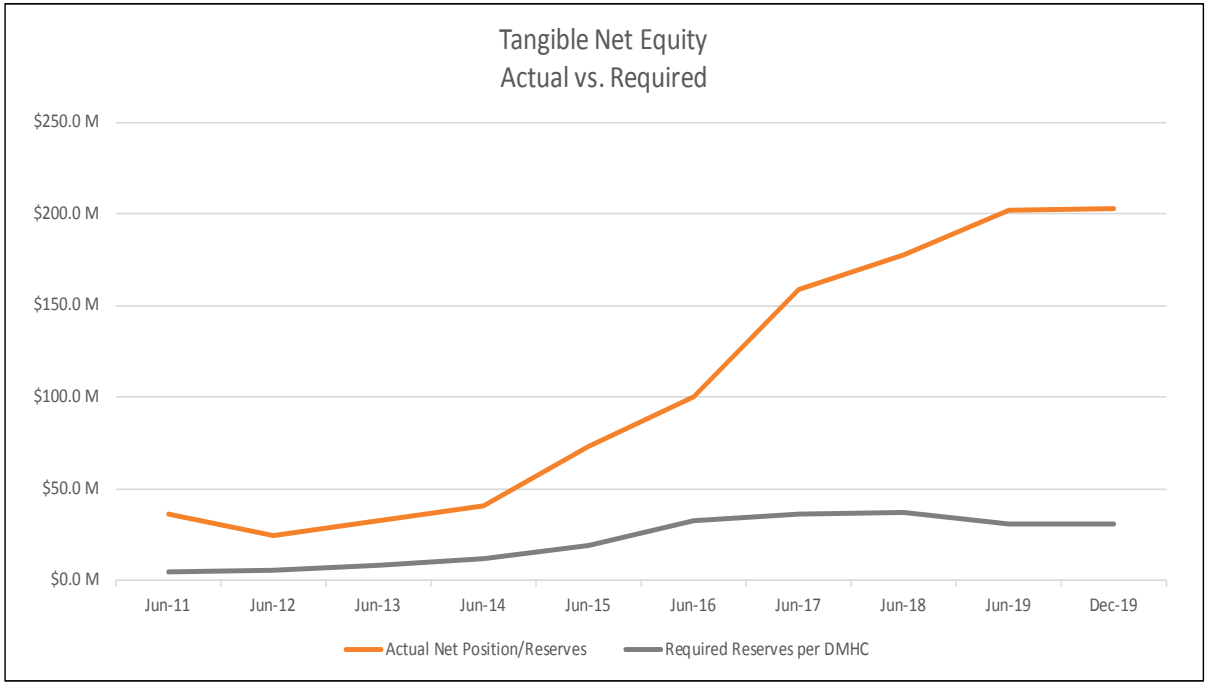
Description	Cash & Investments	Gross Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$104,824,933	2.13%	$234,050	$734,050
Wells Fargo Investments	$169,480,839	1.80%	$313,508	$1,165,314
	$274,305,772		$547,558	$1,899,364
Cash & Equivalents				
Bank of the West Money Market	$65,944	0.70%	$1,530	$57,976
Wells Fargo Bank Accounts	$27,612,435	1.50%	$47,109	$1,213,260
	$27,678,379		$48,639	$1,271,236
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$0	$348
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$302,290,000**		**$596,197**	**$3,170,948**

Tangible Net Equity

- TNE was $203.2M or 660.4% of the most recent quarterly DMHC minimum requirement of $30.8M. TNE balance represents approximately two months of the Plan's total expenses.

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

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Dec-19
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$203.2 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$30.8 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$61.5 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	660.4%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS DECEMBER 2019

Financial Reserve Target #1: Tangible Net Equity	Approved	Balance
Unrestricted Net Equity (Note 1)		$183,382,844
Board Designated Special Project Funding for CBOs	$4,000,000	3,840,000
Board Designated Innovation Fund	16,000,000	16,000,000
Total TNE		203,222,844
Current Required TNE		30,771,540
TNE %		660.4%
SCFHP Target TNE Range:		
350% of Required TNE (Low)		107,700,389
500% of Required TNE (High)		153,857,698
Total TNE Above/(Below) SCFHP Low Target		**95,522,456**
Total TNE Above/(Below) High Target		**$49,365,146**
Financial Reserve Target #2: Liquidity		
Cash & Investments		$302,290,000
Less Pass-Through Liabilities		
MCO Tax Payable to State of CA		(62,115,420)
Other Pass-Through Liabilities (Note 2)		(28,925,879)
Total Pass-Through Liabilities		**(91,041,299)**
Net Cash Available to SCFHP		211,248,701
SCFHP Target Liquidity (Note 3)		
45 Days of Total Operating Expense		(133,083,266)
60 Days of Total Operating Expense		(177,444,355)
Liquidity Above/(Below) SCFHP Low Target		**78,165,435**
Liquidity Above/(Below) High Target		**$33,804,346**

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 Fund.

Note 2: Other Pass-Through Liabilities include Prop 56 and other provider payables.

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

Capital Expenditures

Santa Clara Family Health Plan

Expenditure	YTD Actual	Annual Budget
Hardware	$344,960	$620,000
Software	$54,419	$1,029,000
Building Improvements	$969,245	$3,149,500
TOTAL	**$1,368,624**	**$4,798,500**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Six Months Ending December 31, 2019

	Dec-2019 Actuals	% of Rev	Dec-2019 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Dec-2019 Actuals	% of Rev	YTD Dec-2019 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 68,360,292	80.6%	$ 74,893,534	84.3%	$ (6,533,241)	-8.7%	$ 460,041,527	84.3%	$ 451,405,236	84.4%	$ 8,636,291	1.9%
CMC MEDI-CAL	5,596,170	6.6%	2,883,701	3.2%	2,712,469	94.1%	18,949,483	3.5%	17,073,140	3.2%	1,876,343	11.0%
CMC MEDICARE	10,880,315	12.8%	11,051,710	12.4%	(171,395)	-1.6%	65,471,692	12.0%	65,432,378	12.2%	39,314	0.1%
TOTAL CMC	16,476,485	19.4%	13,935,411	15.7%	2,541,074	18.2%	84,421,175	15.5%	82,505,518	15.4%	1,915,657	2.3%
HEALTHY KIDS	151	0.0%	0	0.0%	151	0.0%	1,123,789	0.2%	1,043,572	0.2%	80,218	7.7%
TOTAL REVENUE	**$ 84,836,928**	**100.0%**	**$ 88,828,945**	**100.0%**	**$ (3,992,016)**	**-4.5%**	**$ 545,586,491**	**100.0%**	**$ 534,954,325**	**100.0%**	**$ 10,632,165**	**2.0%**
MEDICAL EXPENSES												
MEDI-CAL	$ 69,311,168	81.7%	$ 69,886,185	78.7%	$ 575,018	0.8%	$ 439,424,834	80.5%	$ 421,619,839	78.8%	$ (17,804,995)	-4.2%
CMC MEDI-CAL	2,600,886	3.1%	3,039,921	3.4%	439,035	14.4%	15,990,516	2.9%	18,002,422	3.4%	2,011,906	11.2%
CMC MEDICARE	10,881,467	12.8%	10,198,322	11.5%	(683,145)	-6.7%	61,516,283	11.3%	60,347,747	11.3%	(1,168,536)	-1.9%
TOTAL CMC	13,482,353	15.9%	13,238,243	14.9%	(244,110)	-1.8%	77,506,799	14.2%	78,350,169	14.6%	843,371	1.1%
HEALTHY KIDS	31,434	0.0%	0	0.0%	(31,434)	0.0%	835,970	0.2%	1,123,405	0.2%	287,436	25.6%
TOTAL MEDICAL EXPENSES	**$ 82,824,954**	**97.6%**	**$ 83,124,428**	**93.6%**	**$ 299,474**	**0.4%**	**$ 517,767,602**	**94.9%**	**$ 501,093,413**	**93.7%**	**$ (16,674,189)**	**-3.3%**
MEDICAL OPERATING MARGIN	**$ 2,011,974**	**2.4%**	**$ 5,704,517**	**6.4%**	**$ (3,692,542)**	**-64.7%**	**$ 27,818,889**	**5.1%**	**$ 33,860,912**	**6.3%**	**$ (6,042,023)**	**-17.8%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,030,566	3.6%	$ 2,959,596	3.3%	$ (70,970)	-2.4%	$ 17,956,715	3.3%	$ 16,842,847	3.1%	$ (1,113,867)	-6.6%
RENTS AND UTILITIES	22,914	0.0%	11,917	0.0%	(10,997)	-92.3%	119,196	0.0%	97,102	0.0%	(22,094)	-22.8%
PRINTING AND ADVERTISING	8,778	0.0%	73,113	0.1%	64,335	88.0%	86,633	0.0%	418,678	0.1%	332,045	79.3%
INFORMATION SYSTEMS	215,347	0.3%	299,410	0.3%	84,063	28.1%	1,511,195	0.3%	1,853,460	0.3%	342,265	18.5%
PROF FEES/CONSULTING/TEMP STAFFING	1,044,020	1.2%	1,457,939	1.6%	413,919	28.4%	5,474,531	1.0%	7,209,578	1.3%	1,735,047	24.1%
DEPRECIATION/INSURANCE/EQUIPMENT	362,213	0.4%	390,510	0.4%	28,298	7.2%	2,097,701	0.4%	2,333,260	0.4%	235,559	10.1%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	45,401	0.1%	84,741	0.1%	39,340	46.4%	389,632	0.1%	480,846	0.1%	91,214	19.0%
MEETINGS/TRAVEL/DUES	98,046	0.1%	120,272	0.1%	22,226	18.5%	572,242	0.1%	748,747	0.1%	176,505	23.6%
OTHER	152,595	0.2%	200,250	0.2%	47,655	23.8%	997,135	0.2%	1,198,000	0.2%	200,865	16.8%
TOTAL ADMINISTRATIVE EXPENSES	**$ 4,979,880**	**5.9%**	**$ 5,597,749**	**6.3%**	**$ 617,869**	**11.0%**	**$ 29,204,979**	**5.4%**	**$ 31,182,518**	**5.8%**	**$ 1,977,539**	**6.3%**
OPERATING SURPLUS (LOSS)	**$ (2,967,906)**	**-3.5%**	**$ 106,767**	**0.1%**	**$ (3,074,673)**	**-2879.8%**	**$ (1,386,090)**	**-0.3%**	**$ 2,678,394**	**0.5%**	**$ (4,064,484)**	**-151.8%**
ALLOWANCE FOR UNCOLLECTED PREMIUM	0	0.0%	0	0.0%	0	0.0%	42267	0.0%	0	0.0%	(42,267)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	59,780	0.1%	60,000	0.1%	220	0.4%	358,678	0.1%	360,000	0.1%	1,322	0.4%
GASB 68 - UNFUNDED PENSION LIABILITY	75,000	0.1%	75,000	0.1%	0	0.0%	450,000	0.1%	450,000	0.1%	0	0.0%
NON-OPERATING EXPENSES	**$ 134,780**	**0.2%**	**$ 135,000**	**0.2%**	**$ 220**	**0.2%**	**$ 850,945**	**0.2%**	**$ 810,000**	**0.2%**	**$ (40,945)**	**-5.1%**
INTEREST & OTHER INCOME	618,905	0.7%	379,225	0.4%	239,680	63.2%	3,334,127	0.6%	2,275,350	0.4%	1,058,777	46.5%
NET NON-OPERATING ACTIVITIES	**$ 484,126**	**0.6%**	**$ 244,225**	**0.3%**	**$ 239,900**	**98.2%**	**$ 2,483,182**	**0.5%**	**$ 1,465,350**	**0.3%**	**$ 1,017,831**	**69.5%**
NET SURPLUS (LOSS)	**$ (2,483,780)**	**-2.9%**	**$ 350,992**	**0.4%**	**$ (2,834,773)**	**-807.6%**	**$ 1,097,091**	**0.2%**	**$ 4,143,744**	**0.8%**	**$ (3,046,653)**	**-73.5%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
For Six Months Ending December 31, 2019

	Dec-2019	Nov-2019	Oct-2019	Dec-2018
Assets				
Current Assets				
Cash and Investments	302,290,000	323,681,801	300,653,115	208,026,081
Receivables	564,782,828	545,738,541	528,337,519	534,610,551
Prepaid Expenses and Other Current Assets	9,966,417	11,776,164	11,671,741	8,654,412
Total Current Assets	**877,039,245**	**881,196,507**	**840,662,376**	**751,291,044**
Long Term Assets				
Property and Equipment	46,127,393	45,935,579	45,648,483	43,554,399
Accumulated Depreciation	(19,198,652)	(18,867,161)	(18,544,570)	(16,186,309)
Total Long Term Assets	26,928,742	27,068,418	27,103,913	27,368,090
Total Assets	**903,967,987**	**908,264,924**	**867,766,289**	**778,659,134**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**913,205,596**	**917,502,533**	**877,003,898**	**793,194,374**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	6,110,110	8,257,553	10,008,958	3,986,492
Employee Benefits	1,944,170	1,983,388	1,781,081	1,725,742
Retirement Obligation per GASB 75	3,049,114	4,242,184	4,182,405	3,909,473
Advance Premium - Healthy Kids	-	-	-	78,886
Deferred Revenue - Medicare	-	10,204,914	-	-
Whole Person Care / Prop 56	28,925,879	27,601,237	21,339,570	13,847,960
IGT, HQAF, Other Provider Payables	35,246,281	41,825,039	38,212,182	10,370,444
MCO Tax Payable - State Board of Equalization	62,115,420	51,762,850	41,410,280	26,353,890
Due to DHCS	42,054,661	31,562,982	29,964,404	35,038,446
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	413,549,551
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	102,726,060	106,775,698	97,451,250	83,657,354
Total Current Liabilities	**706,558,246**	**708,602,395**	**668,736,681**	**600,812,263**
Non-Current Liabilities				
Net Pension Liability GASB 68	429,957	358,965.56	287,974	2,274,796
Total Non-Current Liabilities	**429,957**	**358,966**	**287,974**	**2,274,796**
Total Liabilities	**706,988,203**	**708,961,361**	**669,024,655**	**603,087,059**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Invested in Capital Assets	26,928,742	27,068,418	27,103,913	27,368,090
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Board Designated Fund: Special Project Funding for CBOs	3,840,000	2,040,000	2,200,000	0
Board Designated Fund: Innovation Fund	16,000,000	0	0	0
Unrestricted Net Equity	155,051,661	172,551,985	172,516,490	150,342,423
Current YTD Income (Loss)	1,097,091	3,580,872	2,858,942	8,056,812
Total Net Assets / Reserves	**203,222,844**	**205,546,625**	**204,984,695**	**186,072,675**
Total Liabilities, Deferred Inflows and Net Assets	**913,205,596**	**917,502,533**	**877,003,898**	**793,194,374**

Cash Flow Statement

Santa Clara Family Health Plan

	Dec-2019	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$86,636,891	$782,896,781
Medical Expenses Paid	(93,293,349)	(766,531,886)
Adminstrative Expenses Paid	(15,162,434)	(15,462,902)
Net Cash from Operating Activities	**($21,818,892)**	**$901,994**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(191,814)	(1,368,624)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	618,905	3,334,127
Net Increase/(Decrease) in Cash & Cash Equivalents	**(21,391,801)**	**2,867,497**
Cash & Investments (Beginning)	323,681,802	299,422,504
Cash & Investments (Ending)	**$302,290,000**	**$302,290,000**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	($3,102,685)	($2,237,036)
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	331,490	1,832,121
Changes in Operating Assets/Liabilities		
Premiums Receivable	(19,044,287)	186,283,298
Prepaids & Other Assets	1,809,747	2,173,670
Accounts Payable & Accrued Liabilities	(12,260,003)	10,157,273
State Payable	20,844,249	51,026,993
IGT, HQAF & Other Provider Payables	(6,578,757)	(263,635,327)
Net Pension Liability	70,991	429,957
Medical Cost Reserves & PDR	(3,889,638)	14,871,044
Total Adjustments	**(18,716,207)**	**3,139,029**
Net Cash from Operating Activities	**($21,818,892)**	**$901,994**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Six Months Ending December 31, 2019

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$460,041,527	$18,949,483	$65,471,692	$84,421,175	$1,123,789	**$545,586,491**
MEDICAL EXPENSE	$439,424,834	$15,990,516	$61,516,283	$77,506,799	$835,970	**$517,767,602**
(MLR)	95.5%	84.4%	94.0%	91.8%	74.4%	94.9%
GROSS MARGIN	$20,616,693	$2,958,966	$3,955,410	$6,914,376	$287,820	**$27,818,889**
ADMINISTRATIVE EXPENSE	$24,625,799	$1,014,357	$3,504,668	$4,519,024	$60,156	**$29,204,979**
(% of Revenue Allocation)						
OPERATING INCOME/(LOSS)	($4,009,106)	$1,944,610	$450,742	$2,395,352	$227,664	**-$1,386,091**
(% of Revenue Allocation)						
OTHER INCOME/(EXPENSE)	$2,093,833	$86,247	$297,988	$384,234	$5,115	**$2,483,182**
(% of Revenue Allocation)						
NET INCOME/(LOSS)	-$1,915,273	$2,030,857	$748,730	$2,779,586	$232,779	**$1,097,091**
PMPM (ALLOCATED BASIS)						
REVENUE	$325.60	$383.95	$1,326.57	$1,710.52	$106.74	**$370.45**
MEDICAL EXPENSES	$311.01	$324.00	$1,246.43	$1,570.43	$79.40	**$351.56**
GROSS MARGIN	$14.59	$59.95	$80.14	$140.10	$27.34	**$18.89**
ADMINISTRATIVE EXPENSES	$17.43	$20.55	$71.01	$91.56	$5.71	**$19.83**
OPERATING INCOME/(LOSS)	-$2.84	$39.40	$9.13	$48.53	$21.62	**-$0.94**
OTHER INCOME/(EXPENSE)	$1.48	$1.75	$6.04	$7.79	$0.49	**$1.69**
NET INCOME/(LOSS)	-$1.36	$41.15	$15.17	$56.32	$22.11	**$0.74**
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	1,412,885	49,354	49,354	49,354	10,528	1,472,767
REVENUE BY LOB	84.3%	3.5%	12.0%	15.5%	0.2%	100.0%

Santa Clara Family Health Plan™

Overview of Medi-Cal & Medicare Rate-Setting

Executive Finance Committee

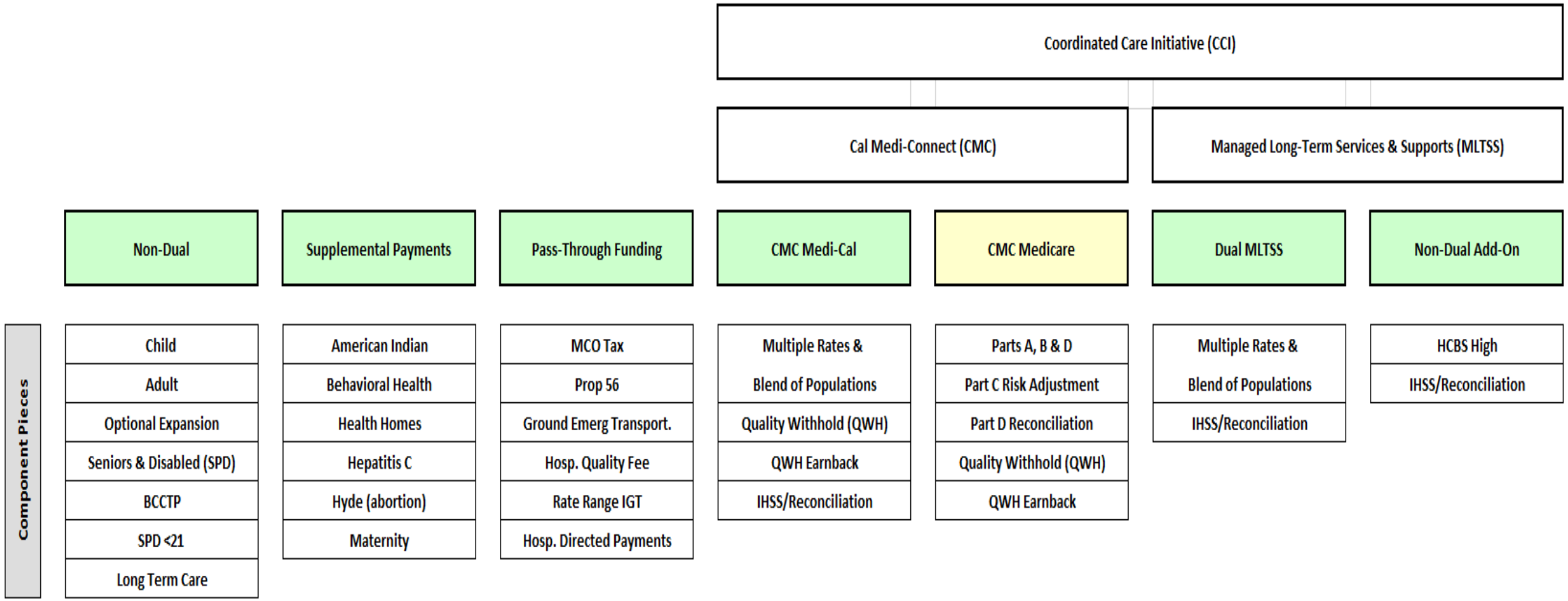
February 27, 2020

Today's Discussion Topics

- Medi-Cal Rate Setting
  - Rate Structure
  - Rate Development Process & Cycle
  - Risk Adjustment and Countywide Averaging
  - Other Rate-Setting Issues
- Medicare Rate-Setting
  - Rate basis
  - Part C & D reconciliations

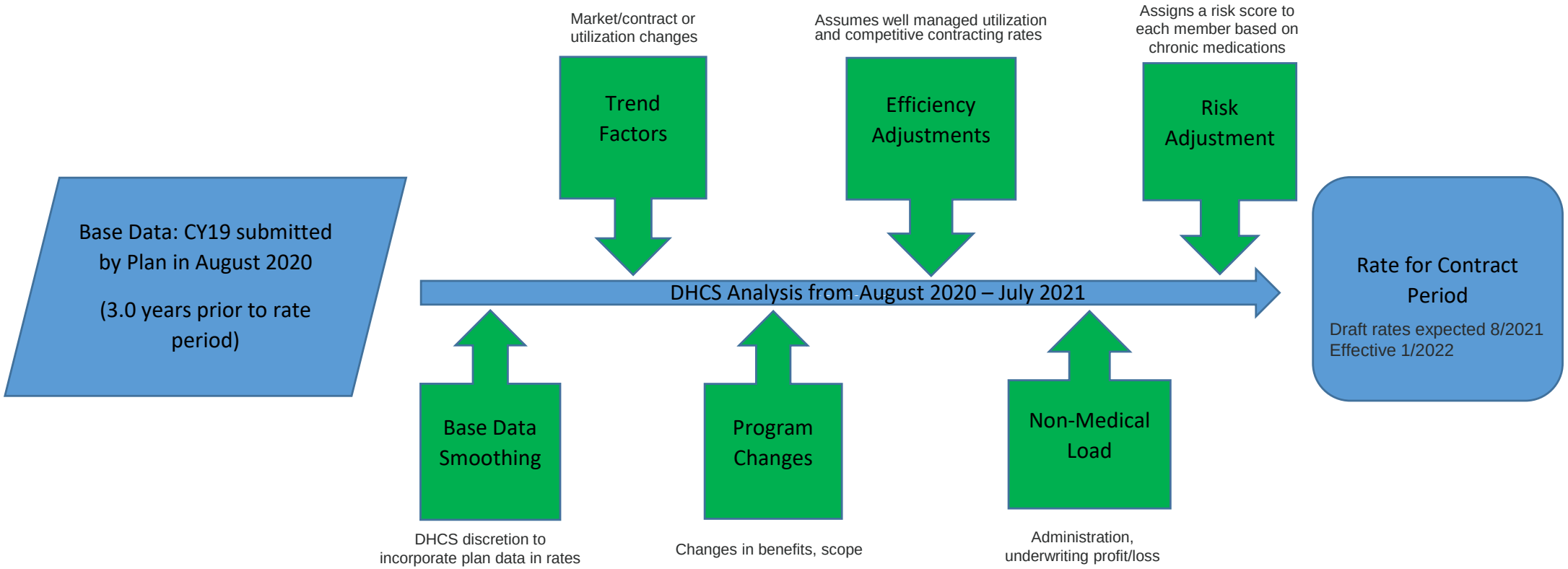
Medi-Cal Rate Structure

Complex financing structure supporting annual revenue of $1 billion



Medi-Cal Rate Development Process

Beginning January 2021, Medi-Cal rates will be Calendar Year instead of Fiscal Year



Medi-Cal Rate Development Cycle

DCHS draft rates are generally approved by CMS one year after the effective date.

- For Non-CCI Rates:
  - DHCS sends draft rates to plans one month **before** effective date (e.g. June 2019 for FY20)
  - Final CMS approval generally occurs about one year **after** effective date.
  - Plan is paid at prior fiscal rates until March (e.g., FY19 rates until March 2020)
- For CCI Rates:
  - Pilot rate-setting methodology for DHCS, blending risk levels of the same Category of Aid
  - DHCS sends draft rates to plans one year **after** effective date.
  - Final CMS approval **pending** for CY17, 18 and 19. Could result in significant retroactive changes.

Key Medi-Cal Rate Setting Issues: Risk Adjustment and Countywide Averaging

Santa Clara Family Health Plan

Risk adjustment and countywide averaging have a negative impact on rates.

- SCFHP rate developed by DHCS, aggregated with similar Anthem BC rate to yield County rate
- County rate is then risk-adjusted
- SCFHP receives a blended rate: 25% actual SCFHP experience rate and 75% risk-adjusted rate
- Represents ~$20M for FY1920 transfer of funds from SCFHP to Anthem BC:

Risk-Adjustment and Countywide Averaging Illustration		A	B	$C = A_{County} \times B_{Plan}$	$D = 75\% \times C + 25\% \times A$	$E = D / A - 1$
Health Plan	**County Membership**	**Experience Rate**	**Risk Score**	**Risk-Adjusted Rate**	**Final Capitation**	**Impact of Risk Adjustment**
SCFHP	80%	$ 105.00	1.020	$ 102.00	$ 102.75	-2.1%
Anthem Blue Cross	20%	$ 80.00	0.920	$ 92.00	$ 89.00	11.3%
County Total	**100%**	**$ 100.00**	**1.000**	**$ 100.00**	**$ 100.00**	**0.0%**

FY1920 Annual (12 Month) Impact of Risk-Adjustment and Countywide Averaging

COA	Impact of Risk Adjustment
Child	$ (5,600,000)
Adult	$ (800,000)
ACA Optional Expansion	$ (10,200,000)
SPD (Non-Dual)	$ (4,000,000)
All Combined	**$ (20,600,000)**

Other Medi-Cal Rate Setting Issues

- Tools used by DHCS' actuaries: Smoothing, Trend, Efficiency Adjustment, and Program Changes
- Retroactive rate-setting and age of data
  - Market changes not recognized until much later
- Capitation allocation nuances
- Incomplete encounter data from partners
- Identifying delegated administrative, UM, CM amounts within capitation
- Regional rate development expected within CalAIM in 2023

Medicare Rate Setting

CMC does not submit a Medicare Advantage/ HMO Bid

- CMS and DHCS send plan draft rates in April for the following CY. Final rates are sent in September.
- Parts C and D average pmpm rates for a 1.0 risk score member are based on county FFS experience and HMO Bid, weighted by enrollment mix in FFS vs. Medicare Advantage. The rates are the same for Anthem BC and SCFHP.
- CMC plans have minimum and county specific savings, totaling 4.95%, that are deducted from the average pmpm. A 2% sequestration is also applied.

Medicare Rate Basis

Rates are based on members' risk scores and average pmpm. The goal is to submit complete and accurate diagnoses to CMS.

- Member risk scores are based on medical diagnoses which primarily come from provider claims.
- Medicare allows plans to supplement claims diagnosis data through retrospective chart reviews.
- Part C (Medical) & Part D (Pharmacy) Reconciliations
  - Part C payments are adjusted multiple times based on updated diagnosis data submissions. Final reconciliation completed eight months after each calendar year.
  - Part D reconciliation completed ten months after each calendar year.

Final Thoughts

Conclusion: Medi-Cal & Medicare rates are complex, subject to estimation, and susceptible to subsequent change.

- Questions?
- Thank you

Santa Clara Family Health Plan
Quarterly Investment Compliance Report
Fourth Quarter Ending December 31, 2019

(In accordance with the California Government Code)

1. OVERVIEW

The California Government Code (the Code), Section 53646, which governs Santa Clara Family Health Plan's (the Plan's) investments, requires the Chief Financial Officer to submit a quarterly report on the status of investment portfolio and excess cash to its Governing Board.

The quarterly report contains a listing of investments, fund balances, activity, and return on investments made by the Plan. Quarterly reports reflect the current positions and past performance of a portfolio of investments for the period of time under consideration.

This quarterly report also includes 1) a statement of compliance with the investment policy or an explanation for non-compliance; and 2) a statement of SCFHP's ability to meet its expenditure requirements for the next six months (and an explanation of why sufficient money would not be available, if that were the case).

The Plan's investments and excess cash accounts currently include:

1. County of Santa Clara Comingled Investment Pool (County Pool)
2. Wells Fargo Investment Management Portfolio (Portfolio)
3. Wells Fargo Stagecoach Money Market Fund (Sweep)

2. COMPLIANCE WITH THE 2019 ANNUAL INVESTMENT POLICY

Based upon our independent compliance review of the quarterly investment reports prepared for the County Pool, and Portfolio) investments and the Sweep account were in compliance with the Santa Clara Family Health Plan's 2019 Annual Investment Policy adopted May 1, 2019 and the subsequent Executive/Finance Committee directive dated July 25, 2019, to engage Wells Fargo Asset Management as portfolio manager. Investments made by Wells Fargo Asset Management are made in keeping with the Annual Investment Policy and the California Government Code.

Investment information for the County Pool and the Portfolio is as of December 31, 2019. Going forward, this investment oversight report will be provided as of quarter end and be available no later than 30 days after quarter end provided source documents are available.

As required by the Code, the quarter end listing of the portfolio holdings is attached to this report.

3. PORTFOLIO SUMMARY

As of December 31, 2019, the market values of the investments of the SCFHP as invested in the County Pool, the Wells' managed portfolio and the Wells' Stagecoach Money Market Fund (Sweep Account) are as follows:

County Commingled Investment Pool (County Pool)	Wells Fargo Asset Management Portfolio (Portfolio)	Wells Fargo Stagecoach Money Market Fund (Sweep Account)	Total
$104,824,933	$169,480,839	$38,583,266	$312,889,038

4. SIX MONTH CASH SUFFICIENCY

The Plan's treasury management staff confirmed to Sperry Capital that the Plan has sufficient cash on-hand plus projected revenues to meet its operating expenditure requirements for at least the next six months.

5. DIVERSIFICATION COMPLIANCE

As of December 31, 2019, the investment composition of the Wells Portfolio and Sweep accounts is compliant with the SCFHP Annual Investment Policy 2019.

The published Quarterly Investment Report as of December 31, 2019 for the Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. There is no maximum percentage requirement for investment in the Commingled Investment Pool.

6. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

Investment Type	Maximum Maturity	Maximum Specified % of Portfolio	Minimum Quality Requirements	Portfolio As of 12-31-2019	Compliance
Wells Stagecoach MMF	N/A	20%	**	38,583,266	Yes
Wells Govt MMF	N/A	20%	**	165,374	Yes
Commingled Investment Pool	N/A	None	None	104,824,933	Yes
U.S. Treasury Obligations	5 years	None	None	30,462,903	Yes
U.S. Agency Obligations	5 years	None	None	54,566,564	Yes
Commercial Paper	270 days	40% of the agency's money	Highest letter and number rating by a national rating agency	28,886,986	Yes
CA Local Agency Obligations	5 years	None	None	2,676,316	Yes
Medium-Term Notes	5 years	30%	"A" rating or better	45,204,850	Yes
Supranational Obligations	5 years	30%	"AA" rating or better	7,515,682	Yes
Cash		None		*2,164	Yes

***A money market mutual fund must receive the highest ranking by not less than two nationally recognized statistical rating organizations or retain an investment advisor registered with the SEC or exempt from registration and who has not less than five years' experience investing in money market instruments with assets under management in excess of $500 million.*
**rounded*

7. PERFORMANCE – for the quarter ending December 31, 2019

1. Wells Fargo Asset Managed Portfolio

Portfolio (Net of Fees): 0.47%* (Annualized = 1.71%*)
Portfolio (Gross of Fees): 0.49%* (Annualized = 1.80%*)
Benchmark: ICE Merrill Lynch 3-Month T-Bill = 0.46%
Average Duration: 0.37 years*
Average Effective Maturity: 0.40 years*
**provided by Wells Fargo Asset Management*

2. Santa Clara County Commingled Investment Pool

Annualized Yield = 2.04%
Weighted average life = 1.29 years (471 days)
Benchmark: LAIF = 2.11% (weighted average life = .619 years)
Benchmark: 2-year T-Note = 1.57%

3. Stagecoach Sweep Account (Wells Money Market Mutual Fund)

Annualized Yield = 1.50% (Net of Fees)

ATTACHMENT

Portfolio listing of the Wells managed portfolio

Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

Cash

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
CCYUSD Cash	-0.01 -0.01	0.00 AAA	12/31/2019 12/31/2019	-0.01	1.0000 0.00	0.00 0.00	-0.01 -0.01
CCYUSD Receivable	2,172.34 2,172.34	0.00 AAA	12/31/2019 12/31/2019	2,172.34	1.0000 0.00	0.00 0.00	2,172.34 2,172.34
CCYUSD **---**	**2,172.33** **2,172.33**	**0.00** **AAA**	**12/31/2019** **12/31/2019**	**2,172.33**	**1.0000** **0.00**	**0.00** **0.00**	**2,172.33** **2,172.33**

MMFund

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
94975P405 WELLSFARGO:GOVT MM I	165,374.43 165,374.43	1.54 AAA	12/31/2019 12/31/2019	165,374.43	1.0000 1.50	0.00 0.00	165,374.43 165,374.43
94975P405 **WELLSFARGO:GOVT MM I**	**165,374.43** **165,374.43**	**1.54** **AAA**	**12/31/2019** **12/31/2019**	**165,374.43**	**1.0000** **1.50**	**0.00** **0.00**	**165,374.43** **165,374.43**

Fixed Income

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
02665WCG4 AMERICAN HONDA FINANCE CORP	1,075,000.00 1,075,000.00	2.15 A	06/16/2020 06/16/2020	1,075,914.19	100.0512 1.96	1,028.96 -363.63	1,075,550.56 1,076,579.52
02665WCL3 AMERICAN HONDA FINANCE CORP	1,350,000.00 1,350,000.00	2.04 A	02/21/2020 02/21/2020	1,350,281.62	100.0282 1.84	3,143.62 99.01	1,350,380.63 1,353,524.25
06051GFT1 BANK OF AMERICA CORP	3,000,000.00 3,000,000.00	2.63 A	10/19/2020 10/19/2020	3,015,710.97	100.5725 1.89	15,750.00 1,463.04	3,017,174.01 3,032,924.01
06406HDD8 BANK OF NEW YORK MELLON CORP	3,462,000.00 3,462,000.00	2.60 A+	08/17/2020 07/17/2020	3,474,289.76	100.4041 1.83	33,504.47 1,701.39	3,475,991.15 3,509,495.62
072024WU2 BAY AREA TOLL AUTH CALIF TOLL BRDG REV	2,660,000.00 2,660,000.00	2.02 AA-	04/01/2020 04/01/2020	2,660,000.00	100.0790 1.68	14,214.38 2,101.40	2,662,101.40 2,676,315.77
14913Q2K4 CATERPILLAR FINANCIAL SERVICES CORP	3,000,000.00 3,000,000.00	2.09 A	05/15/2020 05/15/2020	3,001,310.29	100.0530 1.85	8,185.36 280.25	3,001,590.54 3,009,775.90
17325FAE8 CITIBANK NA	3,000,000.00 3,000,000.00	2.10 A+	06/12/2020 05/12/2020	3,000,821.36	100.0493 1.95	3,325.00 656.53	3,001,477.89 3,004,802.89
12619TB37 CRC Funding, LLC	3,000,000.00 3,000,000.00	0.00 A-1	02/03/2020 02/03/2020	2,994,912.50	99.5375 5.07	0.00 -8,787.50	2,986,125.00 2,986,125.00
30229AA90 Exxon Mobil Corporation	1,900,000.00 1,900,000.00	0.00 A-1+	01/09/2020 01/09/2020	1,899,299.11	99.9595 1.62	0.00 -67.66	1,899,231.45 1,899,231.45
313312VZ0 FEDERAL FARM CREDIT BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	04/24/2020 04/24/2020	4,969,992.05	99.5072 1.56	0.00 5,367.65	4,975,359.70 4,975,359.70

Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
313312ZY9 FEDERAL FARM CREDIT BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	07/28/2020 07/28/2020	4,945,570.36	99.0929 1.57	0.00 9,074.09	4,954,644.45 4,954,644.45
313312N97 FEDERAL FARM CREDIT BANKS	2,000,000.00 2,000,000.00	0.00 A-1+	11/10/2020 11/10/2020	1,972,058.31	98.6784 1.53	0.00 1,510.57	1,973,568.88 1,973,568.88
3133EJYY9 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00 2,000,000.00	2.69 AAA	09/04/2020 09/04/2020	2,010,973.54	100.7788 1.52	17,485.00 4,602.28	2,015,575.82 2,033,060.82
3133XXP50 FEDERAL HOME LOAN BANKS	1,500,000.00 1,500,000.00	4.13 AAA	03/13/2020 03/13/2020	1,507,400.93	100.4761 1.69	18,562.50 -259.18	1,507,141.75 1,525,704.25
313384RL5002 FEDERAL HOME LOAN BANKS	1,300,000.00 1,300,000.00	0.00 A-1+	01/06/2020 01/06/2020	1,299,693.64	99.9832 1.01	0.00 88.25	1,299,781.89 1,299,781.89
313384G86 FEDERAL HOME LOAN BANKS	3,000,000.00 3,000,000.00	0.00 A-1+	09/22/2020 09/22/2020	2,959,705.94	98.8633 1.56	0.00 6,194.05	2,965,899.99 2,965,899.99
313384SQ3 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	02/03/2020 02/03/2020	4,993,024.93	99.8649 1.43	0.00 219.52	4,993,244.45 4,993,244.45
313384UJ6 FEDERAL HOME LOAN BANKS	10,000,000.00 10,000,000.00	0.00 A-1+	03/16/2020 03/16/2020	9,967,481.66	99.6793 1.52	0.00 451.64	9,967,933.30 9,967,933.30
313384TW9 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	03/04/2020 03/04/2020	4,986,342.30	99.7313 1.51	0.00 224.35	4,986,566.65 4,986,566.65
313396UL5 FEDERAL HOME LOAN MORTGAGE CORP	5,000,000.00 5,000,000.00	0.00 A-1+	03/18/2020 03/18/2020	4,980,595.15	99.6707 1.52	0.00 2,938.20	4,983,533.35 4,983,533.35
313396A60 FEDERAL HOME LOAN MORTGAGE CORP	10,000,000.00 10,000,000.00	0.00 A-1+	08/03/2020 08/03/2020	9,908,519.66	99.0727 1.56	0.00 -1,252.96	9,907,266.70 9,907,266.70
369550BA5 GENERAL DYNAMICS CORP	2,895,000.00 2,895,000.00	2.88 A	05/11/2020 05/11/2020	2,904,184.58	100.3467 1.89	11,559.90 851.40	2,905,035.98 2,916,595.88
38346LA71 Gotham Funding Corporation	5,000,000.00 5,000,000.00	0.00 A-1	01/07/2020 01/07/2020	4,998,508.33	99.9669 1.70	0.00 -161.13	4,998,347.20 4,998,347.20
4042Q1AE7 HSBC BANK USA	3,000,000.00 3,000,000.00	4.88 A	08/24/2020 08/24/2020	3,052,733.58	101.7239 2.16	51,593.75 -1,015.11	3,051,718.47 3,103,312.22
458140AQ3 INTEL CORP	3,000,000.00 3,000,000.00	2.45 A+	07/29/2020 07/29/2020	3,007,890.82	100.3819 1.77	31,033.33 3,566.42	3,011,457.24 3,042,490.57
4581X0CP1 INTER-AMERICAN DEVELOPMENT BANK	2,500,000.00 2,500,000.00	1.88 AAA	06/16/2020 06/16/2020	2,499,072.53	100.0455 1.76	1,953.13 2,063.82	2,501,136.35 2,503,089.48
45866FAC8 INTERCONTINENTAL EXCHANGE INC	3,309,000.00 3,309,000.00	2.75 A	12/01/2020 11/01/2020	3,332,425.64	100.6750 1.92	7,583.13 -1,089.89	3,331,335.75 3,338,918.88
459058FA6 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM	5,000,000.00 5,000,000.00	1.38 AAA	03/30/2020 03/30/2020	4,992,564.24	99.9041 1.75	17,378.47 2,639.71	4,995,203.95 5,012,582.42
24422EUN7 JOHN DEERE CAPITAL CORP	1,731,000.00 1,731,000.00	2.43 A	07/10/2020 07/10/2020	1,733,868.45	100.1808 1.91	9,695.93 260.66	1,734,129.11 1,743,825.04
46625HNX4 JPMORGAN CHASE & CO	3,000,000.00 3,000,000.00	2.55 A	10/29/2020 09/29/2020	3,010,078.17	100.4549 1.92	13,175.00 3,567.39	3,013,645.56 3,026,820.56
50000DAD8 Koch Industries, Inc.	4,000,000.00 4,000,000.00	0.00 A-1+	01/13/2020 01/13/2020	3,997,733.33	99.9444 1.54	0.00 43.67	3,997,777.00 3,997,777.00
53127TCC5 Liberty Street Funding LLC	5,000,000.00 5,000,000.00	0.00 A-1	03/12/2020 03/12/2020	4,981,756.94	99.6324 1.84	0.00 -136.94	4,981,620.00 4,981,620.00

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPl

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
637432NF8 NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	2,909,000.00 2,909,000.00	2.30 A+	11/01/2020 10/01/2020	2,916,642.79	100.3560 1.81	11,151.17 2,714.21	2,919,357.00 2,930,508.17
63763PAN9 National Securities Clearing Corporation	4,000,000.00 4,000,000.00	0.00 A-1+	01/22/2020 01/22/2020	3,995,683.33	99.9000 1.64	0.00 315.11	3,995,998.44 3,995,998.44
67983TC53 Old Line Funding, LLC	5,000,000.00 5,000,000.00	0.00 A-1+	03/05/2020 03/05/2020	4,983,644.44	99.6795 1.78	0.00 331.26	4,983,975.70 4,983,975.70
69371RN85 PACCAR FINANCIAL CORP	1,000,000.00 1,000,000.00	2.05 A+	11/13/2020 11/13/2020	1,002,223.04	100.1664 1.85	2,733.33 -559.29	1,001,663.75 1,004,397.08
87612EAV8 TARGET CORP	2,000,000.00 2,000,000.00	3.88 A	07/15/2020 07/15/2020	2,020,268.41	101.0718 1.86	35,736.11 1,167.17	2,021,435.58 2,057,171.69
19121ACQ2 The Coca-Cola Company	1,048,000.00 1,048,000.00	0.00 A-1	03/24/2020 03/24/2020	1,043,288.37	99.6099 1.68	0.00 623.04	1,043,911.41 1,043,911.41
89236TGE9 TOYOTA MOTOR CREDIT CORP	3,000,000.00 3,000,000.00	1.98 AA-	09/14/2020 09/14/2020	3,001,114.80	99.9698 1.91	2,644.84 -2,022.06	2,999,092.74 3,001,737.58
912828NT3 UNITED STATES TREASURY	7,000,000.00 7,000,000.00	2.63 AAA	08/15/2020 08/15/2020	7,042,556.25	100.6016 1.65	69,405.57 -444.25	7,042,112.00 7,111,517.57
912828VF4 UNITED STATES TREASURY	2,000,000.00 2,000,000.00	1.38 AAA	05/31/2020 05/31/2020	1,998,046.81	99.8828 1.66	2,404.37 -390.81	1,997,656.00 2,000,060.37
912828B58 UNITED STATES TREASURY	3,000,000.00 3,000,000.00	2.13 AAA	01/31/2021 01/31/2021	3,014,190.49	100.5234 1.64	26,677.99 1,511.51	3,015,702.00 3,042,379.99
912828W63 UNITED STATES TREASURY	3,000,000.00 3,000,000.00	1.63 AAA	03/15/2020 03/15/2020	3,000,346.88	99.9922 1.66	14,464.29 -580.88	2,999,766.00 3,014,230.29
912828X96 UNITED STATES TREASURY	1,400,000.00 1,400,000.00	1.50 AAA	05/15/2020 05/15/2020	1,399,695.32	99.9492 1.63	2,711.54 -406.52	1,399,288.80 1,402,000.34
9128282Z2 UNITED STATES TREASURY	5,000,000.00 5,000,000.00	1.63 AAA	10/15/2020 10/15/2020	4,992,109.85	99.9883 1.64	17,315.57 7,305.15	4,999,415.00 5,016,730.57
9128283S7 UNITED STATES TREASURY	8,800,000.00 8,800,000.00	2.00 AAA	01/31/2020 01/31/2020	8,802,823.66	100.0265 1.67	73,652.17 -491.66	8,802,332.00 8,875,984.17
90331HNU3 US BANK NA	2,005,000.00 2,005,000.00	3.05 AA-	07/24/2020 06/24/2020	2,014,777.43	100.5116 1.96	26,669.28 480.31	2,015,257.74 2,041,927.03
92826CAB8 VISA INC	2,000,000.00 2,000,000.00	2.20 AA-	12/14/2020 11/14/2020	2,005,742.68	100.3983 1.72	2,077.78 2,222.80	2,007,965.48 2,010,043.26
--- **---**	**168,844,000.00** **168,844,000.00**	**1.24** **AA**	**05/29/2020** **05/25/2020**	**168,717,869.48**	**99.9586** **1.75**	**546,815.93** **48,606.34**	**168,766,475.82** **169,313,291.75**

Summary

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
--- **---**	**169,011,546.76** **169,011,546.76**	**1.24** **AA**	**05/29/2020** **05/25/2020**	**168,885,416.24**	**99.8608** **1.75**	**546,815.93** **48,606.34**	**168,934,022.58** **169,480,838.51**

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPl
Account: XXXX5000
Investment Strategy: Short Duration Fixed Income
Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS FARGO Asset Management

* Grouped by: Asset Class. * Groups Sorted by: Asset Class. * Weighted by: Base Market Value + Accrued. * Holdings Displayed by: Position.

Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name:	Healthier Kids Foundation (HKF)
Project Name:	My HealthFirst – Phase 0
Contact Name and Title:	Kathleen King, CEO
Requested Amount:	$47,020
Time Period for Project Expenditures:	April 2020 – August 2020
Proposal Submitted to:	Executive/Finance Committee
Date Proposal Submitted for Review:	February 27, 2020

Summary of Proposal:

HKF to develop a roadmap for planning, implementing and evaluating a collective action to implement mental health screening and referrals, and improve mental health outcomes, for children and youth in Santa Clara County public schools. HKF to lead a collaborative effort including schools, County agencies and other organizations involved with education and/or mental health (see attached list of key personnel).

Summary of Projected Outcome/Impact:

Detailed workflow for delivery of screenings and any follow up actions, and all necessary forms (screening, consent, other). Evaluation of legal and related issues (e.g., privacy, labeling, permission), and determination of required processes to ensure appropriate implementation of project relative to those issues. Plan for data recording, storage, sharing, evaluation.

Healthier Kids Foundation

Healthier Kids
4040 Moorpark Avenue, Suite 100
San Jose, CA 95117
Phone: 408.564.5114
Fax: 408.326.2711
www.hkidsf.org

February 22, 2020

County of Santa Clara My HealthFirst Plan 2019-2021 Phase 0

Purpose

The County of Santa Clara Mental Health partners are providing a draft roadmap for planning, implementing, and evaluating a collective action to improve preventive mental health outcomes for children and youth across Santa Clara County. This program will be called My HealthFirst and will be part of Healthier Kids Foundation's VisionFirst, DentalFirst, HearingFirst, and dental education efforts at school sites.

Perspective

Various data and surveys suggest that there are increases in student anxiety, depression, and other indicators affecting mental and behavioral health throughout Santa Clara County student youth.

Vision & Guiding Principles

a. **Vision:** All children have the opportunity to thrive in healthy communities that promote cultural humility, equity, inclusion and optimal mental health through preventive screenings and case management. Screenings offer opportunities to provide preventative care and early intervention. A focus on wellness can be supported through routine screenings and offers opportunities to share wellness information with families.

b. **Guiding Principles:**

- Decisions and processes are data driven and trauma-informed
- Best and promising practices inform our strategies
- Strategies are prevention focused
- Our plan addresses an upstream approach
- Focus on underserved communities through an equity and inclusion lens
- Integrate post screenings with School Linked Services (SLS).
- Work collaboratively with school districts, Healthier Kids Foundation, Santa Clara County, Santa Clara County Behavioral Health Services Department, and Santa Clara County Office of Education government partnerships to achieve outcomes

Phase 0-Development Phase

Utilizing an experienced Contracted Social Worker/Psychologist with many years of experience in Santa Clara County who has worked with most of the partners in some previous capacity to evaluate the following:

- Research other similar programs available in other locations and whether we can replicate what is already available
- Do we need to use consent forms or opt out forms
- Evaluate legal concerns or issues that could be tied to the screenings
- How will the data be used but not label students
- Where will the data be stored; at the school, with Healthier Kids Foundation, and/or SCC Behavioral Health or all?

- Evaluate the current used forms to see if they can be standardized for this effort
- Work with Kaiser to develop use of their POQ2 form for initial screening
- Work with SCC Behavioral Health to analyze use of their forms
- Develop Parent consent forms to allow Healthier Kids Case Managers to offer parents the PSC 35 and follow up if needed by case management for the student
- Contractor to work with focus groups to receive feedback on plan and how to name the program and effort so as not to stigmatize the students
- Review questions included in the Kaiser POQ2 to see if additional questions should be added
- Evaluate how to add results to Santa Clara County Office of Education (SCCOE) to compare data with chronic absenteeism data (one out of 11 children in Santa Clara County misses more the 3.5 weeks of school a year)
- Analyze what additional resources may be needed by SCC Behavioral Health

Cost per Phase 0=$47,020

Mental Health Pilot Development	Hourly Rate	With overhead	# of hours	Total	Comments
Contractor	$150.00	$195.00	176	$34,320.00	5 months 8 hours a week, includes overhead expense., Overhead is management costs at Healthier Kids
Legal Support	$450.00	$585.00	20	$11,700.00	20 hours legal Support, includes overhead
Focus Group	$1,000.00	0	0	$1,000.00	Stipends for 20 Parents
Total All Costs				$47,020.00	

Leadership

Healthier Kids Foundation, Santa Clara County Behavioral Health Services Department, and Santa Clara County Office of Education

Partners

- Franklin McKinley School District-Superintendent Juan Cruz, and Director of Early and Elementary Education Jennifer Klassen
- Kaiser San Jose VP Irene Chavez, Kaiser pediatrician, and Kaiser pediatric psychiatrist

Future Efforts to be Completed

- Cost developed and funding sources to be evaluated
- Tool to be used is POQ2 and PSC – 35.
- Process steps are developed for pilot. Specific staff needs to be identified. District SLS and staff need to be part of developing the process along with leadership and partnerships.
- Data criteria and success outcomes to be established, App in tablet to be developed and tablets purchased.
- Partners in follow-up care must be identified, meet, and reach agreements on support and data collection mechanisms worked out.
- Involvement of SCFHP?

My HealthFirst Plan

Key Personnel Directing or Advising this Project

- Kathleen King, Chief Executive Officer Healthier Kids Foundation
- Laura Champion, Consultant, Therapist, Psychologist
- Juan Cruz, Superintendent of Franklin McKinley School District
- Jennifer Klassen, Director of Early and Elementary Education, Franklin McKinley School District
- Irene Chavez, VP Kaiser San Jose
- Rex W. Huang, MD Chief, Kaiser Child and Adolescent Services Assistant Chief, Department of Psychiatry
- Hon. Cindy Chavez, President SCC Supervisors
- Mary Ann Dewan, Ph.D. Superintendent SCC Office of Education
- Sherri Terao, Pd.D. IFECMH Specialist, RPFM Director, Children, Youth & Family System of Care Behavioral Health Services Department County of Santa Clara Health System
- Laurie Nakahira D.O., SCFHP Chief Medical Officer

Key People Implementing this Project

- Kathleen King, Chief Executive Officer Healthier Kids Foundation
- Laura Champion, Consultant, Therapist, Psychologist
- Juan Cruz, Superintendent of Franklin McKinley School District
- Jennifer Klassen, Director of Early and Elementary Education, Franklin McKinley School District

Santa Clara Family Health Plan

POLICY

Policy Title:	**Innovation Fund**	**Policy No.:**	GO.03 v1
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Governance & Org Structure	**Policy Review Frequency:**	Periodically as warranted
Lines of Business (check all that apply):	☐ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

To establish an innovation fund for strategic initiatives determined by SCFHP to be high priority investments.

II. Policy

SCFHP has established a Board Designated Fund to allow the Plan to identify and fund potential high value strategic investments. The amount of reserves available for this Designated Fund will be based on a portion of the amount available, if any, over the Board-designated maximum Tangible Net Equity (TNE), subject to the Plan exceeding the Board-established liquidity target range, determined annually after release of the audited financial statements and as recommended by management in consideration of current and anticipated financial challenges.

It is SCFHP's policy to make investments in keeping with the following principles:

1. Focus investments on identified gaps in serving our members, potential members and providers to better meet member health needs, consistent with SCFHP's mission.
2. Fund initiatives that enable SCFHP to address evolving state and federal health care policy and regulatory expectations.
3. Work in collaboration with organizations in the community, as appropriate for the initiative.
4. Strategic investments may span multiple years.

The Executive/Finance Committee may approve innovation fund investments up to $250,000. Project funding over $250,000 must be approved by the Governing Board.

III. References

1. Tangible Net Equity Policy
2. Liquidity Policy

IV. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
[Manager/Director Name] [Title]	[Compliance Name] Title]	[Executive Name] [Title]
Date	Date	Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
v1	Original			

Santa Clara Family Health Plan™

Network / Voice Circuit Proposal

February 2020

Executive / Finance Committee Meeting

Network and Voice Circuit Proposal

- Windstream and AT&T are the current vendors
  - Windstream filed for Chapter 11 in February 2019
  - Windstream contract ends May 2020, and will continue on a month-to-month basis

- Three Vendor Options Reviewed
  1) Comcast as primary circuit carrier
     - Century Link or AT&T as secondary carrier
  2) Century Link as primary carrier
     - Comcast as secondary carrier
  3) AT&T as primary carrier
     - Comcast as secondary carrier

Recommendation

- AT&T as primary carrier with Comcast as secondary carrier
  - Takes advantage of the two fiber lines already terminated at 6201 San Ignacio from Comcast and AT&T, which is an advantage for high availability (HA) and newer technology
  - Provides load balancing between circuits for aggregate bandwidth
  - Coordination between carriers – AT&T will open tickets for AT&T and Comcast
- Timeline
  - AT&T proposal is for 42 months (6 months for configuration, plus 36-month term)
  - Comcast proposal is for 36 months (2 weeks for installation, plus 36-month term)
- Cost Comparison
  - Current Windstream + AT&T ~ $230,000 per year
  - Proposed AT&T + Comcast ~ $250,000 per year

Possible Action:

Authorize Chief Executive Officer to negotiate, execute, amend, and terminate network and voice circuit contracts with AT&T and Comcast, not to exceed $760,000

Santa Clara Family Health Plan™

Regular Meeting of the Santa Clara County Health Authority Compliance Committee

Monday, March 2, 2020
11:30 AM – 12:30 PM
6201 San Ignacio Ave.
San Jose, CA 95119

Minutes

Members Present
Linda Williams, Board Member
Christine M. Tomcala, Chief Executive Officer
Jordan Yamashita, Compliance Officer
Chris Turner, Chief Operating Officer
Laura Watkins, VP Marketing and Enrollment
Jonathan Tamayo, Chief Information Officer
Ngoc Bui-Tong, VP Strategies and Analysis

Staff Present
Mai Phuong Nguyen, Oversight Manager
Leanne Kelly, Delegation Oversight Analyst
Leah Tubera, Compliance Coordinator
Megha Shah, Compliance Coordinator
Anna Vuong, Compliance Manager
Vanessa Santos, Compliance Coordinator
Kandy Li, Medicare Compliance Manager
Tyler Haskell, Director Government Relations

1. **Roll Call**

   Ms. Yamashita called the meeting to order at 11:36am. Roll call was taken and a quorum established.

   Ms. Williams stated this is her second to last meeting and suggested the board member who will be joining the Compliance Committee be selected prior to the May Compliance Committee meeting so that they may attend together for an easier transition.

   Ms. Williams asked what actions the Health Plan has taken regarding the Corona Virus. Ms. Tomcala stated that Corona Virus is an agenda topic on the senior team meeting tomorrow. Ms. Tomcala also reported that she spoke with Mr. Brownstein about communication with our members regarding the virus. Ms. Watkins stated that information on Corona Virus has been added to the landing page of the website.

2. **Public Comment**

   There were no public comments.

3. Approve Minutes of the November 14, 2019, Regular Compliance Committee Meeting

Minutes of the November 14, 2019 regular Compliance Committee meeting were approved with amendments is section 3 and 8.

4. Compliance Staffing Update

Ms. Yamashita provided an update of the staffing changes within the Compliance Department. Last Friday was Ms. Larmer's last day with the Plan. Ms. Yamashita is assuming the role of the Compliance Officer.

5. CMS Program and Validation Audit

Ms. Yamashita stated the Plan requested an extension on the Care Coordination Quality Improvement Program Effectiveness (CCQIPE) portion of the CMS revalidation audit. The clean period has been moved to May 1, 2020 to - July 31, 2020. CMS requested that the reports for the Compliance Program Effectiveness and Coverage Determinations, Appeals, and Grievances portions of the audit be sent separately when they are completed in June. The CCQIPE report is expected in September, 2020. Ms. Yamashita explained that the Plan provided resistance on revalidation 8.22 condition related to training documentation for the interdisciplinary care team (ICT). The condition was more expansive than the first validation, as it required written validation from all team members and all potential team members. The Plan researched this finding and identified that it was based on a Model of Care audit protocol which is excluded from Medicare Medicaid Plan requirements. ATTIC agreed to instead audit that the Plan follows their own internal process for ICT training, which includes checking a box in their Essette system when training is completed.
Ms. Yamashita stated that the Medicare Data Validation audit is scheduled to take place from March through June 2020.

6. Compliance and Oversight Activity Report

a. State and Regulatory Audits- Ms. Vuong reported that the 2019 the Department of Managed Health Care final audit report was issued on February 6, 2020 and contains 2 findings. 2 of the original findings were accepted and 2 findings remain on the final report. The Department of Health Care Services (DHCS) Audit remains open as the CAP responses which were submitted in August 2019 are still in discussion. Ms. Vuong reported that the Plan received the 2020 DHCS audit notification and the auditors will be on site March 9 through March 20, 2020. The pre-audit documents and universes are still in the process of being submitted to DHCS.

b. Internal Audits and Corrective Action Plans- Ms. Kelly reported that the Plan is on schedule conducting internal audits of Business Units. The Customer Service department was issued their preliminary audit report and will provide responses by March 6, 2020. Ms. Williams asked if there were any egregious findings within the Customer Service Audit. Ms. Yamashita answered there were no egregious findings, and many of the findings related to call categorization. Ms. Kelly reported that the Plan is currently in the process of a Security Risk Assessment and Enterprise Risk Assessment. The Marketing Website Audit was completed on February 11, 2020 and Compliance, Marketing, and applicable Business Units are working to resolve any identified outdated information from the Plan's website. Ms.

Nguyen reported that one CAP was issued to Compliance because of late board member trainings.

c. Oversight Committee Report
    i. Review Minutes of Oversight Committee Meetings
    ii. Review Delegate Corrective Action Plans- Ms. Nguyen reported that one CAP was issued to VHP regarding their PDR turnaround times. Currently, the Plan has 6 workgroups with VHP, two of which are discussing the PDR issue as a topic. Ms. Nguyen stated that the Plan has one CAP in place regarding Notice of Action (NOA) letters sent from Delegates. The CAP requires Delegates to submit universes each month, from which the Plan selects samples to test the accuracy of the NOA letters. VSP and VHP denial letters were found to have errors. Ms. Nguyen explained that the Plan sends templates to these Delegates to implement, however they did not fully implement the letters.

A **motion** was made to accept the Compliance and Oversight Activity Report; the motion was **seconded and unanimously approved.**

7. Compliance Policies and Procedures

Ms. Yamashita provided an explanation of the Plan's HIPAA Policies and Procedures HI.01-HI.51. Chapter 21 of the Medicare Managed Care Manual requires that all policies get approved by the Governing Board. The HIPAA Policies and Procedures were purchased by Clearwater Compliance. The HIPAA Policies are heavily regulated. The Plan launched these policies and procedures through the Policy Tech system, which involves a 3 tiered process. The HIPAA Policies and Procedures were prioritized due to the 2019 CMS announcements regarding HIPAA compliance. The purchase from Clearwater Compliance also included security policies. These security policies were forwarded to the IT Department for review and possible adoption by the Plan. The group reviewed the HIPAA Policies and Procedures. A **motion** was made to accept the HIPAA Policies and Procedures; the motion was **seconded and unanimously approved.**

8. CMC Contract Management Team HRA PIP

CMS notified the Plan that California's performance on HRA completion and related tasks is below the national average. As required of all CMC Plans, SCFHP submitted a Process Improvement Plan (PIP) which CMS accepted. Monthly updates to the PIP are provided to our CMT. As of today, the Plan is 100% compliant on our newly eligible December 2019 members. Case Management is well poised to be 100% compliant for the March 2020 data.

9. Review CMC and Medi-Cal Compliance Dashboard and Work Plans

Ms. Nguyen stated that Health Services (which includes UM and CM) is working with IT to review and validate dashboard data. The UM process of data validation was completed in October 2019. CCQIPE data is a Process Improvement project, which CM and IT are continuing to work on. Ms. Nguyen reported that there were four CAPs issued to Grievance and Appeals in Q4 2019.
For the Medi-Cal dashboard, one Claims goal was not met for Q4 2019 and the issue has been fixed. There was also a Facility Site Review goal not met for Medi-Cal.

A **motion** was made to approve the Compliance Dashboard; the motion was **seconded and unanimously approved.**

10. Fraud, Waste and Abuse Report

The Fraud, Waste, and Abuse (FWA) Vendor, T&M Protection Resources, continues to data mine to look for possible fraud cases. Ms. Yamashita reported that T&M is taking a closer look at the Plan's transportation providers, which has been a key area of interest for DHCS. T&M is currently investigating a transportation provider billing code T2001, which is a code that is meant to be billed for each way of a ride, but instead is being billed hourly. Ms. Yamashita reported she will continue to provide updates on T&M's status on this investigation.

A **motion** was made to approve the Fraud, Waste, and Abuse Report; the motion was **seconded and unanimously approved.**

11. Adjournment

The meeting was adjourned at 12:24pm.

Santa Clara Family Health Plan™

Compliance Activity Report
February 27, 2020

2018 CMS Program Audit Update

The Plan requested, and CMS granted, an extension of time to complete the Revalidation Audit for the Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) Conditions. The primary purpose for the extension is to allow the Plan to recruit and train additional staff to achieve and sustain full compliance with respect to the relevant tasks.

Audit field work for the CCQIPE Conditions will now begin in August 2020. The auditors will evaluate data reflecting the Plan's performance between May 1, 2020 and July 31, 2020.

The Revalidation Audit for the Coverage Determinations, Appeals and Grievances (CDAG) and Compliance Program Effectiveness (CPE) Conditions is not affected by this extension. Field work for those Conditions will begin in March 2020 and May 2020, respectively.

The Final Revalidation Audit Report for the CDAG and CPE Conditions must be submitted to CMS on or before 6/19/2020, and the Final Report for the CCQIPE Conditions must be submitted on or before 9/25/2020.

Cal MediConnect

- The Plan is preparing for the 2020 Medicare Data Validation Audit (MDV), which will begin in the spring.
- The CMC Contract Management Team (CMT) previously directed several California Plans, including SCFHP, to submit a Performance Improvement Plan (PIP) demonstrating how the Plan will improve performance related to HRAs. SCFHP submitted a PIP addressing how we will bolster timely completion rates for ICPs. The PIP was accepted by the CMT, and SCFHP is submitting monthly status reports demonstrating progress on the measure.

Medi-Cal Healthier California for All

DHCS has continued to refine and revise the set of proposals it released in October 2019 to transform Medi-Cal through federal waiver updates and other mechanisms. The proposals were initially called CalAIM, but have since become known as Medi-Cal Healthier California for All. Medi-Cal managed care plans will be required to structure their services around a population health management plan, offer a new "enhanced care management" benefit and "in lieu of services" for the highest risk members, and become accredited by the National Committee on Quality Assurance. The five work groups DHCS assembled to provide input and feedback on its initial proposals—SCFHP staff were selected for two of the groups—will wrap up their work in February and the proposals will be finalized shortly thereafter. The primary initial focus will continue to be on meeting DHCS's July 1 deadline for submitting plans for transitioning Whole Person Care and Health Homes Program services into the new "enhanced care management" benefit and "in lieu of services."

2019 DMHC and DHCS Audit(s)

The 2019 DHCS Audit remains open. The CAP responses were initially submitted in August 2019 and the DHCS has been reviewing the Plan's responses and requesting additional information as needed.
The 2019 DMHC Preliminary Report was received in October 2019 with a total of 4 findings for the Medi-Cal and Healthy Kids Medical Survey. The Plan submitted corrective action responses for the four findings identified. The final DMHC Audit Report was received on February 6, 2020. The DMHC accepted two of the responses and requested a supplemental report for one of the remaining two findings.

2020 DHCS Audit

The Plan received the audit notice and pre-audit information request in December 2019. The Plan submitted the audit universes on January 13, 2020 and the pre-audit documents on January 17, 2020. However, the Plan has been receiving numerous additional request for documents on a daily basis. The on-site portion of the audit is scheduled for March 9 – 20th, 2020.

DMHC Complaints

The Plan received a total of 18 member complaints between December and February 2020. One case was forwarded to IMR.

Operational Compliance Report (Dashboard) – Corrective Actions

- Health Services (UM and CM): The business unit and IT are currently working on data verification. Hence, Compliance is postponing issuing CAPs until the team is able to produce accurate data.
- Quality Improvement: received 1 (one) CAP for not completing Facility Site Reviews (FSR) timely.
- Grievance and Appeals: In Q4 2019 4 (four) CAPs were issued to G&A. Two were closed in January 2020.
    - Medi-Cal's Standard Appeals Acknowledgement Letters sent within 5 calendar days, Expedited Appeals grouped on Resolution Letter Date and resolved within 72 hours, and Oct-Nov: Standard Grievances that received an Acknowledgement Letter within 5 Calendar days
    - CMC's Standard Pre-Service Reconsiderations that received Acknowledgement Letters within 5 days.
- Claims: For Medi-Cal, a Non-Compliance notification will be issued to Claims for missing Medi-Cal's Misdirected Claims Forwarded within 10 Business Days element for the month of December. IT fixed the problem immediately.
- Compliance: in Q4 2019, 1 CAP was issued to Compliance because 4 out of the 12 Board members did not complete their annual Compliance training within the required timeframe.

Joint Operations Committee (JOC) Meetings

As of January 1, 2020, the Provider Network Management department has accepted the responsibility of managing JOCs for Provider Groups and Adult Day Care Centers. The following JOCs have been held since the last Compliance Committee Meeting:

- November 2019: Golden Castle, VHP, PMGSJ
- December 2019: Focus Care, Kaiser
- January 2020: Carenet
- February 2020: Docustream, MedImpact, VHP

HIPAA Disclosures

There were 4 incidents between December 2019 and February 2020. Three incidents involved and were reported to DHCS by Kaiser. In the first three cases, members received another member's information. The other incident involved a SCFHP staff member. The staff member faxed an authorization to the incorrect provider.

FWA Activities

T&M (the Plan's FWA/SIU vendor) currently has 31 open cases for which it has identified anomalies through its datamining activities. T&M is currently reviewing the medical records for most of those cases, and has requested medical records for the others.

Compliance Department
Policy and Procedure Summary
March 26, 2020

	Department	Policy or Procedure #	Policy or Procedure Title
1	Compliance	HI.01	Privacy Officer Assignment and Responsibilities
2	Compliance	HI.01.01	Assignment of Privacy Officer and Responsibilities
3	Compliance	HI.02	Privacy Training Requirements
4	Compliance	HI.02.01	Privacy Training Requirements
5	Compliance	HI.03	Minimum Necessary Standards
6	Compliance	HI.03.01	Minimum Necessary Standards
7	Compliance	HI.04	Reporting Violations Mitigation Sanctions
8	Compliance	HI.04.01	Reporting Violations Mitigation Sanctions
9	Compliance	HI.05	Required and Permissible Uses and Disclosures
10	Compliance	HI.05.01	Required and Permissible Uses and Disclosures
11	Compliance	HI.06	Request for Access
12	Compliance	HI.06.01	Request for Access
13	Compliance	HI.07	Amendments to Protected Health Information
14	Compliance	HI.07.01	Amendments to Protected Health Information
15	Compliance	HI.08	Accounting of Disclosures
16	Compliance	HI.08.08	Accounting of Disclosures
17	Compliance	HI.09	Authorization to Use or Disclose Protected Health Information
18	Compliance	HI.09.01	Authorization to Use or Disclose Protected Health Information
19	Compliance	HI.10	Uses by and Disclosures to Business Associates and Third Parties
20	Compliance	HI.10.01	Uses by and Disclosures to Business Associates and Third Parties
21	Compliance	HI.11	De-Identification of Health Information
22	Compliance	HI.11.01	De-Identification of Health Information
23	Compliance	HI.12	Uses and Disclosures of Limited Data Sets
24	Compliance	HI.12.01	Uses and Disclosures of Limited Data Sets
25	Compliance	HI.13	Requests for Restrictions on Uses and Disclosures
26	Compliance	HI.13.01	Requests for Restrictions on Uses and Disclosures
27	Compliance	HI.14	Requests for Confidential Communications
28	Compliance	HI.14.01	Requests for Confidential Communications
29	Compliance	HI.15	Reporting Impermissible Uses and Disclosures
30	Compliance	HI.15.01	Reporting Impermissible Uses and Disclosures
31	Compliance	HI.16	Reporting and Responding to Privacy Complaints
32	Compliance	HI.16.01	Reporting and Responding to Privacy Complaints
33	Compliance	HI.17	No Retaliation or Waiver
34	Compliance	HI.17.01	No Retaliation or Waiver
35	Compliance	HI.18	Safeguards
36	Compliance	HI.18.01	Safeguards
37	Compliance	HI.19	Notice of Privacy Practices
38	Compliance	HI.20	Personal Representatives
39	Compliance	HI.20.01	Personal Representatives
40	Compliance	HI.21	Disclosures to Family, Caregivers, and Friends
41	Compliance	HI.22	Individual Caller Identification
42	Compliance	HI.23	Disclosures Related to individuals with Mental Incapacities
43	Compliance	HI.24	Communication with Minors
44	Compliance	HI.25	Permission to Leave Message with PHI
45	Compliance	HI.26	Uses and Disclosures for Treatment Purposes
46	Compliance	HI.26.01	Uses and Disclosures for Treatment Purposes
47	Compliance	HI.27	Uses and Disclosures for Health Care Operations
48	Compliance	HI.27.01	Uses and Disclosures for Health Care Operations

Compliance Department
Policy and Procedure Summary
March 26, 2020

	Department	Policy or Procedure #	Policy or Procedure Title
49	Compliance	HI.28	Uses and Disclosures for Payment
50	Compliance	HI.28.01	Uses and Disclosures for Payment
51	Compliance	HI.29	Uses and Disclosures for Marketing
52	Compliance	HI.29.01	Uses and Disclosures for Marketing
53	Compliance	HI.30	Uses and Disclosures for Court Orders and Subpoenas
54	Compliance	HI.30.01	Uses and Disclosures for Court Orders and Subpoenas
55	Compliance	HI.31	Uses and Disclosure Required by Law
56	Compliance	HI.31.01	Uses and Disclosure Required by Law
57	Compliance	HI.32	Uses and Disclosures for Law Enforcement Purposes
58	Compliance	HI.32.01	Uses and Disclosures for Law Enforcement Purposes
59	Compliance	HI.33	Uses and Disclosures for Public Health Activities
60	Compliance	HI.34	Uses and Disclosures about Decedents
61	Compliance	HI.34.01	Uses and Disclosures about Decedents
62	Compliance	HI.35	Disclosures for Suspected or Confirmed Abuse, Neglect
63	Compliance	HI.36	Uses and Disclosures for Research Purposes
64	Compliance	HI.36.01	Uses and Disclosures for Research Purposes
65	Compliance	HI.37	Uses and Disclosures for Specialized Government Functions
66	Compliance	HI.37.01	Uses and Disclosures for Specialized Government Functions
67	Compliance	HI.38	Disclosures for Workers Compensation
68	Compliance	HI.38.01	Disclosures for Workers Compensation
69	Compliance	HI.39	Verification of Identity and Authority
70	Compliance	HI.39.01	Verification of Identity and Authority
71	Compliance	HI.40	Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes
72	Compliance	HI.40.01	Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes
73	Compliance	HI.41	Uses and Disclosures for Health Oversight Activities
74	Compliance	HI.41.01	Uses and Disclosures for Health Oversight Activities
75	Compliance	HI.42	Uses and Disclosures for Disaster Relief Purposes
76	Compliance	HI.42.01	Uses and Disclosures for Disaster Relief Purposes
77	Compliance	HI.43	Uses and Disclosures to Avert a Serious Threat to Health or Safety
78	Compliance	HI.43.01	Uses and Disclosures to Avert a Serious Threat to Health or Safety
79	Compliance	HI.44	Uses and Disclosures for Fundraising
80	Compliance	HI.44.01	Uses and Disclosures for Fundraising
81	Compliance	HI.45	Uses and Disclosures for Underwriting Purposes
82	Compliance	HI.45.01	Uses and Disclosures for Underwriting Purposes
83	Compliance	HI.46	Photographing, Video Recording, Audio Recording and Other Imaging of Individuals, Visitors and Workforce Members
84	Compliance	HI.46.01	Photographing, Video Recording, Audio Recording and Other Imaging of Individuals, Visitors and Workforce Members
85	Compliance	HI.47	Privacy Policies and Procedure
86	Compliance	HI.47.01	Privacy Policies and Procedure
87	Compliance	HI.48	Sale of Protected Health Information
88	Compliance	HI.48.01	Sale of Protected Health Information
89	Compliance	HI.49	Administrative Requirements
90	Compliance	HI.49.01	Administrative Requirements
91	Compliance	HI.50	Breach Risk Assessment
92	Compliance	HI.50.01	Breach Risk Assessment
93	Compliance	HI.51	Breach Notification Requirements

POLICY

Policy Title:	**Privacy Officer Assignment and Responsibilities**	**Policy No.:**	HI.01 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To assure the assignment of a Privacy Officer for the purpose of overseeing Santa Clara Family Health Plan's (SCFHP) obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and the HIPAA Regulations.

II. Policy

SCFHP assigns a Privacy Officer responsible for all SCFHP's privacy matters including Privacy and Breach Notification Policies and Procedures and for assuring that all SCFHP's workforce members comply with such requirements.

III. Responsibilities

All SCFHP Employees, Temporary Staff, and Consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530
Omnibus Final Rule

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Assignment of Privacy Officer and Responsibilities**	**Procedure No.:**	HI.01.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the assignment and responsibilities of the Santa Clara Family Health Plan (SCFHP) Privacy Officer.

II. Procedure

A. Appointment of Privacy Officer

SCFHP will maintain a Privacy Office and appoint a Privacy Officer to be responsible for ensuring compliance with privacy requirements throughout SCFHP. The Privacy Officer is appointed by the Chief Compliance Officer, with approval from the Compliance Committee.

B. Responsibilities of Privacy Officer

1. Develop SCFHP's Privacy and Breach Notification Policies and Procedures in coordination with SCFHP management.
2. Investigate and maintain a log of all reported incidents and follow-up related to SCFHP and/or SCFHP's Business Associates.
3. Monitor and communicate changes in privacy and breach notification laws and regulations and assuring that any necessary revisions are made to SCFHP's Privacy and Breach Notification Policies and Procedures in a timely manner.
4. Conduct periodic assessments of compliance with SCFHP's Privacy and Breach Notification Policies and Procedures, and making SCFHP management aware of any known or potential problems that will be addressed.
5. Participate in the identification of subcontractors that handle PHI on behalf of SCFHP and ensuring that appropriate agreements and safeguards are implemented and maintained between SCFHP and its vendors and subcontractors.
6. Investigate and follow-up, as appropriate, on requests for PHI disclosures.
7. Determine whether a charge for an accounting of disclosures is appropriate, and, if so, the amount of such charge.
8. Maintain, or ensure the maintenance of, all documentation required by the HIPAA Privacy and Breach Notification Rules as outlined in SCFHP's Privacy and Breach Notification Policies and Procedures.

PROCEDURE

9. Ensure the development and provision of SCFHP's initial and ongoing privacy training for employees, including orientation for new staff, temporary help and consultants and regular, periodic updates for current staff and when necessary.
10. Respond to an individual's concerns and complaints regarding SCFHP's Privacy Policies and Procedures.
11. Respond to and coordinate SCFHP's response to privacy audits by regulatory agencies and working with SCFHP's management to assure that appropriate actions are taken to resolve any problems.
12. Collaborate with SCFHP's Security Officer and facilities departments and assist in the development of appropriate administrative, physical and technical safeguards for the protection of PHI in SCFHP's care.
13. Develop appropriate disciplinary measures when SCFHP staff violates SCFHP's Privacy Policies and Procedures.
14. Cooperate with state and federal agencies, including the DHHS Office for Civil Rights, in any and all compliance reviews or investigations.

C. Contacting the Privacy Office

The Privacy Office can be contacted via SCFHP email at privacyandsecurityofficers@scfhp.com twenty-four (24) hours a day, seven (7) days a week. Incident and disclosure reports must be immediately completed and submitted to the Compliance Department by using the online form located on ICAT, under "Library", "Privacy and Security" folder and the Incident Report Form. Upon completion of the form, submit it to the Compliance Department at Compliance@scfhp.com.

D. Documentation

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.01 Privacy Officer Assignment and Responsibilities
HI.02 Privacy Training Requirements
HI.04 Reporting Violations Mitigation and Sanctions
HI.05 Required and Permissible Uses and Disclosures
HI.06 Request for Access
HI.07 Amendments to Protected Health Information
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.16 Reporting and Responding to Privacy Complaints
HI.18 Safeguards

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer and Compliance Director Date

POLICY

Policy Title:	**Privacy Training Requirements**	**Policy No.:**	HI.02 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define Santa Clara Family Health Plan (SCFHP) privacy training requirements for SCFHP staff, temporary help, consultants, providers/delegates and vendors in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to ensure appropriate privacy training for all SCFHP staff, temporary help, consultants, providers/delegates and vendors to assure that they understand the privacy requirements established under state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(b)
Omnibus Final Rule

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Privacy Training Requirements**	**Procedure No.:**	HI.02.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe Santa Clara Family Health Plan's (SCFHP) privacy training requirements for all SCFHP staff, temporary help, consultants, providers/delegates and vendors, in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Development of Privacy Training Program

The Privacy Officer or designee, is responsible for developing or arranging for privacy training for all SCFHP staff, temporary help, and consultants upon hire and periodically thereafter, but no less frequently than annually. The Privacy Officer, or designee, is also responsible for providing updates following significant regulatory changes or other material changes to SCFHP's Privacy Policies and Procedures that impact any job functions or responsibilities.

B. Privacy Training Method

Privacy training will be conducted in a manner that ensures that all SCFHP staff, temporary help, providers and consultants, with common duties and responsibilities, and/or access levels and security clearance, receives similar training so that more attention may be devoted to specific responsibilities and the privacy requirements related to such responsibilities.

SCFHP collects annual attestations from its delegates and vendors that they have conducted similar training.

C. Privacy Training for New SCFHP staff, Temporary Help, Consultants, Providers/Delegates and Vendors

New SCFHP staff, temporary help, consultants, and providers will receive initial privacy training on SCFHP's Privacy Policies and Procedures within a reasonable period of time after joining SCFHP, and will not be allowed to access, use or disclose PHI until they have received appropriate training.

PROCEDURE

D. Content

The initial privacy training will cover, at a minimum, the following basic matters:

1. The history and purpose of federal privacy laws, including the HIPAA Regulations and the legal responsibilities of SCFHP and health care providers.

2. Individual privacy rights, including access and inspection, amendments, accountings of disclosures, requests for restrictions, and confidential communications; specific procedures will not be covered unless the Workforce member will be responsible for assisting individuals or Customer's with exercising these rights or are likely to receive request from individuals.

3. Allowable internal uses and disclosures for Treatment, Payment, and Health Care Operations.

4. "Minimum necessary" requirements for uses, disclosures and requests.

5. Internal safeguards within SCFHP, including administrative, physical, and technical safeguards to protect the security and integrity of PHI. Special attention will be given to the measures that will be taken by the all SCFHP staff, temporary help, and consultants, with respect to their own duties and responsibilities.

6. An introduction to SCFHP's Privacy Policies and Procedures(P&Ps), with special attention given to those policies that may be needed by the all SCFHP staff, temporary help, and consultants, when carrying out their duties. Relevant SCFHP Privacy P&Ps are shared with providers.

7. Procedures for obtaining clarification of privacy requirements and for notifying the Privacy Officer or other appropriate persons in the event of a possible privacy breach.

8. The penalties and consequences to SCFHP and SCFHP's Business Associates for violations of the HIPAA Regulations.

9. Disciplinary sanctions that will be imposed on an employee, temporary help, and contractors by SCFHP for non-compliance with the Privacy Policies and Procedures which may range from receiving a warning to being terminated.

E. Privacy Training Documentation

SCFHP's Privacy Officer or designee maintains documentation of all SCFHP Privacy training and the staff who have participated in privacy training. Failure by a staff member to participate in privacy training may result in disciplinary actions ranging from system revocation, verbal and/or written warnings and up to termination.

Further, SCFHP has incorporated compliance standards in to its annual performance evaluations. Failure to meet SCFHP and/or regulatory training requirements may result in negative performance evaluations.

F. Collaboration

The Privacy Officer is responsible for oversight of privacy training through collaboration with business unit managers and trainers.

G. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.02 Privacy Training Requirements
HI.04 Reporting Violations Mitigation and Sanctions

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Minimum Necessary Standards**	**Policy No.:**	HI.03 v2
Replaces Policy Title (if applicable):	Minimum Necessary Access to and Use of PHI	**Replaces Policy No. (if applicable):**	CP016.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the circumstances under which the minimum necessary amount of Protected Health Information (PHI) will be used, disclosed or requested in accordance with state and federal privacy laws and the HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI by developing and implementing policies and procedures to reasonably limit used, disclosures and requests of PHI to the minimum necessary to carry out the purpose of the use, disclosure, or request.

III. Responsibilities

All SCFHP employees, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(b)
45 C.F.R. §164.514(d)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Minimum Necessary: Uses, Disclosures and Requests**	**Procedure No.:**	HI.03.01 v2
Replaces Procedure Title (if applicable):	Minimum Necessary Access to and Use of PHI	**Replaces Procedure No. (if applicable):**	CP016.02
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which the minimum necessary amount of Protected Health Information (PHI) will be used, disclosed or requested in accordance with state and federal privacy laws and the HIPAA Regulations.

II. Procedure

A. Minimum Necessary Information

Unless an exception applies (see Section B below), uses, disclosures of, and requests for PHI will be limited to information consisting of the minimum amount of information to meet the intended purpose. This means that reasonable efforts will be made to not use, disclose, or request information that is not relevant, exceeds the amount requested, or is not needed to accomplish the purpose of the contemplated use or disclosure.

B. Exceptions

The "minimum necessary" limitations do NOT apply to PHI being requested by or disclosed to any of the following:

1. A Health Care Provider for Treatment,
2. The individual or the individual's authorized representative,
3. A person or entity named in a valid Authorization;
4. The Secretary of the DHHS (or designee), or
5. An official or agency as required by law.

C. Access by Santa Clara Family Health Plan (SCFHP) Employees, Temporary Help, and Consultants

PROCEDURE

SCFHP employees, temporary help, and consultants will only be allowed access to those portions of an individual's PHI reasonably needed in order to perform their job functions.

1. The Privacy Officer, in conjunction with the human resources department will assign Data Classifications to certain PHI (electronic and paper) taking into account specific job responsibilities and sensitivity of the health information.

2. If a SCFHP employees, temporary help, or consultant performs functions within SCFHP that require access to all PHI, access may be granted to perform their own duties and responsibilities.

3. To the extent reasonably practicable, SCFHP will use technological controls to limit access to PHI to the amount necessary for SCFHP employees, temporary help, or consultants to perform their job functions.

4. The human resources department, in conjunction with the Information System program manager, will identify SCFHP employees, temporary help, or consultant that require access to PHI, classify the level of access required for assigned responsibilities, assign an access code for authorized levels of access, and assign those access codes. A documented process for changing access levels or for changing responsibilities (for promotions, demotions, new hires, or terminations) will be developed and implemented by the human resources department to ensure prompt reclassification as necessary to protect PHI.

5. Especially sensitive information, such as mental health information or test results for sexually transmitted diseases, will be stored, maintained and transmitted separately from the rest of the PHI in an individual's medical record in order to limit unauthorized access.

6. Supervisors are responsible for assigning appropriate access to PHI to each employees, temporary help, or consultant and submitting a signed change in responsibility form to the designated IT manager whenever a SCFHP employees, temporary help, or consultant is newly hired, changes job responsibilities or is terminated.

7. The designated IT manager is responsible for ensuring that appropriate and timely changes are made for any and all employees who experience a change in responsibility in order to ensure that appropriate access to PHI is maintained.

8. Licensed practitioners who are involved in an individual's Treatment may be given access to all portions of the individual's medical record.

D. Routine Requests and Disclosures by Others

SCFHP's Privacy Officer will identify those person and entities to which routine disclosures are made, and determine the categories of PHI reasonably needed to carry out the purpose for which the disclosure is made.

PROCEDURE

E. Routine Requests for Information by SCFHP

If SCFHP routinely requests PHI from other entities, SCFHP will request only the minimum amount of information necessary to carry out the purposes for which the information is requested. SCFHP's Privacy Office will identify types of routine requests and the categories of PHI reasonably needed for SCFHP to carry out the purpose of each type of request.

F. Non-Routine Requests and Disclosures by Others

Non-routine requests for, and disclosures of, PHI (i.e. those that are not made on a recurring basis and for which SCFHP has not established policies and procedures) will be reviewed on a case-by-case basis by the SCFHP's Privacy Office to determine the minimum necessary amount of information that may be disclosed. In making this determination, the Privacy Office will consider, among other things, the following criteria:

1. The purpose of the request or disclosure,
2. The relevance of the information being requested or disclosed,
3. The importance of the request or disclosure, including the likelihood that harm could occur if the information were not disclosed, and
4. The potential for accomplishing the purpose using de-identified information.

G. Non-Routine Requests and Disclosures by SCFHP

If a SCFHP employees, temporary help, or consultant requests PHI from other entities, he/she will request only the minimum amount of information necessary to carry out the purposes for which the information is requested. Non-routine requests will be approved by the Privacy Office to assure that only the minimum necessary information is requested based on the criteria listed under section F above and is provided to an employees with the appropriate access to PHI.

H. Reliance on Certain Requests for Disclosure

Unless otherwise indicated by the circumstances, SCFHP's Privacy Office may assume that the PHI requested for any of the following purposes has been limited to the minimum necessary for the stated purpose:

1. Disclosures requested by public officials for public health purposes, health oversight, law enforcement, or other permitted disclosures, if the requesting officials represent that the information requested is the minimum necessary for the stated purpose,
2. Disclosures requested by a professional who is either:

a. SCFHP employees, temporary help, or consultant with appropriate access to PHI, or

b. Business Associate providing profession services and who has executed a valid Business Associate Agreement or addendum that includes representations that he or she will only request the minimum necessary information required for the professional to provide such services, and

3. Disclosures for research purposes to a person or entity that provides appropriate documentation.

I. Complete Record

Unless specifically justified as being the minimum amount necessary for the purpose, an individual's complete medical record will not be requested or disclosed.

J. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.05 Required and Permissible Uses and Disclosures
HI.06 Request for Access
HI.13 Requests for Restrictions on Uses and Disclosures
HI.14 Request for Confidential Communications
HI.16 Reporting and Responding to Privacy Complaints
HI.18 Safeguards

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Reporting Violations Mitigation and Sanctions**	**Policy No.:**	HI.04 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the processes associated with reporting violations of Santa Clara Family Health Plan's (SCFHP) Privacy Policies and Procedures, follow-on activities of such violations to remediate and mitigate future harm, and the circumstances under which sanctions may be imposed against a SCFHP staff, temporary help, or consultant who violates the Privacy Policies and Procedures in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP that violations of its Privacy Policies and Procedures are identified and addressed promptly, that appropriate measures are taken to mitigate any further impermissible use or disclosure and/or any unauthorized modification or destruction of PHI in order to reduce the possibility of harm or re-occurrence and that appropriate sections are imposed.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(e)
45 C.F.R. §164.502(j)
Omnibus Final Rule

V. Approval/Revision History

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Reporting Violations, Mitigation and Sanctions**	**Procedure No.:**	HI.04.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the processes associated with reporting violations of Santa Clara Family Health Plan's (SCFHP) Privacy Policies and Procedures, follow-on activities of such violations to remediate and mitigate future harm, and the circumstances under which sanctions may be imposed against a SCFHP staff, temporary help, or consultant who violates the Privacy Policies and Procedures in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Responsibility for Reporting Suspected or Confirmed Incidents of Impermissible Use or Disclosure of PHI

When one of SCFHP's staff, temporary staff, consultants, providers/delegates and vendors suspects that PHI may have been impermissibly used or disclosed in violation of state or federal laws, HIPAA Regulations or SCFHP's Privacy Policies or Procedures must immediately notify a supervisor and/or the Privacy Office.

1. Examples of impermissible uses or disclosures of PHI that must be reported may include, but not limited to, the following:

    a. Sharing PHI for purposes other than delivery of SCFHP's services.
    b. Unauthorized access to PHI by SCFHP employee, temporary employees, consultants, providers/delegates or vendors
    c. More than the minimum necessary use or disclosure for the intended purpose,
    d. Disclosure of PHI to individuals without permission,
    e. Emails containing PHI sent to the wrong recipient,
    f. Emails containing PHI sent to the correct recipient via an unsecure route,
    g. Fulfillment errors resulting in PHI being sent to the wrong recipient, and
    h. Fax errors resulting in PHI being sent to the wrong recipient.

2. Any SCFHP staff member receiving such a report will submit an incident report immediately to the Privacy Office by accessing and completing the incident report form located at http://icat/Pages/Default.aspx . If the disclosure involves a breach of security as outlined in SCFHP's

Security Policies and Procedures, SCFHP's Privacy Officer or designee within the Compliance department will forward the report to the SCFHP Security Officer.

3. The SCFHP Privacy Officer will follow-up and/or investigate each suspected or confirmed incident reported on an incident report form in a manner that complies with SCFHP's internal standard operating procedures on investigation and reporting.

B. Responsibility of the SCFHP Privacy Officer or Designee

Upon receipt of notice of a potential impermissible use or disclosure, the Privacy Officer will:

1. Immediately notify the Security Office if the potential impermissible use or disclosure pertains to a Security Incident (as outlined in SCFHP's Security Policies and Procedures).

2. Conduct, or oversee the conduct of, a detailed investigation of the circumstances associated with the use or disclosure.

3. Implement activities to mitigate any harm associated with future impermissible use or disclosure of the PHI, such as verification of destruction or return of the PHI and take measures to:

   a. Ensure proper and thorough investigation of any suspected or confirmed incident, report of non-compliance with the HIPAA Privacy Rule, or complaint.
   b. Take reasonable steps to ensure no further use or disclosure of any unsecured PHI,
   c. Oversee the development and implementation of any required corrective action plan(s) to avoid a reoccurrence,
   d. Monitor mitigation and remediation plans to ensure effectiveness,
   e. Determine with legal counsel the "probability of compromise" with respect to SCFHP's breach risk assessment policy, and
   f. Document the details and resolution of a reported suspected or confirmed incident or violation.

4. If the terms of a Business Associate Agreement have been violated, the Privacy Officer, in consultation with legal counsel, will comply with the requirements set forth.

5. Ensure the development and implementation of a remediation plan that may include changes to facility access, data access, policies and procedures, training material, and/or suspension or termination.

6. In consultation with SCFHP's legal counsel:

   a. Determine whether the use or disclosure is a violation of the HIPAA Regulations of SCFHP's Privacy or Security Policies and Procedures, and
   b. If notification is required, the Privacy Officer or designee will follow the requirements for notification outlined in SCFHP's Breach Notification Policies and Procedures and by federal or state laws and the HIPAA Regulations.

7. Maintain a file of all impermissible uses or disclosures and other violations.

PROCEDURE

B. Sanctions

1. SCFHP's human resources department, in consultation with the Privacy Officer, will establish a range of sanctions that may be imposed if SCFHP's Privacy Policies and Procedures are violated.

2. Disciplinary action will be commensurate with the severity of the violation, the intent (accidental, intentional, malicious), the existence of previous violations and the degree of potential harm.

3. Sanctions may range from warnings and further training in the event the staff member was not aware of policy requirements, to immediate termination in the event of an intentional violation.

4. All SCFHP's staff, temporary help, and consultants will be made aware of the disciplinary actions and sanctions that may be imposed. Additionally, federal privacy laws impose civil and criminal penalties including fines and imprisonment for violations of the law.

C. No Sanctions Based on Whistleblowing or Complaints

1. It is not a violation of SCFHP's Privacy Policies and Procedures for a staff member to disclosure PHI to a health oversight agency, public health authority, or other appropriate entity in the good faith belief that SCFHP has engaged in unlawful conduct, violated professional or clinical standards, or potentially endangered individuals, workers, or the public. Sanctions will not be imposed based on such disclosures.

2. It is not a violation of SCFHP's Privacy Policies and Procedures for a staff member to file a complaint with the Secretary of DHHS, testify, assist, or participate in an investigation or compliance review of SCFHP's Privacy Policies and Procedures, or oppose any act made unlawful by HIPAA Regulations, provided the staff member has a good faith belief that SCFHP's action being opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the HIPAA Privacy Rule. Sanctions will not be imposed based on such actions.

3. It is not a violation of SCFHP's Privacy Policies and Procedures for a staff member who is the victim of a criminal act to disclose information about the suspected perpetrator to the law enforcement agency, as long as the officer or agency's identity and authority has been verified and documented and the "Minimum necessary" information to carry out the purpose is disclosed. Sanctions will not be imposed on such actions.

E. Accounting of Disclosure

All unauthorized disclosures of PHI must be included in the Accounting of Disclosures.

F. Documents Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

PROCEDURE

III. Policy Reference

HI.02 Privacy Training Requirements
HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.14 Request for Confidential Communications
HI.16 Reporting and Responding to Privacy Complaints
HI.18 Safeguards

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Required and Permissible Uses and Disclosures**	**Policy No.:**	HI.05 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define how Santa Clara Family Health Plan (SCFHP) will respond to requests for Protected Health Information (PHI), in keeping with SCFHP's obligations to maintain the privacy of PHI, in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP that requests for access to PHI are investigated to determine the need and Authorization from the individual or his/her Personal Representative. If the use or disclosure is either required or permissible without an Authorization, SCFHP will verify the requestor's identity and approved authority, to ensure that the information, if approved, includes only the minimum necessary for the purpose intended, and that all efforts are undertaken to mitigate any impermissible access, use, disclosure, modification or destruction of PHI in order to reduce the possibility of harm.

III. Responsibilities

All SCFHP staff, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(a)
45 C.F.R. §164.506
45 C.F.R. §164.510
45 C.F.R. §164.512
Omnibus Final Rule

V. Approval/Revision History

POLICY

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Required and Permissible Uses and Disclosures**	**Procedure No.:**	HI.05.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe how Santa Clara Family Health Plan (SCFHP) will respond to requests for Protected Health Information (PHI), in keeping with SCFHP's obligations to maintain the privacy of PHI, in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Requests Made by an Individual

1. Only the Privacy Officer and those SCFHP staff, temporary staff, or consultants specifically identified and documented by the SCFHP's Privacy Officer have the authority to disclose PHI.

2. Prior to making a disclosure of PHI to a third party that is permitted by these Privacy Policies and Procedures, a SCFHP staff member will verify the recipient's identity and authority to receive the PHI.

    a. Written Communications. SCFHP's staff verifies that the communication is signed by the individual or if an email, contains the individual's name in the email address.
    b. Telephone Calls. SCFHP's staff verifies the caller's identity by obtaining from the caller the following:

        i. The individual's name,
        ii. The individual's date of birth,
        iii. The individual's home address, and
        iv. The individual's telephone number.

B. Requests Made by the Individual's Personal Representative

1. SCFHP will accept written or verbal communication from the individual notifying SCFHP of the designation of the Personal Representative who has the authority under state law, by advance directive, health care proxy, or otherwise, to make health care decisions.

PROCEDURE

2. SCFHP will accept written notification from a Personal Representative, if valid, legal documentation is provided indicating designation of a Personal Representative who has the authority under state law, by advance directive, health care proxy, or otherwise, to make health care decisions.

3. Upon notification of designation of a Personal Representative, a SCFHP staff member documents the following:

    a. Personal Representative's name,
    b. Personal Representative's address (street, city, state),
    c. Date of Personal Representative's authority; and
    d. Signature of Personal Representative.

C. Requests Made by Others

If SCFHP's staff receives requests from others not covered in this Privacy Policy, the request will be forwarded to the Privacy Officer or designee who will use the following procedures to verify authority and identity:

1. Verification of Identity of Public Officials. When a government agency or public officials requests PHI, the Privacy Officer may rely upon the following to verify their identity, if reliance is reasonable under the circumstances:

    a. For in-person requests: the official's presentation of an agency identification badge, other official credentials or other proof of government status,
    b. For written requests: the request, if it is on appropriate government letterhead,
    c. For requests made by someone acting on behalf of a government official: evidence or documentation that establishes that the person is acting on behalf of the public official, such as a written statement on appropriate government letterhead that the person is acting under the government's authority, a contract for services, a memorandum of understanding, or a purchase order.

2. Verification of Authority of Public Officials: When a government agency or public officials requests PHI, the Privacy Officer may rely upon the following to verify their authority, if reliance is reasonable under the circumstances:

    a. A written statement of the legal authority under which the information is requested,
    b. If a written statement is not practical, an oral statement of the legal authority under which the information is requested, or
    c. A copy of a warrant, subpoena, order or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

D. Inability to Verify

If SCFHP's staff is unable to verify a requestor's identity and authority, the PHI may not be disclosed. The request will be forwarded to the Privacy Officer to assist in verifying authority and identity.

PROCEDURE

E. Scope of Disclosure

If the authority and identity of the party requesting PHI has been verified, SCFHP staff may disclose PHI to the requestor, but only the amount of PHI permitted by the applicable Privacy Policies and Procedures that permit the disclosure.

F. Documentation Prior to Disclosure

If these Privacy Policies and Procedures require any documentation, statements or representations from the intended recipient (such as a subpoena) as the basis for or condition of allowing a disclosure, SCFHP will obtain such documentation, statements or representations prior to making the disclosure.

G. Reliance on Documentation

If reasonable under the circumstances, SCFHP's staff may rely on documentation, statements or representations that, on their face, meet the requirements for disclosure. Examples of such documentation include signed authorization forms.

H. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.04 Reporting Violations Mitigation and Sanctions
HI.05 Required and Permissible Uses and Disclosures
HI.06 Request for Access
HI.08 Accounting of Disclosures
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.12 Uses and Disclosures of Limited Data Sets
HI.21 Disclosures to Family, Caregivers, and Friends
HI.23 Disclosures Related to Individuals with Mental Incapacities
HI.24 Communications with Minors
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.28 Uses and Disclosures for Payment
HI.29 Uses and Disclosures for Marketing
HI.31 Uses and Disclosures Required by Law
HI.32 Uses and Disclosures for Law Enforcement Purposes
HI.33 Uses and Disclosures for Public Health Activities
HI.34 Uses and Disclosures about Decedents
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence
HI.36 Uses and Disclosures for Research Purposes

PROCEDURE

HI.37 Uses and Disclosures for Specialized Government Functions
HI.38 Disclosures for Workers Compensation
HI.39 Verification of Identity and Authority
HI.40 Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes
HI.41 Uses and Disclosures for Health Oversight Activities
HI.42 Uses and Disclosures for Disaster Relief Purposes
HI.43 Uses and Disclosures to Avert a Serious Threat to Health or Safety

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Request for Access**	**Policy No.:**	HI.06 v2
Replaces Policy Title (if applicable):	Member Rights to Access and Amend PHI	**Replaces Policy No. (if applicable):**	CP011.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which an individual is entitled to inspect and obtain copies of their Protected Health Information (PHI) maintained by Santa Clara Family Health Plan (SCFHP) and how SCFHP will respond to requests for access in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow individuals to inspect and obtain copies of their PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.524
Omnibus Final Rule

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Request for Access**	**Procedure No.:**	HI.06.01 v2
Replaces Procedure Title (if applicable):	Member Rights to Access and Amend PHI	**Replaces Procedure No. (if applicable):**	CP011_02
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which an individual is entitled to inspect and obtain copies of their Protected Health Information (PHI) maintained by Santa Clara Family Health Plan (SCFHP) and how SCFHP will respond to requests for access in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Right to Inspect PHI

Individuals generally have the right to inspect and obtain copies of their PHI maintained in a Designated Record Set, except for:

1. Psychotherapy notes; and

2. Information complied in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

B. Responsibility for Access Determinations

1. The SCFHP Privacy Office is responsible for granting or denying access requests. The Privacy Officer may inform the individual that requests for access must be in writing.

2. Any SCFHP employee who receives a notice or a request to provide PHI to an individual will forward the notice or request immediately to SCFHP's Privacy Office, which will oversee the response.

C. Denial of access

1. Obligations of the Privacy Office: If SCFHP's Privacy Office, in consultation with legal counsel, denies access to the requested PHI as described in the Policy, in whole or in part, then the SCFHP Privacy Officer must ensure the following:

   a. To the extent possible, the individual is given access to any other PHI requested, after excluding the PHI for which access has been denied,

b. Provide a timely, written denial to the individual in plain language that contains:
   i. The basis for the denial,
   ii. If applicable, a statement of the individual's review rights, including a description of how the individual may exercise such review rights, and
   iii. A description of how the individual may complain to SCFHP or to the Secretary of DHHS, including the name, or title, and telephone number of the contact person or office.
   iv. If SCFHP does not maintain the requested PHI but knows where the requested information is maintained, the Privacy Officer must inform the individual where to direct the request for access.

2. Unreviewable Grounds for Denial: The SCFHP Privacy Officer, in consultation with legal counsel, may deny access without providing the individual an opportunity for review, in the following circumstances:

   a. The access request is for psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding,
   b. Obtaining such copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or of other inmates of a correctional institution, or the safety of any officer, employee, or other person at the correctional institution or responsible for the transporting of the individual and/or inmates,
   c. The individual is participating in research related to treatment which is still in progress and has agreed to the denial of access until the completion of the research,
   d. The denial of access relates to records that are subject to the Privacy Act of 1974, as amended at 5 U.S.C. 552a, if the denial meets the requirements of that law, or
   e. The PHI was obtained from someone other than a Health Care Provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

3. Reviewable Grounds for Denial: The SCFHP Privacy Officer, in consultation with legal counsel, may deny access provided that the individual is given a right to have such denial reviewed in the following circumstances:

   a. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person,
   b. The PHI makes reference to another person (unless such other person is a Health Care Provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person, or
   c. The request for access is made by the individual's Personal Representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such Personal Representative is reasonably likely to cause substantial harm to the individual or another person.

4. Review of a denial of access: If access is denied on a ground permitted under Section 3(c) above, the individual has the right to have the denial reviewed by a licensed health care professional

designated by SCFHP to act as a reviewing official, who did not participate in the original decision to deny. The SCFHP Privacy Officer must:

a. Refer a request for review to such designated reviewing official,
b. Ensure that the designated reviewing official determines, within a reasonable period of time, whether or not to deny the access,
c. Promptly provide written notice to the individual of the determination of the reviewing official.

D. Provision of access

If SCFHP's Privacy Office approves the provision of access of PHI to the individual, in whole or in part, the Privacy Officer will ensure that:

1. The access provided is that which was requested by the individual, including inspection or obtaining a copy, or both, in Designated Record Sets. If the PHI requested is maintained in more than one Designated Record Set or at more than one location, SCFHP need only produce the PHI once in response to a request for access.

2. The PHI is in the form or format requested by the individual, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed by SCFHP and the individual.

3. If agreed in advance by the individual, SCFHP may provide the individual with a summary or an explanation of the PHI requested, in lieu of providing access. The individual must also agree in advance to any fees imposed for such summary or explanation.

4. The access as requested by the individual is provided within thirty (30) days of the request including arranging with the individual for a convenient time and place to inspect or obtain a copy of the PHI, or mailing the copy of PHI at the individual's request.

5. If the PHI requested is maintained in one or more Designated Record Sets electronically and if the individual requests an electronic copy of such information, SCFHP must provide the individual with access to the PHI in the electronic form and format requested, if it is readily producible in such form and format, or, if not, SCFHP must provide a copy of the PHI directly to another person designated by the individual. The individual's request must be in writing, signed by the individual, and clearly identify the designated person and where to send the copy of the PHI.

6. Appropriate and reasonable cost-based fees are charged to the individual for copies, or for a summary or explanation agreed to in advance (see Section 4(c) above), for supplies and labor for copying (whether in paper or electronic form), postage if requested to be mailed, and, if applicable, preparation of an explanation or summary of the PHI.

E. Documentation and Retention

SCFHP must document the following and retain the documentation as described below:

PROCEDURE

1. The Designated Record Sets that are subject to access by individuals; and

2. The titles of the persons or offices responsible for receiving and processing requests for access by individuals.

F. Documentation

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.06 Request for Access
HI.16 Reporting and Responding to Privacy Complaints

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Amendments to Protected Health Information**	**Policy No.:**	HI.07 v2
Replaces Policy Title (if applicable):	Member Rights to Access and Amend PHI	**Replaces Policy No. (if applicable):**	CP011.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which an individual is entitled to amend their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will respond to, and implement, amendment requests in accordance with state and federal privacy laws, and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow amendments to be made to an individual's PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.526
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Amendments to Protected Health Information**	**Procedure No.:**	HI.07.01 v2
Replaces Procedure Title (if applicable):	Member Rights to Access and Amend PHI	**Replaces Procedure No. (if applicable):**	CP011_02
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which an individual is entitled to amend their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will respond to, and implement, amendment requests in accordance with state and federal privacy laws, and HIPAA Regulations.

II. Procedure

A. Individual's Right to Amend

All individuals have the right to request an amendment of their PHI or a record about the individual which is in a Designated Record Set.

B. Who May Request

Only the individual or the individual's Personal Representative may request an amendment.

C. Responsibility for Amendment Determinations

1. SCFHP's Privacy Office is responsible for granting or denying amendment requests.

2. Any SCFHP employee that receives a notice from an individual requesting SCFHP to amend his or her PHI will forward the notice to SCFHP's Privacy Office, which will oversee responding to or handling the notice.

3. Any SCFHP employee, temporary staff, or consultant that receives a notice from another Covered Entity requesting SCFHP to amend PHI or to assist in evaluating an amendment request will forward the notice to the SCFHP's Privacy Office, which will oversee responding to or handling the notice.

4. SCFHP Privacy Office may require individuals to make requests for amendment in writing and to provide a reason to support a requested amendment, provided that it informs the individual in advance.

D. Request for Amendment

PROCEDURE

Upon receipt of a request for amendment, the SCFHP Privacy Officer must act on the individual's request no later than 60 days of receipt.

E. Denial of Amendment

1. SCFHP's Privacy Office, in consultation with legal counsel, may deny an individual's request for amendment if it determines that the PHI or record that is the subject of the request:

    a. Was not created by SCFHP, unless the individual provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment,
    b. Is not part of the Designated Record Set,
    c. Would not be available for inspection under rights of access, or
    d. Is accurate and complete.

2. If a request for amendment is denied, the SCFHP Privacy Officer must ensure:

    a. That the individual is provided with a written denial, to include:
        i. The basis for the denial,
        ii. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement:
            (1) SCFHP's Privacy Officer may reasonably limit the length of a statement of disagreement, and
            (2) The SCFHP Privacy Officer may prepare a written rebuttal to the individual's statement of disagreement; whenever such a rebuttal is prepared, the Privacy Officer must provide a copy to the individual who submitted the statement of disagreement.
        iii. A statement that, if the individual does not submit a statement of disagreement, the individual may request that SCFHP provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
        iv. A description of how the individual may complain to SCFHP pursuant to the complaint procedure; the description must include the name, or title, and telephone number of the contact person or office.

    b. That SCFHP responds within the required time, or if SCFHP cannot act on the amendment within the required time, the SCFHP Privacy Officer may extend the period, one time only, by no more than 30 days, if the individual is provided with a written statement of the reasons for the delay and the date by which SCFHP will complete its action on the request.

    c. The SCFHP Privacy Officer will communicate the information to its Privacy Office designee who will identify the record or PHI in the Designated Record Set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the denial of the request, the individual's statement of disagreement, if any, and SCFHP's rebuttal, if any, to the Designated Record Set.

    d. Future Disclosures:

i. If a statement of disagreement has been submitted by an individual, SCFHP's Privacy Office designee will include the material appended in accordance with Section E.2.c above, or at the election of SCFHP, an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.
ii. If the individual has not submitted a written statement of disagreement, SCFHP's Privacy Office designee will include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if the individual has requested such action.
iii. When a subsequent disclosure is made using a standard transaction under the Administrative Simplification provisions of the HIPAA Regulations at 45 C.F.R. §162 that does not permit the additional material to be included with the disclosure, the Privacy Office designee may separately transmit the required material, as applicable, to the recipient of the standard transaction.

F. Accepting the Amendment

If SCFHP's Privacy Office accepts the requested amendment, in whole or in part, then:

1. The Privacy Officer will communicate, in writing, the amendment to the Privacy Office designee responsible for such authorized amendments.

2. Upon making the requested change in the individual's Designated Record Set, the Privacy Office designee will additionally:

   a. Document the amendment as required, but at a minimum will document the titles of the person or offices responsible for receiving and processing requests for amendments and retain the documentation as required by the SCFHP's Privacy Policies and Procedures, and
   b. Notify the SCFHP's Privacy Officer that the amendment has been documented as required.

3. Upon receiving notification from the Privacy Office designee, the Privacy Officer will:

   a. Inform the individual in the time required, that the amendment is accepted and obtain the individual's identification of an agreement to have the Privacy Officer notify the relevant persons with which the amendment needs to be shared.
   b. Inform the individual if any others, including SCFHP's Business Associates that have the PHI and may have relied, or could foreseeably rely, on such information to the detriment of the individual.
   c. Make reasonable efforts to inform others and provide the amendment within a reasonable time to:
      i. Persons identified by the individual as having received PHI about the individual and needing the amendment; and
      ii. Persons, including Business Associates, that SCFHP knows have the PHI that is subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the individual.

G. Actions on Notices of Amendment

PROCEDURE

Upon receiving a notice of amendment to an individual's PHI from another Covered Entity, the SCFHP Privacy Officer, in consultation with legal counsel, will ensure the amendment of the PHI in Designated Record Sets as provided in this Policy.

H. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year form the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.06 Request for Access
HI.07 Amendments to Protected Health Information
HI.16 Reporting and Responding to Privacy Complaints

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Accounting of Disclosures**	**Policy No.:**	HI.08 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which an individual may obtain an Accounting of Disclosures of their Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to provide an Accounting of Disclosures of an individual's PHI when requested by the individual in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.528
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Accounting of Disclosures**	**Procedure No.:**	HI.08.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which an individual may obtain an Accounting of Disclosures of their Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Right to Accounting of Disclosures

Individuals have the right to receive an Accounting of Disclosures of their PHI.

1. The Accounting of Disclosures does not have to include disclosures made for the following purposes or to the following recipients:

    a. For Treatment, Payment, or Health Care Options
    b. To the individual or the individual's Personal Representative
    c. Authorized by the individual or the individual's Personal Representative
    d. To notify families of individuals or to assist families or and other persons involved in the individual's care
    e. For national security intelligence,
    f. To correctional institutions or to law enforcement authorities that have custody of the individual,
    g. As part of a Limited Data Set,
    h. Occurring prior to April, 14, 2003, or
    i. Incident to a use or disclosure otherwise permitted or required by these policies.

2. Examples of accountable disclosures include:

    a. Impermissible disclosures known to any SCFHP employee,
    b. Disclosures to government agencies performing licensure surveys, etc.,
    c. Disclosures made pursuant to a court order or subpoena,
    d. Disclosures to law enforcement not involved in custodial care, and
    e. Disclosures about victims of abuse, neglect or domestic violence.

PROCEDURE

3. SCFHP must temporarily suspend an individual's right to receive an Accounting of Disclosures if it receives a written statement from a health oversight agency or law enforcement official that such an Accounting to that individual would be reasonably likely to impede the agency's or official's activities. The time frame for such a suspension is required.

4. The Accounting of Disclosures will not include disclosures occurring prior to the shorter of:

    a. The period specified by the individual,
    b. April 14, 2003, or
    c. The date six (6) years prior to the individual's request.

B. Who May Obtain Accounting

Only the individual or the individual's Personal Representative may obtain an Accounting of Disclosures of the individual's PHI.

C. Requests Made Directly to SCFHP

Upon receiving a request for an Accounting of Disclosures of PHI directly from an individual or an individual's Personal Representative, the SCFHP employee will:

1. Refer the individual or individual's Personal Representative to SCFHP's customer service department, and

2. Notify SCFHP's Privacy Office of the request.

D. Responsibility for Responding to Requests

SCFHP's Privacy Office is responsible for making determinations regarding requests for Accounting of Disclosures.

E. Record Retention

1. SCFHP's Privacy Office will, for a period of six (6) years from the date of a PHI disclosure, provide an Accounting of Disclosures upon request of the individual or his/her designated Personal Representative.

2. A similar record will be kept by all SCFHP's Business Associates that disclose PHI.

F. Charges

1. SCFHP may not charge for the first Accounting of Disclosure request, but may charge a reasonable fee based on SCFHP's costs, for any additional Accounting requests received within a twelve (12) month period.

2. For disclosure of PHI maintained in an Electronic Health Record, the charge for disclosure may not exceed labor costs.

3. SCFHP's Privacy Office will determine if a charge is appropriate.

G. Provision of Accounting

1. SCFHP's Privacy Office will provide to the requesting individual an Accounting of Disclosures within sixty (60) days of receiving an authorized request.

2. The SCFHP Privacy Officer will provide the individual the Accounting of Disclosure that includes the following information:

   a. A brief description of the event including the date of the disclosure,
   b. A description of the types of PHI disclosed,
   c. Name of entity or person who received the PHI and address if known,
   d. The purpose of the disclosure (if applicable),
   e. If the disclosure was unauthorized or impermissible, a brief description of efforts to investigate the disclosure, to mitigate losses and to protect against further PHI disclosures,
   f. In addition to the Accounting of Disclosures, other information that may be required by applicable legal requirements such as contact procedures for individuals to ask questions or learn additional information which may include a toll-free telephone number, an email address, website or postal address.

H. Documents Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.09 Amendments to Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.12 Uses and Disclosures of Limited Data Sets
HI.20 Personal Representatives
HI.21 Disclosures to Family, Caregivers, and Friends
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.28 Uses and Disclosures for Payment

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Authorization to Use or Disclose Protected Health Information**	**Policy No.:**	HI.09 v2
Replaces Policy Title (if applicable):	Determining Whether an Authorization is Valid	**Replaces Policy No. (if applicable):**	CP025.01
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the procedures for using or disclosing an individual's Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and to use or disclose PHI only in accordance with a valid Authorization, when required and in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP employees, temporary staff, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.508
45 C.F.R. §164.502
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Authorization to Use or Disclose Protected Health Information**	**Procedure No.:**	HI.09.01 v2
Replaces Procedure Title (if applicable):	Determining Whether an Authorization is Valid	**Replaces Procedure No. (if applicable):**	CP025.01
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures for using or disclosing an individual's Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. When Authorization is Not Required

Please refer to SCFHP Policy HI.05 Required and Permissible Uses and Disclosures.

B. When Authorization is Required

Written Authorization will be obtained before using or disclosing an individual's PHI for any of the following purposes:

1. Psychotherapy Notes: Generally, Psychotherapy Notes may not be used or disclosed without an Authorization except for use by the originator of the Notes and for other limited purposes.

2. Marketing: With some exceptions, PHI may not be used for Marketing unless an Authorization is obtained; the Authorization must state that SCFHP is receiving financial remuneration for the communication.

3. Sale of PHI: With some exceptions, SCFHP must obtain an Authorization for any disclosure of PHI for which SCFHP receives direct or indirect remuneration from, or on behalf of, the recipient of the information; the SCFHP Privacy Officer, in conjunction with legal counsel, will make the determination of the need for an Authorization in this situation.

4. Employers: PHI may not be disclosed to employers or persons acting on behalf of employers unless Authorization has been obtained.

5. Life Insurance Companies: PHI may not be disclosed to life insurance companies, or persons acting on their behalf, unless Authorization has been obtained.

PROCEDURE

6. Pharmaceutical Companies: PHI may not be disclosed for marketing purposes to pharmaceutical companies, or persons acting on their behalf, unless Authorization has been obtained.

7. Research: PHI may not be disclosed for research purposes without an Authorization unless an alteration or waiver of Authorization satisfies specific criteria.

8. Any other Purpose.

C. Authorization for Use or Disclosure

If an Authorization is required by the HIPAA Privacy Rule, the individual or the individual's Personal Representative may authorize the use or disclosure of the individual's PHI.

D. Requests Made Directly to SCFHP

When SCFHP receives a request to release PHI from an individual or any third party, SCFHP will:

1. Instruct the individual or other third party to make the request directly to the applicable customer service department; and

2. Advise SCFHP's Privacy Office of the request.

E. Implementing an Authorization

1. All Authorizations received or obtained by SCFHP will be forwarded to the SCFHP's Privacy Office to confirm that the requirements of this policy have been met and to oversee the response to the Authorization.

2. Prior to using or disclosing PHI pursuant to an Authorization that has not already been reviewed and verified by, SCFHP's Privacy Office will make reasonable efforts to verify the identity of the individual or the identity and authority of the Personal Representative, if applicable, who signed the Authorization form consistent with verification procedures outlined in HI.05 Required and Permissible Uses and Disclosures and HI.39 Verification of Identity and Authority.

F. Minimum Necessary

Only the information specified in an Authorization may be used or disclosed and the terms of the Authorization must be followed. If the Authorization appears vague or overly broad, the SCFHP Privacy Officer will review the Authorization and may contact the individual to determine the appropriate amount of PHI to be used or disclosed.

G. Defective Authorizations

An Authorization cannot be accepted if it has any of the following defects:

PROCEDURE

1. The expiration date has passed, or the Authorization specifies a particular expiration event that is known to have occurred.

2. The Authorization:

   a. Does not include all of the required core elements (see, Attachment 1 - SCFHP Request for Personal Health Information Form) or has not been filled out completely,
   b. Has not been signed and dated by the individual or an authorized Personal Representative, or
   c. Is for a limited or specific purpose and the anticipated disclosure of PHI would exceed the limitation or specific use.

3. The Authorization is known to have been revoked even if SCFHP has not yet received a copy of the written revocation.

4. The Authorization has been combined with other documents or types of permissions. See regulatory exceptions for Psychotherapy Notes and Research at 45 C.F.R. §164.508(b)(3).

H. Revocation

The individual or the individual's Personal Representative may revoke an Authorization at any time. The revocation will be in writing and will be signed by the individual or the Personal Representative. The revocation does not affect any uses or disclosures made by SCFHP prior to the revocation.

I. Revoked or Expired Authorization

1. Upon revocation or expiration of an Authorization, the Authorization form will be clearly marked to show that it is no longer valid. SCFHP's Privacy Office will communicate, in writing, the revocation or expiration of the Authorization, to the designated Privacy Office designee who will mark all related records, including the Health Profile and the appropriate clinical and Electronic Health Records to show that the Authorization is no longer valid.

2. Upon completion of the marking of related records, the designated Privacy Office designee will so notify SCFHP's Privacy Office who will notify SCFHP's Business Associates who might otherwise rely on the Authorization that it has expired or been revoked.

J. No Denial of Treatment or Enrollment in a Health Plan or Eligibility for Benefits

Treatment, enrollment in a Health Plan, or eligibility for benefits will not be denied solely because an individual refuses to sign an Authorization. See 45 C.F.R. §164.508(b) (4) for certain exceptions related to research or situations where an employer or insurer has requested and is paying for physicals or screenings.

K. Possible Exemptions from Authorization Requirements

SCFHP's Privacy Office is responsible for making determinations of possible exemptions from Authorization requirements.

PROCEDURE

1. If a use or disclosure of the information is for any of the following purposes, it may be exempted from the Authorization requirements. Refer to the following SCFHP Privacy Policies and Procedures to determine the circumstances under which the information may be released without Authorization from the individual:

    a. HI.10 Uses By and Disclosures to Subcontractors and Third Parties,
    b. HI.11 De-Identification of Health Information, and
    c. HI.12 Uses and Disclosures of Limited Data Sets.

2. If a use or disclosure of the information is for any of the following purposes, it may be exempted from the Authorization requirements. Refer such uses and disclosures to SCFHP's Privacy Officer to determine the circumstances under which the information may be released without Authorization from the individual:

    a. Family, Caregivers and Friends,
    b. Treatment Purposes,
    c. Health Care Operations,
    d. Payment Purposes,
    e. Court Orders and Subpoenas,
    f. Required by Law,
    g. Law Enforcement Purposes, and
    h. Suspected or Confirmed Abuse, Neglect or Domestic Violence.

3. SCFHP may make the following disclosures, provided the Privacy Office, after conferring with legal counsel, has approved the disclosure in advance, and determined that the regulatory requirement for the applicable exception to the requirement for an Authorization has been met:

    a. Disaster Relief Purposes,
    b. Public Health Activities,
    c. Health Oversight Activities,
    d. Decedents,
    e. Communications with Minors,
    f. Cadaveric Organ, Eye, or Tissue Donation Purposes,
    g. Research Purposes,
    h. Specialized Government Functions, and
    i. Worker's Compensation.

III. Policy Reference

HI.05 Required and Permissible Uses and Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.11 De-Identification of Health Information
HI.12 Uses and Disclosures of Limited Data Sets
HI.20 Personal Representatives

PROCEDURE

HI.21 Disclosures to Family, Caregivers, and Friends
HI.24 Communications with Minors
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.28 Uses and Disclosures for Payment
HI.29 Uses and Disclosures for Marketing
HI.30 Uses and Disclosures for Court Orders and Subpoenas
HI.31 Uses and Disclosures Required by Law
HI.32 Uses and Disclosures for Law Enforcement Purposes
HI.33 Uses and Disclosures for Public Health Activities
HI.34 Uses and Disclosures about Decedents
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence
HI.36 Uses and Disclosures for Research Purposes
HI.37 Uses and Disclosures for Specialized Government Functions
HI.38 Disclosures for Workers Compensation
HI.39 Verification of Identity and Authority
HI.40 Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes
HI.41 Uses and Disclosures for Health Oversight Activities
HI.42 Uses and Disclosures for Disaster Relief Purposes
HI.43 Uses and Disclosures to Avert a Serious Threat to Health or Safety
HI.48 Sale of Protected Health Information

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

PROCEDURE

Attachment 1 - SCFHP Request for Personal Health Information Form

POLICY

Policy Title:	**Uses by and Disclosures to Business Associates and Third Parties**	**Policy No.:**	HI.10 v2
Replaces Policy Title (if applicable):	Business Associate Agreements	**Replaces Policy No. (if applicable):**	CP012.04
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the relationship and respective commitments, responsibilities and obligations of Santa Clara Family Health Plan (SCFHP) and any Business Associates of SCFHP who use or disclose Protected Health Information (PHI) on behalf of SCFHP in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to require Business Associates and other third parties who use or disclose PHI on behalf of SCFHP to provide satisfactory assurance that they will protect PHI which will be documented through a written Business Associate Agreement or other agreement that meets the requirements of state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §160.103
45 C.F.R. §164.500(a) and (c)
45 C.F.R. §164.502(a), (b) and (e)
45 C.F.R. § 164.504(e)
45 C.F.R. §164.532(a), (b) and (d)
Omnibus Final Rule

V. Approval/Revision History

POLICY

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses by and Disclosures to Business Associates and Third Parties**	**Procedure No.:**	HI.10.01 v2
Replaces Procedure Title (if applicable):	Business Associate Agreements	**Replaces Procedure No. (if applicable):**	CP012.04
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the relationship and respective commitments, responsibilities and obligations of Santa Clara Family Health Plan (SCFHP) and any Business Associates of SCFHP who use or disclose Protected Health Information (PHI) on behalf of SCFHP in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Identify Business Associates

SCFHP's contracting designee, in conjunction with the Privacy Office, will identify all of its Business Associates that handle PHI. Business Associates do not include persons or entities that would not, in the normal course of their activities, use or disclose PHI but who may inadvertently come into contact with such information. SCFHP's contracting designee, in conjunction with the Privacy Office, will ensure that those persons or entities sign a confidentiality agreement but are otherwise not covered by this policy.

B. Disclosures to Business Associates

SCFHP may disclose PHI to a Business Associate and may allow the Business Associate to create, receive, maintain, or transmit PHI on its behalf, if SCFHP obtains satisfactory assurances, in accordance with contractual requirements outlined in the HIPAA Privacy Rule, that the Business Associate will appropriately safeguard the PHI.

C. Subcontractors

The contractual requirements of the Privacy Rule apply to any contract or other arrangement between a Business Associate and a subcontractor in the same manner as such requirements apply to contracts or other arrangements between a Covered Entity and Business Associate. A Business Associate may disclose PHI to a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit PHI on its behalf, if the Business Associate obtains satisfactory assurances, in accordance with contractual requirements outlined in the Privacy Rule, that the subcontractor will appropriately safeguard the information.

PROCEDURE

D. Business Associate Agreements (BAA)

All Business Associate Agreements will be reviewed, approved, including legal approval, and signed under the SCFHP's policies and procedures for contracting, procurement and/or sourcing. SCFHP's contracting designee, in collaboration with the Privacy Officer and legal counsel, will ensure the following:

1. All Business Associate Agreements covered by this policy will include appropriate language regarding SCFHP's duties and obligations as a Covered Entity.

2. Whenever possible, the attached form (Attachment 1 – SCFHP Business Associate Agreement Template) is utilized. Exceptions require consultation with the SCFHP's legal counsel.

3. SCFHP's legal counsel must be consulted if the Business Associate wishes to add or change any of the terms, to assure that the changes meet legal and regulatory requirements and do not adversely affect SCFHP.

4. Business Associates are required to use SCFHP's Business Associate Agreement Template.

E. Business Associate Obligation under the Business Associate Agreement

Prior to entering into a Business Associate Agreement, the Business Associate must be able to demonstrate to SCFHP's Privacy Office that it has policies and procedures in place to ensure that it will adequately safeguard PHI. The terms of the Business Associate Agreement will:

1. Establish the permitted and required uses and disclosures of PHI by the Business Associate; the BAA may not authorize the Business Associate to use or further disclose PHI in a manner that would violate the requirements of the HIPAA Privacy Rule if done by SCFHP except that:

    a. The BAA may permit the Business Associate to use and disclose PHI for the proper management and administration of its affairs, and
    b. The BAA may permit the Business Associate to provide Data Aggregation services relating to the Health Care Operations of SCFHP.

2. Provide that the Business Associate will:

    a. Not use or further disclose the PHI other than as permitted or required by the BAA or as required by law,
    b. Use appropriate safeguards and comply, where applicable, with the HIPAA Security Rule with respect to electronic PHI to prevent use or disclosure of the information other than as provided for by its BAA,
    c. Report to SCFHP any use or disclosure of PHI not provided for by its BAA of which it becomes aware, including breaches of unsecured PHI,

d. Ensure that any Subcontractors (e.g. vendors) that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions and conditions that apply to the Business Associate with respect to such PHI,
e. To the extent the Business Associate is to carry out SCFHP's obligation under the HIPAA Privacy Rule, comply with those regulations that apply to SCFHP in the performance of such obligation,
f. Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, SCFHP available to the Secretary of DHHS for purposes of determining compliance with the HIPAA Privacy Rule,
g. Provide that, at termination of the contract, if feasible, return or destroy PHI received from, or created or maintained by the Business Associate from or on behalf of SCFHP; if such return or destruction is not feasible, it will agree to extend the protections of the BAA to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible, and
h. Authorize the Business Associate to terminate a BAA with Subcontractor if it determines that the Subcontractor has violated a material term of the BAA.

5. Require the Business Associate to assist SCFHP in a timely manner if a request for PHI is received, including investigating the validity of the request and, if valid:

   a. Providing the individual with copies or access to the PHI upon the request of SCFHP,
   b. Amending the information upon request from SCFHP,
   c. Maintaining an Accounting of all Disclosures for purposes other than Treatment or Payment purposes or Health Care Operations or other purposes excluded from the accounting obligation, and provide the accounting to SCFHP upon request (see, HI.08: Accounting of Disclosures), and
   d. Complying with all SCFHP's requests regarding confidential communications and restrictions on the use and disclosure of PHI. See, HI.13: Requests for Restrictions of Uses and Disclosures and HI.14 Requests for Confidential Communications.

F. Notifications to Business Associates

SCFHP's Privacy Office will:

1. Provide its Business Associates with copies of SCFHP's Notice of Privacy Practices,

2. Notify its Business Associates when it changes its Notice of Privacy Practices in a manner that affects the Business Associate, and

3. Document the name of the person notified as well as the date(s) when the Business Associate was initially notified and when notified of any change.

G. Minimum Necessary Disclosures

All disclosures to Business Associates will be limited to the minimum amount of PHI needed for the Business Associate to carry out its functions on behalf of SCFHP. Business Associates are subject to the same "minimum necessary" limitations as SCFHP, as outlined in HI.03 Minimum Necessary: Uses, Disclosures and Requests.

PROCEDURE

H. Violations by Business Associates

1. Any SCFHP staff, temporary help, or consultant who learns, or has reason to believe, that a Business Associate is in any way jeopardizing the privacy and confidentiality of PHI provided by SCFHP, will notify SCFHP's Privacy Office immediately.

2. SCFHP's Privacy Office will notify the Business Associate immediately to cease such activities and will work with the Business Associate on mitigating any harmful effect that may result from the violation.

3. If the violation is not remedied with the Business Associate, the BAA with the Subcontractor may be terminated. The Privacy Officer, in consultation with legal counsel, may determine if a reasonable cure period may be allowed.

4. If termination is not feasible because the Business Associate is the only qualified and available person or entity for such services, the SCFHP Privacy Officer will appropriately document the reason for no termination.

I. Termination of a Business Associate Agreement

If the Business Associate Agreement with your Business Associate is terminated for any reason, SCFHP will stop disclosing any PHI to the Business Associate and require the Business Associate to do the following:

1. Return all PHI in its possession or ensure that the PHI is properly destroyed in a manner that protects the confidentiality of the PHI; the Business Associate will be required to provide a certificate of destruction showing that the PHI has been properly destroyed.

2. If any of the PHI cannot be returned or destroyed (for example, because the Business Associate is required to maintain certain information for inspection by regulatory agencies), the Business Associate may retain the PHI as long as it continues to protect the PHI in accordance with the terms of the Business Associate Agreement and to use the information only for the purposes that make return or destruction infeasible.

J. Accounting of Disclosures to Business Associates

It is not necessary to include disclosures to SCFHP's Business Associates in an Accounting of Disclosures. However, Business Associates are required to maintain a record of their disclosures to the same extent as SCFHP is required to do so. See, HI.08 Accounting of Disclosures.

K. Uses and Disclosures to Third Parties for Certain Legal Responsibilities, Management and Administration

1. SCFHP's Privacy Office may approve the disclosure of PHI to third parties for purposes of SCFHP's fulfillment of legal responsibilities, management and administration.

2. In such instances, contracts must be executed with the third party containing at least the following:

   a. An obligation to hold the PHI confidentially and use it or further disclose it only as required by law or for the purpose for which it was disclosed; and
   b. An obligation to notify the SCFHP's Privacy Office of any instances in which the confidentiality of the PHI has been compromised.

L. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.13 Requests for Restrictions on Uses and Disclosures
HI.14 Request for Confidential Communications

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

PROCEDURE

Attachment 1 – SCFHP Business Associate Agreement Template

POLICY

Policy Title:	**De-Identification of Health Information**	**Policy No.:**	HI.11 v2
Replaces Policy Title (if applicable):	Health Information Privacy - De-Identified Information	**Replaces Policy No. (if applicable):**	CP023.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The define the circumstances under which Santa Clara Family Health Plan (SCFHP) may create and use or disclose De-identified Health Information in accordance with state and federal laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to ensure that any De-identified Health Information used or disclosed on its behalf meets the requirements of this policy and is in accordance with state and federal privacy laws and HIPAA Regulations. When reasonably practical, SCFHP will use and disclose de-identified health information, rather than Protected Health Information (PHI).

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(d)
45 C.F.R. §164.514
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**De-Identification of Health Information**	**Procedure No.:**	HI.11.01 v2
Replaces Procedure Title (if applicable):	Health Information Privacy – De-Identified Information	**Replaces Procedure No. (if applicable):**	CP023.02
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) may create and use or disclose De-identified Health Information in accordance with state and federal laws and HIPAA Regulations.

II. Procedure

A. Creation of De-Identified Health Information

SCFHP may create De-identified Health Information from individual PHI, in accordance with this policy. SCFHP may allow a Business Associate to create De-identified Health Information on its behalf as long as the Business Associate has executed a Business Associate Agreement or appropriate addendum, as described in HI.10 Uses By and Disclosures to Business Associates and Third Parties. The SCFHP Privacy Officer is responsible for ensuring the validity of De-Identified Health Information that is being used or disclosed on a routine or non-routine basis.

B. De-Identification Procedures

PHI is deemed to be de-identified if it meets either of the following qualifications:

1. SCFHP has obtained a written determination by a qualified statistician that there is very little risk that the information could be used, alone or in combination with other reasonably available information, to identify the individual. The statistician's analysis methods and results will be documented.

2. All of the identifiers listed in the attached De-Identification Checklist (Attachment 1) at the end of this policy have been removed.

C. Re-Identification Codes

SCFHP may assign a re-identification code to De-identified Health Information, which is not derived from or related to information of the individual and will not be shared with any third party other than Business Associates that have signed a Business Associate Agreement, as described in HI.10 Uses By and Disclosures to Business Associates and Third Parties.

D. Other Methods of Not Revealing Identity

In order to prevent identification of an individual's PHI when generating aggregate reports, the reports must address a minimum of fifty individual participant responses. If the aggregate report contains less than fifty individual participant responses it must be sent only to the SCFHP's Privacy Office.

E. Accounting of Disclosures

Recording of De-identified Health Information disclosures is not required. Any disclosure of the individual's Re-identification Code to a recipient of the applicable De-identified Health Information pursuant to HI.08 Accounting of Disclosures must be recorded in accordance with that policy.

F. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.11 De-Identification of Health Information

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

PROCEDURE

Attachment 1 - De-Identification Checklist

An individual's PHI is deemed to be de-identified if SCFHP does not have actual knowledge that the information could be used alone or in combination with other information to identify the individual, and all of the following elements have been removed with regard to (1) the individual, (2) the individual's relatives, (3) the individual's employer, and (4) the individual's household Individuals:

a. Names,

b. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:

   i. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and

   ii. The initial three (3) digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

   i. Telephone numbers,

   ii. Fax numbers,

   iii. Electronic mail addresses,

   iv. Social security numbers,

   v. Medical record numbers,

   vi. Health Plan or Customer beneficiary numbers,

   vii. Account numbers,

   viii. Certificate/license numbers,

   ix. Vehicle identifiers and serial numbers,

   x. Device identifiers and serial numbers,

   xi. Web Universal Resource Locators (URLs),

   xii. Internet Protocol (IP) address numbers,

   xiii. Biometric identifiers, including finger and voice prints,

   xiv. Full face photographic images and any comparable images, and

PROCEDURE

xv. Any other unique identifying number, characteristic or code.

POLICY

Policy Title:	**Uses and Disclosures of Limited Data Sets**	**Policy No.:**	HI.12 v2
Replaces Policy Title (if applicable):	Health Information Privacy – Limited Data Set	**Replaces Policy No. (if applicable):**	CP022.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define how Santa Clara Family Health Plan (SCFHP) may create and use disclosure Limited Data Sets as set forth in this policy and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to use and disclose Limited Data Sets for Research, public health, and Health Care Operations in accordance with state and federal privacy laws and HIPAA Regulations.

SCFHP will only use or disclose a Limited Data Set if SCFHP obtains satisfactory assurance in the form of a Data Use Agreement or Business Associate Agreement, that the recipient will only use or disclose the Protected Health Information (PHI) for limited purposes.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(e)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures of Limited Data Sets**	**Procedure No.:**	HI.12.01 v2
Replaces Procedure Title (if applicable):	Health Information Privacy – Limited Data Set	**Replaces Procedure No. (if applicable):**	CP022.02
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The describe how Santa Clara Family Health Plan (SCFHP) may create and use or disclose Limited Data Sets as set forth in this policy and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Creation of Limited Data Sets

SCFHP or its Business Associates may create and disclose Limited Data Sets in accordance with this policy. All of the identifiers listed in the Limited Data Set Checklist (included herein) must be removed before the information is deemed to qualify as a Limited Data Set.

B. Purpose of Disclosure

Limited Data Sets may be disclosed only for the purposes of Research, public health, or Health Care Operations.

C. Recipients of Limited Data Sets

Information in a Limited Data Set may be disclosed only to a recipient, approved by SCFHP in consultation with the Privacy Office, which has given satisfactory assurance, by signing a Data Use Agreement.

1. If SCFHP becomes aware that the recipient is violating the Data Use Agreement, the SCFHP Privacy Officer will take one of the following actions:

    a. Terminate the Data Use Agreement (immediately or after giving the recipient an opportunity to cure, consistent with the terms of the Data Use Agreement); and/or
    b. Report the problem to SCFHP's legal counsel.

D. Accounting of Disclosures

PROCEDURE

Disclosures of information in a Limited Data Set do not have to be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

E. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.12 Uses and Disclosures of Limited Data Sets

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date
V3	Revised	[Name of Approver] Date	[Name of Approver] Date

POLICY

Policy Title:	**Requests for Restrictions on Uses and Disclosures**	**Policy No.:**	HI.13 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which an individual has the right to request restrictions on uses or disclosures of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will consider and implement restriction requests in accordance with state and federal laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to consider requested restrictions on the use or disclosure of an individual's PHI and, if those restrictions are approved, to comply with the individual's request in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.522(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Request for Restrictions on Uses and Disclosures**	**Procedure No.:**	HI.13.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which an individual has the right to request restrictions on uses or disclosures of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will consider and implement restriction requests in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Right to Request Restrictions

Individuals have the right to request restrictions on how their PHI is used or disclosed for Treatment or Payment purposes or Health Care Operations. (See SCFHP policies referenced in Section III below). They also have the right to request restrictions on notifying or disclosing information to family, caregivers, friends, or others involved in their care.

B. Who May Request

Only the individual or the individual's Personal Representative may request a restriction.

C. Requests for Restriction

1. If an individual requests to restrict use of their PHI, SCFHP's Privacy Office, in consultation with legal counsel, is responsible for determining whether or not to grant the restriction. SCFHP is not required to agree to a restriction except restriction requests from self-pay patients (see Section C.2. below).

2. SCFHP must agree to the request of an individual to restrict disclosure to a Health Plan if:

   a. The disclosure is for Payment purposes or Health Care Operations and is not otherwise required by law, and
   b. The PHI pertains solely to a health care item or service for which the individual, or a person, other than the Health Plan, acting on behalf of the individual, has paid for the health care item or service in full.

PROCEDURE

3. Any SCFHP staff, temporary help or consultant that receives a notice from an individual or their Personal Representative requesting SCFHP to implement a restriction request will forward the request to the SCFHP's Privacy Office.

4. SCFHP's Privacy Office will ensure that the request does not restrict permitted or required uses and disclosures that are not subject to a restriction. See, HI.05 Required and Permissible Uses and Disclosures.

5. If the SCFHP Privacy Officer agrees to grant the restriction request, the Privacy Officer will:

   a. Communicate the restriction, in writing, to the quality manager who will ensure that the restriction is documented in the individual's Health Profile, and
   b. Ensure that, if the individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, SCFHP will release the restricted PHI to a Health Care Provider to provide Treatment to the individual, and request that the Health Care Provider not further use or disclose the PHI.

D. Terminating a Restriction

If an individual requests a termination to a restriction, the Privacy Officer will:

1. Ensure that the individual agrees to or requests the termination in writing or, if oral, that the oral agreement is documented in the individual's Health Profile, and
2. Notify the quality manager to remove the restriction and provide the date that the individual will be or has been informed so that the restriction termination is only effective with respect to PHI created or received after the date the individual has been informed.
3. Ensure that the individual is informed that the restriction is terminated effective on the date of notification.

E. Documentation

The SCFHP Privacy Officer with ensure that documentation associated with a restriction that has been granted includes:

1. Communication and documentation, and
2. Any action, activity or designation related to the granting or terminating of a restriction request.

F. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.05 Required and Permissible Uses and Disclosures

PROCEDURE

HI.13 Requests for Restrictions on Uses and Disclosures
HI.21 Disclosures to Family, Caregivers, and Friends
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.28 Uses and Disclosures for Payment

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date
V2	Revised	[Name of Approver] Date	[Name of Approver] Date

POLICY

Policy Title:	**Request for Confidential Communications**	**Policy No.:**	HI.14 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which an individual has the right to request changes in the method of communications of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will grant and implement confidential communication requests in accordance with state and federal privacy laws and HIPAA.

II. Policy

A. It is the SCFHP policy to permit individuals to request that communications of protected health information be directed to alternative locations or delivered by alternative means.

B. As a Health Plan, SCFHP must accommodate reasonable requests to receive communications of PHI from the Health Plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.522(b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Request for Confidential Communications**	**Procedure No.:**	HI.14.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which an individual has the right to request changes in the method of communications of their Protected Health Information (PHI) and how Santa Clara Family Health Plan (SCFHP) will grant and implement confidential communication requests in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Right to Request Confidential Communications

Individuals have the right to request that communications from SCFHP be delivered by alternative means or at alternative locations (such as postal address, email address, telephone number).

B. Who May Request

Only the individual or the individual's Personal Representative may request confidential communications. See, HI.20 Personal Representatives.

C. Method of Request

To facilitate record keeping, SCFHP will require the request be in writing.

1. The request must include details that describe where or how the individual will receive future communications (the physical or mailing address, the phone number, or the email address to be used).

2. If the individual requests communications via email, SCFHP ensures that all electronic responses are encrypted.

3. SCFHP will not require an explanation from the individual as to the basis for the request, except that a health plan may request a statement that disclosure of all or part of the information to which the requests pertains could endanger the individual.

PROCEDURE

D. Responding to a Request

If an individual submits a request to SCFHP to change the means or location of confidential communications of their PHI, SCFHP staff, temporary help, or consultants will:

1. Refer the individual to SCFHP's customer service department to initiate the request;

2. Notify SCFHP's Privacy Officer;

3. The Privacy Officer will review the request to determine if it can be met and is reasonable. If the request is granted, the SCFHP Privacy Officer will:

   a. Notify the individual that the request is accepted.
   b. Where appropriate, inform the individual as to how payment, if any, will be handled.
   c. Oversee implementing the necessary procedures to comply with the granted request and communicate the change to any internal departments who may communicate with the individual.
   d. Direct the Enrollment and Eligibility Department to document the request in the individual's Health Profile.

E. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.14 Request for Confidential Communications
HI.20 Personal Representatives

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Reporting Impermissible Uses and Disclosures**	**Policy No.:**	HI.15 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which Santa Clara Family Health Plan (SCFHP) reports all impermissible uses and disclosures of Protected Health Information (PHI) that violates state of federal privacy laws or the HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to report any suspected or confirmed impermissible uses or disclosures of PHI that violate state or federal privacy laws or the HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(f)
45 C.F.R. § 164.414(b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Reporting Impermissible Users and Disclosures**	**Procedure No.:**	HI.15.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) reports all impermissible uses and disclosures of Protected Health Information (PHI) that violates state or federal privacy laws or the HIPAA Regulations.

II. Procedure

A. Examples of Impermissible Use or Disclosure of PHI

Examples of impermissible uses or disclosures of PHI that must be reported include, but are not limited to, the following:

1. Sharing PHI for purposes other than delivery of SCFHP's services,
2. Disclosure of PHI to individuals or SCFHP staff, temporary help, consultants, providers/delegates and vendors without permission,
3. Emails containing PHI sent to an incorrect recipient,
4. Emails containing PHI sent to the correct recipient via an unsecure route,
5. Fulfillment errors resulting in PHI sent to an unintended recipient,
6. Fulfillment reports lost or missing in the mail (including U.S. Mail, Fed-Ex, UPS, etc.),
7. Facsimile errors resulting in PHI sent to an unintended recipient,
8. Voice mails containing PHI on a phone without permission,
9. Lost or stolen portable media containing PHI, such as laptops, flash drives, iPads or iPhones, or
10. Lost or stolen unsecured PHI, such as in paper faxes, records, notes, prescriptions, patient logs, visitor sign-in logs that include patient names.

B. Responsibilities of Workforce Members

1. When a SCFHP staff, temporary help, consultants, providers/delegates and vendors suspects that PHI may have been used or disclosed in violation of HIPAA Regulations or any of SCFHP's Privacy or Security Policies or Procedures, the employee must notify a supervisor and/or the Privacy Office. Any supervisor receiving such a report will submit an incident report immediately to the Privacy Office by accessing and completing the form located at: http://icat/Pages/Default.aspx.

PROCEDURE

2. If the disclosure involves a breach of security as outlined in SCFHP's Security Policies and Procedures, the reporting supervisor will forward the report to SCFHP's Security Office.

C. Responsibilities of the SCFHP Privacy Officer or Designee

The SCFHP Privacy Officer, with the advice of legal counsel and in accordance with applicable privacy policies and procedures, will:

1. Initiate a triage process to determine if it is, indeed, an incident and whether further investigation should be initiated;
2. Notify the SCFHP Security Officer if electronic PHI (ePHI) has been compromised;
3. Follow-up and/or investigate each suspected or confirmed incident reported on an incident report form in a manner that complies with SCFHP's internal standard operating procedures on investigation and reporting;
4. Oversee any required investigation including the collection of all relevant data for analysis;
5. Determine whether the use or disclosure is, or is suspected to be, a violation of federal or state laws, the HIPAA Privacy Rule or SCFHP's Policies and Procedures;
6. Immediately begin an identification process of the affected individuals and the information that was used or disclosed;
7. Implement mitigation steps to minimize further disclosure or use of the PHI;
8. Identify remediation or corrective action plans to reduce the possibility of a reoccurrence of the incident, including but not limited to:
    a. Monitor and/or audit to ensure the mitigation and remediation plans are in place and working,
    b. Notify management when appropriate,
    c. Determine the need to notify other internal or external stakeholders,
    d. Identify any needed changes to SCFHP's Privacy Policies and Procedures and develop a plan to update them,
    e. Communicate to the privacy training coordinator any changes to be included in upcoming training classes,
    f. Determine whether notification is required under the HIPAA Breach Notification Rule or your Breach Notification Policies and Procedures,
    g. If notification is required, follow the procedures outlined in SCFHP's Breach Notification Policy (HI.51 Breach Notification Requirements), and
    h. Maintain documentation of all pertinent and required information.

D. Other Obligations

SCFHP's Privacy Office and/or SCFHP's Security Office will immediately notify SCFHP's legal counsel of confirmed cases of impermissible uses or disclosure or other violations state or federal privacy laws or the HIPAA Regulations and provide updates as necessary or appropriate.

E. Burden of Proof

In the event of a Breach of PHI, SCFHP will have the burden of demonstrating that all required notifications were made or that the use or disclosure did not constitute a Breach. See HI.49

Administrative Requirements, HI.50 Breach Risk Assessment and HI.51 Breach Notification Requirements.

F. Documentation

SCFHP's Privacy Office will maintain a record of all impermissible uses or disclosures and other violations for inclusion in an Accounting of Disclosures. See HI.08 Accounting of Disclosures.

G. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.15 Reporting Impermissible Uses and Disclosures
HI.49 Administrative Requirements
HI.50 Breach Risk Assessment
HI.51 Breach Notification Requirements

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Reporting and Responding to Privacy Complaints**	**Policy No.:**	HI.16 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which Santa Clara Family Health Plan (SCFHP) accepts and responds to concerns or complaints by individuals regarding SCFP's Privacy Policies or Procedures or privacy practices in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to allow individuals to express concerns and complaints regarding SCFHP's Privacy Policies or Procedures or privacy practices and to respond to such concerns and complaints in a timely and appropriate manner.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(a) and (d)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Reporting and Responding to Privacy Complaints**	**Procedure No.:**	HI.16.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) accepts and responds to concerns or complaints by individuals regarding SCFHP's Privacy Policies or Procedures or privacy practices in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Accepting Complaints

Individuals who express concerns or complaints about SCFHP's Privacy Policies or Procedures or privacy practices will be assured that SCFHP takes their concerns very seriously and intends to deal with the issue promptly and appropriately.

1. If the individual wishes to file a complaint regarding SCFHP's Privacy Policies or Procedures or privacy practices, the SCFHP staff, temporary help, or consultant who receives the complaint will:

    a. Access and complete the privacy complaint form located at: http://icat/com/default.aspx (see Quick Links on the right-hand side of the page and select "Privacy Complaint Form") and submit the form to the Privacy Office, or
    b. If preferred by the individual, direct them to directions on how to file a complaint located on SCFHP's public website (https://www.scfhp.com/for-members/helpful-information/notice-of-privacy-practices).

2. Individuals with concerns or complaints regarding SCFHP's Privacy Policies or Procedures or privacy practices will have the right to speak directly with the Privacy Office.

3. The individual is entitled to complain directly to the Secretary of DHHS and will be provided, upon request, the address and telephone number of the official or agency designated by DHHS to receive such complaints.

B. Investigation

PROCEDURE

The Privacy Officer, or designee, will promptly investigate any privacy related complaint in a manner consistent with procedures outlined in HI.15 Reporting Impermissible Uses and Disclosures.

C. Resolving the Privacy Related Complaint

If the complaint is justified, SCFHP will take prompt action to ensure that similar problems do not arise in the future.

1. Appropriate responses may range from changing certain practices, policies and procedures, providing additional privacy training, or taking necessary disciplinary action.

2. If the investigation of the complaint results in a determination that PHI has been improperly disclosed, the Privacy Office will coordinate the response in a manner consistent with HI.15 Reporting Impermissible Uses and Disclosures.

D. Notice to Person Who Complained

Once the matter is resolved, SCFHP's Privacy Office, in consultation with legal counsel, may respond to the individual who submitted the complaint.

E. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.15 Reporting Impermissible Uses and Disclosures
HI.16 Reporting and Responding to Privacy Complaints

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**No Retaliation or Waiver**	**Policy No.:**	HI.17 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define Santa Clara Family Health Plan (SCFHP)'s policy not to intimidate or otherwise retaliate against individuals who exercise their privacy rights and not to require individuals to waive such rights as a condition of receiving treatment, payment, enrollment in a program or eligibility for benefits offered by a Covered Entity, in accordance with state and federal privacy laws, and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to encourage, rather than to retaliate against, individuals who exercise their privacy rights.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(g) and (h)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**No Retaliation or Waiver**	**Procedure No.:**	HI.17.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe Santa Clara Family Health Plan (SCFHP)'s policy not to intimidate or otherwise retaliate against individuals who exercise their privacy rights and not to require individuals to waive such rights as a condition of receiving treatment, payment, enrollment in a program or eligibility for benefits offered by a Covered Entity, in accordance with state and federal privacy laws, and HIPAA Regulations.

II. Procedure

A. No Threats, Intimidation, or Retaliation

Individuals and SCFHP's staff, temporary help, or consultants will not be intimidated or discouraged from exercising their privacy rights. Furthermore, SCFHP will not retaliate against any individual or SCFHP employee who:

1. Files a complaint with the Secretary of DHHS;

2. Testifies, assists, or participates in an investigation or compliance review of SCFHP's Privacy Policies and Procedures; or

3. Opposes any act or practice that the person believes in good faith violates the HIPAA Regulations provided that the opposition does not involve a disclosure of Protected Health Information (PHI) in violation of HIPAA Regulations.

B. No Waiver of Rights

Under no circumstances will SCFHP require an individual, including any SCFHP employee, to waive his or her privacy rights as a condition for receiving treatment, payment, enrollment in a Health Plan, or eligibility for benefits offered by a Covered Entity.

C. Reporting of Violations

Any SCFHP employee who witnesses or is the subject of intimidation, discouragement, threats or retaliation for exercising privacy rights, or who is asked to waive privacy rights as a condition for

receiving treatment, payment, enrollment in a Health Plan, or eligibility for benefits, will immediately notify SCFHP's Privacy Office which is responsible for investigating violations of this Policy.

D. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.17 No Retaliation or Waiver

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Safeguards**	**Policy No.:**	HI.18 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish workplace controls required of all Santa Clara Family Health Plan's (SCFHP) staff, temporary staff, consultants, providers/delegates and vendors so as to ensure adherence to privacy requirements in keeping with SCFHP's obligations to maintain the privacy or Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to ensure that reasonable safeguards are implemented, that all staff, temporary help, consultants, providers/delegates and vendors are trained on and follow documented policies and procedures to prevent intentional or unintentional, impermissible use or disclosure of PHI in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary staff, consultants, providers/delegates and vendors must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(c)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager **Date**	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Safeguards**	**Procedure No.:**	HI.18.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish workplace controls required of all Santa Clara Family Health Plan SCFHP's (SCFHP) staff, temporary help, and consultants so as to ensure adherence to privacy requirements in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Privacy Requirements

SCFHP's Privacy Office is responsible for developing and maintaining complete, up-to-date Privacy Policies and Procedures, ensuring that all SCFHP employees are trained and sanctions are appropriately applied for non-compliance. See, HI.01 Privacy Office Assignment and Responsibilities and HI.02 Privacy Training Requirements.

B. Electronic PHI (ePHI) Safeguards

SCFHP's Security Office is responsible for ensuring that the safeguards described in the HIPAA Security Rule for ePHI are documented in SCFHP's Security Policies and Procedures, that all applicable employees are trained and have implemented these safeguards, and that sanctions are applied for non-compliance. In addition, the Security Office is responsible for ensuring that proper safeguards for devices not covered by the HIPAA Security Rule that create, maintain, store or transmit ePHI are documented and implemented (e.g. PDA, flash drives and email). See SCFHP's Security Policies and Procedures referenced in Section III of this policy.

C. Paper and Oral PHI Safeguards

SCFHP's Privacy Office is responsible for ensuring that the safeguards for written and oral PHI are documented in SCFHP's Privacy Policies and Procedures and that all applicable SCFHP employees are trained and have implemented these requirements, and that sanctions may be applied for non-compliance.

PROCEDURE

1. Written PHI safeguards include, but are not limited to, the proper handling, filing, storing, transporting and disposal of paper files, faxes, reports, authorizations, prescriptions, appointments, schedules, etc.

2. Oral PHI safeguards include, but are not limited to, verification of caller identification, content of voice messages, communications among SCFHP employees, communications with patients, announcements, etc.

3. Safeguards for telecommuter SCFHP employees include, but are not limited to, transporting PHI, computer use by family members, password management and time-outs, securing paper files and reports, phone discussion confidentiality, cell phone use, etc.

D. Facility Safeguards

SCFHP's facilities office is responsible for ensuring that safeguards for facility access and workplace safeguards are documented and that all applicable SCFHP employees are trained and have implemented these requirements. Some examples include, but are not limited to, the following:

1. Security Access Badges: All employees and visitors will wear security access badges prominently visible at all times.

    a. Security access badges will differentiate access to various parts of the building and limit access to the "minimum necessary" PHI depending on the responsibilities of the SCFHP staff, temporary help, and consultants or the purpose of the visit. See, HI.03 Minimum Necessary: Uses, Disclosures and Requests.
    b. There are certain restricted areas that require special access control. Permissions are programmed into issued badges for authorized SCFHP staff, temporary help, and consultants. Authorization for the restricted areas is granted by department managers, as approved by SCFHP's Privacy and Security Offices. **Access to restricted areas by unauthorized individuals is strictly prohibited without obtaining the appropriate advanced approvals**.

2. Visitors: Visitors will sign in at the receptionist desk, be issued a visitors' badge, be escorted by an authorized SCFHP employee at all times and sign out upon leaving the facility.

3. Site Tours: Site tours are strictly prohibited unless advance approval is obtained from the Privacy and Security Officers. The Privacy and Security Officers will take necessary precautions to protect against inadvertent disclosure of PHI found within SCFHP's working environment (e.g., limit site tour to viewing work spaces from a distance and staying within the non-working common areas such as hallways, kitchen and/or unoccupied conference rooms).

4. Access Control Cards: Access Control cards will be issued to authorized persons (i.e. vendors) by the facilities office as reviewed and approved by SCFHP's Privacy and Security Offices.

    a. Sign-in and out logs for building maintenance will be maintained by the facilities office and will include the purpose of the maintenance,

b. SCFHP employees will immediately report any attempt to enter a restricted area by unauthorized persons to the appropriate office.

5. Restricted Areas: Entries to restricted areas that are temporarily unlocked and/or propped open to allow moving of equipment, furniture, supplies, etc. will be continuously monitored by an authorized SCFHP employee.

6. Shredding Bins: Sufficient number of paper shredding bins will be located in appropriate areas, for example, near fax and copy machines and emptied weekly, or more frequently as needed, by a reputable company.

7. File Cabinets: An appropriate number and location of lockable file cabinets and storage areas will be provided to those SCFHP employees who need to protect paper PHI.

8. Camera Surveillance: Camera surveillance will be utilized at entry points and other sensitive areas.

9. Other Facility Controls: All other facility security controls and safeguards as required in the HIPAA Security Rule will be in place.

10. Reporting: SCFHP employees will report to the appropriate office any attempt by an unauthorized person to gain entrance to a restricted area.

E. Transporting PHI

SCFHP's staff, temporary help, and consultants are responsible for securing PHI in their possession during transit. This includes any and/or all of the following measures:

1. Store all forms of media containing PHI (paper format or encrypted electronic media) in a locked container.

2. Keep laptop, PDA or other Mobile Devices and all media containing PHI in personal possession during transport.

3. Avoid leaving laptops, PDA or other Mobile Devices unattended in public areas, especially airports.

4. Never leave laptops, PDA or other Mobile Devices or media containing PHI in luggage to be stored or transported via public transport.

5. Avoid leaving laptops, PDA or other Mobile Devices or media containing PHI in visible areas of an automobile; lock automobile doors when leaving the vehicle.

6. SCFHP employees working in home offices and other teleworker environments will assure that:

   a. Visitors and family members do not have access to SCFHP's business computers or media containing PHI,
   b. PHI in any format is not visible to unauthorized viewers,

c. SCFHP-owned laptops are locked with secure cable connection to off-site work stations at all times,
d. ePHI is never stored on non-SCFHP owned computers, laptops or computer readable storage media, and
e. PHI in paper format is stored in locked file devoted to SCFHP's operations.

7. When ending a remote session on a SCFHP computer, the SCFHP employee must wait for confirmation of the log-out command from the remotely connected SCFHP machine before leaving the work station.

F. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.01 Privacy Officer Assignment and Responsibilities
HI.02 Privacy Training Requirements
HI.03 Minimum Necessary Standards
HI.18 Safeguards

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Notice of Privacy Practices**	**Policy No.:**	HI.19 v2
Replaces Policy Title (if applicable):	Notice of Privacy Practices	**Replaces Policy No. (if applicable):**	CP010.02
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure that Santa Clara Family Health Plan (SCFHP) adopts and implements Notices of Privacy Practices that meets the requirements of the HIPAA Privacy Rule.

II. Policy

It is the policy of SCFHP that appropriate individuals, at appropriate time, are provided with a Notice of Privacy Practices that describes how SCFHP may use and disclose their Protected Health Information (PHI), their rights with respect to PHI and the legal obligations of SCFHP and that meets the requirements of the HIPAA Privacy Rule.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.520
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v2	Revised	Compliance Committee		

POLICY

Policy Title:	**Personal Representatives**	**Policy No.:**	HI.20 v2
Replaces Policy Title (if applicable):	P&P for Health Information Privacy	**Replaces Policy No. (if applicable):**	CP.20
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the methods by which Santa Clara Family Health Plan (SCFHP) will receive and handle requests from an individuals to treat persons as Personal Representatives of individuals in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to comply with requests for designation of Personal Representative by an individual and to allow the Personal Representative to exercise privacy rights on behalf of the individual when the individual is not able to do so personally, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

A. All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V2	Revised	Compliance Committee		

PROCEDURE

Procedure Title:	**Personal Representatives**	**Procedure No.:**	HI.20.01 v2
Replaces Procedure Title (if applicable):	P&P for Health Information Privacy	**Replaces Procedure No. (if applicable):**	CP.20
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the methods by which Santa Clara Family Health Plan (SCFHP) will receive and handle requests from an individuals to treat persons as Personal Representatives of individuals in keeping with SCFHP's obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Authority to Use or Disclose Protected Health Information (PHI)
A competent adult or emancipated minor who does not suffer from mental incapacity has authority to exercise his or her rights regarding the use or disclosure of PHI. A Personal Representative that has authority under state law to make health care decisions on behalf of an individual may also exercise the individual's privacy rights, on behalf of the individual. See, HI.23 Disclosures Related to Individuals with Mental Incapacities and Privacy Policy and HI.24 Communications with Minors.

B. Limitations on Rights of Personal Representative
Under the following certain limited circumstances, SCFHP may elect not to recognize the rights of a Personal Representative with respect to the privacy rights of the individual:

1. If SCFHP has a reasonable belief that:
   a. The individual has been or may be subjected to domestic violence, abuse, or neglect by the Personal Representative, or
   b. Treating such person as the Personal Representative could endanger the individual; and
   c. In the documented professional opinion of a licensed professional affiliated with SCFHP, it is not in the best interest of the individual to treat the person as the individual's Personal Representative. See HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence.

2. If a request for access to PHI is made by an individual's Personal Representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such Personal Representative is reasonably likely to cause substantial harm to the individual or another person. See, HI.06 Request for Access.

C. Notification of Designation

1. SCFHP will accept written communication from an individual notifying SCFHP of the designation of a Personal Representative who has the authority under state law to make health care decisions for the individual.
2. SCFHP will accept written notification from a Personal Representative, if valid, legal documentation is provided indicating designation of a Personal Representative who has the authority under state law to make health care decisions for an individual. Any SCFHP employee who receives written communication from a Personal Representative will forward the written communication to the SCFHP Privacy Office.
3. SCFHP Privacy Office designee will make the determination of the validity of the Personal Representative's identification and authorization, and will document the following information in the individual's Health Profile:
   a. Personal Representative's name,
   b. Personal Representative's address (street, city, state),
   c. Date of notification of Personal Representative's designation,
   d. Signature of Personal Representative, and
   e. The method of valid notification.

D. Implementation

SCFHP's Privacy Office will oversee implementing the necessary procedures to comply with the request consistent with state and federal privacy laws and HIPAA Regulations.

E. Request to Remove a Personal Representative

Upon receiving valid notification that the individual no longer wishes to designate a previously designated Personal Representative, the Privacy Officer will notify, in a secure email, the Privacy Office designee who will update the individual's Health Profile marking the Personal Representative's information as "inactive".

F. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.06 Request for Access
HI.20 Personal Representatives
HI.23 Disclosures Related to Individuals with Mental Incapacities
HI.24 Communications with Minors
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V2	Revised	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Disclosures to Family, Caregivers, and Friends**	**Policy No.:**	HI.21 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) staff, temporary help, and consultants will share relevant Protected Health Information (PHI) about an individual with the individual's family, friends, Personal Representative or other person identified by the individual in keeping with SCFHP's obligations to maintain the privacy PHI and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and allow individuals the opportunity to agree or object to the disclosure of PHI to specified persons who are involved in the individual's care or who need to be notified of the individual's condition in accordance with state and federal laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.510(a) and (b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Individual Caller Identification**	**Policy No.:**	HI.22 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe a process for verifying the authority and identity of a caller requesting Protected Health Information (PHI) of an individual prior to disclosing it, in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and to verify the authority and identity of callers requesting PHI prior to disclosing it, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(h)(1) and (2)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Disclosures Related to Individuals with Mental Incapacities**	**Policy No.:**	HI.23 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures for speaking with a Caregiver of an individual with mental incapacity, in keeping with Santa Clara Family Health Plan (SCFHP)'s obligations to maintain the privacy of Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI of individual's with mental incapacity and to disclose PHI of such individuals only as permitted by, and in accordance with, state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.510(a) and (b)
45 C.F.R. §164.514(h)(2)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Communications with Minors**	**Policy No.:**	HI.24 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the process for Santa Clara Family Health Plan's (SCFHP) staff, temporary help, and consultants to provide services to individuals who are Minors and unable to make health care decisions (as determined by the laws of the state where the individual resides), in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to provide services to individuals who are Minors and unable to make their own health care decisions in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

Cal. Bus. & Prof. Code § 2397
Cal. Family Code § 6922(a)
Cal. Family Code §§ 6925 – 6928
Cal. Family Code §6929(b)
Cal. Penal Code§ 11171.2
Cal. Family Code § 7050(e)
45 C.F.R. §164.502(g)
Omnibus Final Rule
DHCS Contract (Exhibit A, Attachment 9, Section D)

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Permission to Leave Message with PHI**	**Policy No.:**	HI.25 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To protect an individual's confidentiality and privacy when Protected Health Information (PHI) is recorded on an approved telephone answering machine, voice mail, or is provided to a caregiver designated by the individual in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and individual confidentiality and privacy by leaving PHI on messaging services or through caregivers only as designated, and consented to by the individual and in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.508(a)
45 C.F.R. §164.522(a) and (b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Uses and Disclosures for Treatment Purposes**	**Policy No.:**	HI.26 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) for Treatment purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for Treatment purposes in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.502(a)
45 C.F.R. §164.506
45 C.F.R. §164.508
45 C.F.R. §164.522
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Treatment Purposes**	**Procedure No.:**	HI.26.01
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) for Treatment purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Purposes Related to Treatment

Subject to any requirement of federal or state law or standards of professional ethics that requires patient consent, and the limitation on the use or disclosures of Psychotherapy Notes, PHI may be shared with Health Care Providers as necessary to arrange for appointments, referrals, diagnostic tests, consultations, management and coordination of care, determinations of suitability for services, and similar services directly related to Treatment in accordance with this Policy and consistent with state and federal privacy laws and HIPAA Regulations. If not otherwise required by federal or state law or standards of professional ethics, and subject to the limitation regarding Psychotherapy Notes, it is not mandatory for SCFHP to obtain written consent to use or disclose an individual's PHI for Treatment. See, Regulatory Authority Section below and HI.09 Authorization to Use or Disclose Protected Health Information.

B. Internal Access by SCFHP Employee

1. SCFHP employee may request and be given access to use the PHI of any individuals they are interacting with or have previously interacted with to the extent necessary to perform their assigned job functions on behalf of SCFHP. (See Section D below).
2. SCFHP's employees who believe they need access to the PHI of an individual with whom they do not have a job-related function, must contact the SCFHP Privacy Office, to determine whether such access is appropriate. See, HI.27 Uses and Disclosures for Health Care Operations.

C. Verification of Treatment Relationship

If a Health Care Provider requesting PHI is not known to SCFHP, the Provider's identity must be verified and documented. This may be accomplished by calling the Provider's office using an official phone number and asking a staff member to fax the request on official letterhead of the Provider. The SCFHP employee should contact the individual or the individual's Personal Representative directly to confirm

that the requesting Health Care Provider is involved in the individual's Treatment and to document the individual's consent, if consent was required. See, HI.39 Verification of Identity and Authority.

D. Minimum Necessary Access

Information that is used and shared for Treatment purposes is subject to the minimum necessary rules. Only SCFHP's employees who have been granted appropriate authority are allowed to use or review PHI for Treatment purposes, and may access only the information needed to carry out their duties. PHI may be shared only with those employees who have a need for it based on specific functions. See, HI.03 Minimum Necessary: Uses, Disclosure, and Requests.

E. Checking for Restrictions

Prior to using or disclosing any PHI, SCFHP's employee will check the individual's Health Profile to verify that the individual has not made a restriction request. If there is an applicable restriction request, the employee will not disclose the PHI. See, HI.13 Requests for Restrictions on Uses and Disclosures.

F. Prohibition on Conditioning of Authorizations

SCFHP may not condition the provision to an individual of Treatment on the provision of an Authorization, except:

a. A Health Care Provider may condition the provision of research-related Treatment on provision of an Authorization for the use or disclosure of PHI for such research, and
b. A Covered Entity may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an Authorization for the disclosure of the PHI to such third party.

G. No Waiver of Rights

SCFHP may not require individuals to waive their rights as a condition of the provision of Treatment, Payment, enrollment in a Health Plan, or eligibility for benefits. See, HI.17 No Retaliation or Waiver.

H. Accounting of Disclosures

Disclosures for Treatment do not need to be included in the Accounting of Disclosures. However, any disclosures made to persons outside SCFHP for purposes other than to provide Treatment will be documented and will indicate what information was disclosed, to whom, and date of disclosure. See, HI.08 Accounting of Disclosures.

I. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.13 Requests for Restrictions on Uses and Disclosures

PROCEDURE

HI.17 No Retaliation or Waiver
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.39 Verification of Identity and Authority

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Health Care Operations**	**Policy No.:**	HI.27 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan's (SCFHP) Staff, temporary help, and consultant may use and disclose an individual's Protected Health Information (PHI) for Health Care Operations in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for Health Care Operations in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.502(a)(1) and (3)
45 C.F.R. §164.506
45 C.F.R. §164.508
45 C.F.R. §164.522
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Health Care Operations**	**Procedure No.:**	HI.27.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan's (SCFHP) staff, temporary staff, and consultants may use and disclose an individual's Protected Health Information (PHI) for Health Care Operations in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Use or Disclosure for Health Care Operations

Subject to any requirement of federal or state law or standards of professional ethics that requires individual consent, the PHI of individuals may be used or disclosed for the Health Care Operations of SCFHP in accordance with this Policy and consistent with state and federal privacy laws and HIPAA Regulations. If not otherwise required by federal or state law or standards of professional ethics, except in the circumstances described below, it is not mandatory for SCFHP to obtain written consent to use or disclose an individual's PHI for Health Care Operations. PHI may not be used or disclosed for Health Care Operations:

1. Except under very limited circumstances, if it is contained in Psychotherapy Notes (see, HI.09 Authorization to Use or Disclose Protected Health Information*),*
2. If it relates to Health Care services that the individual has fully paid for out-of-pocket (see, HI.09 Authorization to Use or Disclose Protected Health Information*), or*
3. If it is Genetic Information intended for use for underwriting purposes (see, HI.45 Uses and Disclosures for Underwriting Purposes*).*

B. Disclosures to Business Associates for Health Care Operations

1. SCFHP's Business Associates and other third parties (such as auditors, management companies, attorneys, accountants, and others) may assist in carrying out SCFHP's Health Care Operations. If these parties use or disclose PHI when assisting SCFHP with Health Care Operations, they will be considered Business Associates and will be required to sign a Business Associate Agreement. PHI is only shared with those Business Associates or other third parties, as needed for specific operations. See, HI.10 Uses By and Disclosures to Business Associates and Third Parties.
2. SCFHP's Privacy Office will confirm the categories of PHI reasonably needed for routine and non-routine requests in accordance with HI.03 Minimum Necessary: Uses, Disclosures and Requests.

PROCEDURE

C. Disclosures to Other Covered Entities

SCFHP may disclose PHI to a Covered Entity for its own Health Care Operations activities if both SCFHP and the Covered Entity that receives the information have or have had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is:

1. For a purpose listed in paragraph (1) or (2) of the definition of "health care operations" in 45 C.F.R. §164.501, or
2. For the purpose of health care fraud and abuse detection or compliance.

D. Minimum Necessary Access

PHI that is used and disclosed for Health Care Operations is subject to the minimum necessary rules. Only SCFHP's employees who have been granted appropriate authority are allowed to use or disclose PHI for Health Care Operations, and may access only the PHI needed to carry out their duties. See, HI.03 Minimum Necessary: Uses, Disclosure, and Requests.

E. Restriction Request

Prior to disclosing any PHI, SCFHP's employees will check the individual's Health Profile to verify that the individual has not made a restriction request. If there is an applicable restriction request, the employees will not disclose the PHI. See, HI.13 Requests for Restrictions on Uses and Disclosures.

F. Accounting of Disclosures

Disclosures for Health Care Operations do not need to be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

G. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.13 Requests for Restrictions on Uses and Disclosures
HI.27 Uses and Disclosures for Health Care Operations
HI.45 Uses and Disclosures for Underwriting Purposes

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval

PROCEDURE

V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Payment**	**Policy No.:**	HI.28
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan's (SCFHP) staff, employees, and consultants may use and disclose Protected Health Information (PHI) for Payment purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for Payment in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.502(a)
45 C.F.R. §164.506(a), (b) and (c)
45 C.F.R. §164.508(a) and (b)
45 C.F.R. §164.5109(b)
45 C.F.R. §164.522A(a) and (b)
45 C.F.R. §164.530(h)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Payment**	**Procedure No.:**	HI.28.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which Santa Clara Family Health Plan's (SCFHP) staff, temporary staff, and consultants may use and disclose Protected Health Information (PHI) for Payment purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Use or Disclosure for Payment

1. Subject to any requirement of federal or state law or standards of professional ethics that requires patient consent, SCFHP may use or disclose PHI for Payment purposes in accordance with this Policy and consistent with state and federal privacy laws and HIPAA Regulations. If not otherwise required by federal or state law or standards of professional ethics, except in the circumstances described below, it is not mandatory for SCFHP to obtain written consent to use or disclose an individual's PHI for Payment purposes. PHI may not be used or disclosed for Payment purposes:
2. Except under very limited circumstances, if it is contained in Psychotherapy Notes (see, HI.09 Authorization to Use or Disclose Protected Health Information), or
3. If it relates to Health Care services that the individual fully paid for out-of-pocket (see, HI.09 Authorization to Use or Disclose Protected Health Information).

B. SCFHP may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the PHI directly relevant to such person's involvement with the individual's care for Payment purposes related to the individual's health care. See, HI.21 Disclosures to Family, Caregivers and Friends.

C. Disclosure to Others

SCFHP may disclose PHI to a Covered Entity or Business Associate for the Payment activities of the entity that receives the information.

D. Minimum Necessary Access

Information that is used and shared for Payment purposes is subject to the minimum necessary rule. Only SCFHP's employee who has been granted appropriate authority are allowed to use or review PHI for Payment purposes, and may access only the information needed to carry out their duties. PHI may

be shared only with those employees who have a need for it based on specific operations. See, HI.03 Minimum Necessary: Uses, Disclosure, and Requests.

E. Prohibition on Conditioning of Authorizations
SCFHP may not condition Payment on behalf of an individual on the provision by the individual of an Authorization.

F. Restriction Request
SCFHP must permit an individual to request a restriction on the uses or disclosures of PHI for Payment purposes. See, HI.13 Requests for Restrictions on Uses and Disclosures.

G. Confidential Communications
SCFHP may require the individual to make a request for confidential communications in writing and may condition the provision of a reasonable accommodation on when appropriate, information as to how Payment, if any, will be handled and specification of an alternative address or other method of contact. See, HI.14 Requests for Confidential Communications.

H. Waiver of Rights
SCFHP may not require individuals to waive their rights as a condition of the provision of Treatment, Payment, enrollment in a Health Plan, or eligibility for benefits. See, HI.17 No Retaliation or Waiver.

I. Accounting of Disclosures
Disclosures for Payment activities do not need to be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

J. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.13 Requests for Restrictions on Uses and Disclosures
HI.14 Request for Confidential Communications
HI.17 No Retaliation or Waiver
HI.21 Disclosures to Family, Caregivers, and Friends
HI.28 Uses and Disclosures for Payment

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/	First Level Approval	Second Level Approval

PROCEDURE

Revised)			
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Marketing**	**Policy No.:**	HI.29 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan's (SCFHP) staff, temporary help, and consultants may use and disclose Protected Health Information (PHI) for Marketing purposes in accordance with a valid Authorization and with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for Marketing purposes in accordance with a valid Authorization and state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.508(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosure for Marketing**	**Procedure No.:**	HI.29.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan's (SCFHP) staff, temporary staff, and consultants may use and disclose Protected Health Information (PHI) for Marketing purposes in accordance with a valid Authorization and with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule

With certain exceptions described below, SCFHP must obtain an Authorization for any use or disclosure of PHI for marketing purposes. See, HI.09 Authorization to Use or Disclose Protected Health Information.

B. Disclosure of Financial Remuneration

If the Marketing involves direct or indirect Financial Remuneration to the SCFHP from a third party, the Authorization must state that such Remuneration is involved.

C. Activities That Are Not Considered Marketing

Unless applicable state law provides otherwise, or as noted below, Marketing does not include communications made:

1. To describe a health-related product or service (or Payment for such product or service) that is provided by, or included in a plan of benefits of, SCFHP,
2. To provide information on general health topics such as dietary advice, weight management and importance of exercise to well-being,
3. For Treatment of the individual by a Health Care Provider including case management or care coordination for the individual,
4. To manage or coordinate the individual's care or to recommend alternative treatments, therapies, Health Care Providers or settings of care to the individual,
5. To describe enhancements to a Health Plan and health-related products or services available only to a Health Plan enrollee that add value to, but are not part of, a plan of benefits, and
6. For case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of Treatment.

PROCEDURE

D. Communications Without Financial Remuneration

As long as SCFHP is not receiving payment to make the communications listed below, SCFHP may use or disclose PHI without being deemed to be engaged in Marketing:

1. Reminding individuals about appointments,
2. Sending reminders regarding annual exams and prescription refill,
3. Describing a product or service that is for:
   a. Health related plan benefits or services,
   b. Treatment, or
   c. Case management or care coordination,
4. Informing an individual that is a smoker about smoking cessation programs,
5. Referring individuals to other physicians or specialists,
6. Recommending alternative types of care or places to receive Treatment,
7. Providing PHI to Health Care Providers so they can provide Treatment to the individual, and
8. Notifying individuals about services or products provided by, or included in a plan of benefits of SCFHP, including communications about: the Covered Entities participating in a Health Care Provider network or Health Plan network, replacement of, or enhancements to, a Health Plan and health-related products or services available only to a Health Plan enrollee that add value to, but are not part of, a plan of benefits.

E. Face-to-Face Marketing Communications

SCFHP may, with the approval of SCFHP's Privacy Office and Compliance Officer, develop programs to provide Marketing information to individuals during face-to-face meetings. For SCFHP's Cal MediConnect line of business, a Scope of Appointment form, used only by SCFHP's authorized Medicare Outreach Agents, is required from the individual. Under no circumstances will an individual be pressured to accept the Marketing information.

F. Promotional Gifts of Nominal Value

SCFHP may provide small, promotional gifts of nominal value to individuals without obtaining the approval of the Privacy Office or an Authorization. Examples include coffee mugs, calendars, pens, samples, or similar items.

G. Responsibilities of the Privacy Office

SCFHP's Privacy Office, in consultation with the Compliance Officer, is responsible for:

1. Making determinations regarding the requirement to obtain an Authorization for the activity being considered (see, HI.09 Authorization to Use or Disclose Protected Health Information); and
2. Ensuring that the Authorization discloses the fact that SCFHP will receive direct or indirect payment or benefits from another party for marketing purposes, if applicable.

H. Uses or Disclosures involving Business Associates or Third Parties

1. If SCFHP discloses PHI to a third party for its Marketing purposes, SCFHP will ensure that each recipient agrees to use and re-disclose the PHI solely as expressly permitted in an individual's Authorization evidenced by signing a statement or agreement containing the following or similar wording:

"In consideration of receiving Protected Health Information for marketing purposes, _____ (the "Recipient") agrees not to use the information for any purpose or in any manner other than as authorized by the individual. Unless the authorization expressly permits re-disclosure, the Recipient also agrees not to re-disclose the Protected Health Information (more than once) to anyone other than its own agents and employees, who will also be bound by this restriction. After the information is no longer needed for the purposes authorized by the individual, the Recipient will destroy the information in a manner that protects the individual's privacy and will, upon request, provide SCFHP with certification of such destruction."

2. If a marketing company, consultant, or similar party assists SCFHP in Marketing, and these activities will involve the use or disclosure of PHI, SCFHP will treat the person or entity as a Business Associate and will ensure that, in addition to complying with Section H (1) above, the Business Associate will execute a Business Associate Agreement or a relevant addendum. See, HI.10 Uses By and Disclosures to Business Associates and Third Parties. The Business Associate will agree not to use PHI to market its own products or services unless the individual has provided a written Authorization as required by the Privacy Rule. See, HI.09 Authorization to Use or Disclose Protected Health Information.

I. Accounting of Disclosures

Disclosures for marketing purposes do not have to be included in the Accounting of Disclosures because they are either being made directly to the individual or being made pursuant to the individual's written Authorization.

J. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.09 Authorization to Use or Disclose Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties
HI.29 Uses and Disclosures for Marketing

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

PROCEDURE

POLICY

Policy Title:	**Uses and Disclosures for Court Orders and Subpoenas**	**Policy No.:**	HI.30 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) responds to court orders and subpoenas in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI in response to court orders and subpoenas in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(a) and (e)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date		Date		Date
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Court Orders and Subpoenas**	**Procedure No.:**	HI.30.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) responds to court orders and subpoenas in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. SCFHP uses the following procedure to respond to court orders and/or subpoenas:

1. Receipt of a Legal Process Document. Any SCFHP staff member who receives any Legal Process Documents will immediately notify and forward these documents to SCFHP's Compliance Officer.
2. Notification of the Privacy Office. SCFHP's Compliance Officer will forward any Legal Process Documents which involve or relate to PHI to the Privacy Office, which will assist in responding in accordance with this Policy.
3. Orders of Court or Administrative Tribunal. To the extent permitted by applicable state law, PHI may be released in response to a valid court order or an order from an administrative tribunal.
4. Subpoenas, Discovery Requests, and Other Legal Processes. PHI may not be released in response to a subpoena or discovery request unless:
    a. Applicable state law permits the disclosure; or
    b. One of the following circumstances applies:
        i. The individual provides a written and dated Authorization to release the information to the requesting party; the Authorization will meet the requirements set forth in HI.09 Authorization to Use or Disclose Protected Health Information,
        ii. The subpoena or request is accompanied by a valid order from a court or administrative tribunal, as described in Section 3 above,
        iii. The subpoena requires the PHI to be disclosed for law enforcement or investigation purposes, and meets the requirements of HI.32 Uses and Disclosures for Law Enforcement Purposes; this includes grand jury subpoenas and subpoenas issued by government attorneys on behalf of local, state, and federal enforcement agencies,
        iv. The Legal Process Documents are not accompanied by an order of a court or administrative tribunal, and

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A. SCFHP receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to ensure that the individual who is the subject of the PHI has been given notice of the request, or
B. SCFHP receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to secure a qualified protective order as required by law.
C. For the purposes of this Subsection (iv), SCFHP will be deemed to have received satisfactory assurances from the entity seeking the PHI if it receives a written statement and accompanying documentation demonstrating that:
    1. The party requesting PHI has made a good faith attempt to provide written notice to the individual or, if the individual's location is unknown, to mail a notice to the individual's last known address,
    2. The notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal; and
        a) The time for the individual to raise objections to the court or administrative tribunal has elapsed, and
        b) No objections were filed, or
        c) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.
D. SCFHP may disclose PHI in response to lawful process without receiving satisfactory assurance if it makes reasonable efforts to provide notice to the individual or to seek a qualified protective order.

5. Scope of Disclosure. Only the information expressly authorized by the order or requested by the subpoena or court order will be released.

6. Accounting of Disclosure. All disclosures in response to a court order, administrative tribunal order, subpoena, discovery request, or other legal process will be included in the Accounting of Disclosure. See, HI.08 Accounting of Disclosures.

7. Document Retention
   This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.30 Uses and Disclosures for Court Orders and Subpoenas
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.32 Uses and Disclosures for Law Enforcement Purposes

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures Required by Law**	**Policy No.:**	HI.31 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) as required by law and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI as required by law and in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Procedure Title:	**Uses and Disclosures Required by Law**	**Procedure No.:**	HI.31.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the procedures under which SCFHP uses or discloses Protected Health Information (PHI) as required by law and in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. SCFHP uses the following process to ensure compliance as required by law:

1. General Rule. State and federal laws and regulations mandate certain uses or disclosures of individual PHI. For example, reports of child abuse are required under the laws of most states. If the law or regulation can be enforced by an official government agency, it is deemed to be required by law. (This does not include private contractual agreements between parties.)

2. Overlap with other Policies. Many uses and disclosures required by law are also covered by other policies in this manual. If a use or disclosure of PHI falls within the circumstances described in Subsections a – c below, the Privacy Policy related to those circumstances will govern those uses and disclosures. With respect to any other uses or disclosures of PHI required by law, this policy will govern.
   a. Uses and Disclosures for Reporting Abuse and Domestic Violence and Neglect. If state or federal law requires a use or disclosure for reporting abuse, neglect, or domestic violence, SCFHP staff members will follow the Policies and Procedures described in HI.35 Disclosure for Suspected or Confirmed Abuse, Neglect, or Domestic Violence.
   b. Uses and Disclosures for Judicial or Administrative Proceedings. If state or federal law requires a use or disclosure for judicial or administrative purposes (for example, in response to a subpoena, discovery request, order of a court), SCFHP staff members will follow the Policies and Procedures described in HI.30 Uses and Disclosures for Court Orders and Subpoenas.
   c. Uses and Disclosures for Law Enforcement. If state or federal law requires a use or disclosure for law enforcement purposes (for example, in response to search warrants or grand jury subpoenas), SCFHP staff members will follow the policies and procedures described in HI.32 Uses and Disclosures for Law Enforcement Purposes.

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3. Other disclosures Required by Law. If a SCFHP staff member becomes aware of any situation in which disclosure of an individual's PHI may be required by any state or federal law or regulation (other than the situations described in Section 2 a-c above), the staff member will complete an incident/disclosure report at the following link: Privacy and Security Incident Report Form and notify the Privacy Office. SCFHP's Privacy Office, in consultation with the Compliance Officer, is responsible for the determination of whether the PHI is required to be disclosed.

4. Limits on Disclosure. SCFHP staff members will limit the use or disclosure of PHI to the minimum necessary required by law and will follow the Policies and Procedures described in HI.03 Minimum Necessary: Uses, Disclosures and Requests.

5. Accounting of Disclosure. All disclosures required by law will be included in the Accounting of Disclosures. SCFHP's staff members will report the disclosure to SCFHP's Privacy Office in accordance with HI.08 Accounting of Disclosures.

6. Document Retention
   This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.30 Uses and Disclosures for Court Orders and Subpoenas
HI.31 Uses and Disclosures Required by Law
HI.32 Uses and Disclosures for Law Enforcement Purposes
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Law Enforcement Purposes**	**Policy No.:**	HI.32 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) for law enforcement purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for law enforcement purpose in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(f) and (j)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Law Enforcement Purposes**	**Procedure No.:**	HI.32.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) for law enforcement purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Law Enforcement Agencies and Officials

Law enforcement agencies and officials may be provided with PHI only in accordance with this policy.

1. Any SCFHP employee who receives any Legal Process Documents will immediately notify and forward these documents to SCFHP's Compliance Officer.
2. The Compliance Officer will forward any Legal Process Documents which involve or relate to PHI to the Privacy Office, which will assist in responding in accordance with this Policy.
3. Any employee who believes that a disclosure may be appropriate or required under this policy will contact the Privacy Office and receive the approval of the Privacy Officer prior to making any disclosures of PHI.

B. Required By Law

PHI may be disclosed to law enforcement agencies to make reports that are required by law, such as in response to Legal Process Documents, as outlined below or to report abuse in accordance with HI.35: Disclosures for Suspected or Confirmed Abuse, Neglect, or Domestic Violence.

C. Response to Legal Process

As a part of SCFHP's legal responsibilities, SCFHP may disclose PHI to law enforcement officials in response to a legal process or summons, as follows:

1. To comply with a court order or court-ordered warrant ordering disclosure to the law enforcement agency,
2. To comply with a subpoena or summons issued by a grand jury, judicial officer or a private attorney,
3. Pursuant to an official administrative request from a law enforcement agency (for instance, the Bureau of Alcohol, Tobacco and Firearms) provided that:
   a. The PHI requested is relevant and material to a legitimate law enforcement inquiry,

b. The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and
c. De-identified information could not be reasonably used.

In order to confirm that items a – c is met; SCFHP will provide the agency with a copy of Appendix A: Official Statement Regarding Administrative Request for Information (included at the end of this policy) and request that it be completed and returned before the information is released. See, HI.30 Disclosures for Court Orders and Subpoenas.

D. Identifying or Locating a Suspect, Fugitive, Material Witness or Missing Person

SCFHP may provide PHI to law enforcement agencies and officials who are attempting to identify or locate a suspect, fugitive, material witness, or missing person. The PHI may be provided in response to requests by a properly identified law enforcement officer or in response to a public bulletin issued by a law enforcement agency.

1. Only the following information about the individual may be provided:
   a. Name and address,
   b. Date and place of birth,
   c. Social security number,
   d. ABO blood type and rh factor,
   e. Type of injury,
   f. Date and time of treatment,
   g. Date and time of death (if applicable), and
   h. Description of any distinguishing physical characteristics including height, weight, gender, race, hair and eye color, facial hair, scars, and tattoos.
2. No information related to DNA or a DNA analysis, dental records, samples or analysis of body fluids or tissues, or any other information beyond the information listed above will be disclosed unless the law enforcement officer presents a warrant, subpoena, or court order meeting the requirements of Section C, above.

E. Victims of Crime

If the individual is suspected of being the victim of an alleged crime, PHI may be disclosed upon request of a law enforcement official. The Privacy Officer, or designee, is responsible for reviewing the circumstances and determining whether disclosure will be made as follows:

1. A conscious, competent individual will be asked for permission to disclose PHI to law enforcement officials. The Privacy Officer, or designee, will document in the individual's Health Profile, the time, date, and name of the persons who witnessed the individual's agreement or refusal which may be oral or in writing. The Privacy Officer, or designee, will, if possible, obtain a valid Authorization signed by the individual. See, HI.09 Authorization to Use or Disclose Protected Health Information.
2. If the individual is not competent, the individual's Personal Representative may agree orally or in writing to the disclosure of the individual's PHI. The Personal Representative's agreement will be documented in the individual's Health Profile. See, HI.20 Personal Representative. If no Personal Representative is available, the SCFHP Privacy Officer, or designee, will try to find a family member of the individual who may agree to contact law enforcement officials directly.
3. In an emergency, or when no Personal Representative or family member of an individual is available, the PHI may be disclosed by the Privacy Officer, or designee, only if the law enforcement officer signs the statement included at Appendix B: Official Statement Regarding Need for Information About Possible Victim of Crime (at the end of this policy) and either the Privacy

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Officer, or designee, or the individual's attending physician determine that disclosure is in the individual's best interests. The determination will be documented in the individual's Health Profile.

F. Deaths

SCFHP may disclose suspicious deaths, including related PHI, to law enforcement agencies and officials, if the death is suspected of being the result of criminal conduct. The Privacy Officer, or designee, is responsible for reviewing the circumstances and determining whether disclosure will be made.

G. Suspected Criminal Activity on Premises

SCFHP may disclose evidence of suspected criminal conduct occurring on SCFHP's premises, including related PHI, to law enforcement agencies and officers. The Privacy Officer, or designee, is responsible for reviewing the circumstances and determining whether disclosure will be made.

H. Suspected Criminal Activity Off-Site

A Health Care Provider may disclose to law enforcement officers information that he or she learned while responding to a medical emergency off-premises, if necessary to alert them to the commission of, or nature of a crime, the location of victims of a crime or the identity, description or location of the perpetrator of a crime.

I. Reports to Avert a Serious Threat

SCFHP may disclose information to law enforcement authorities to help identify or apprehend an individual if, in good faith, the SCFHP Privacy Officer, or designee, believes the use or disclosure is necessary to prevent or lessen a serious, imminent threat under the following circumstances:

1. The individual made a statement admitting participation in a violent crime that is reasonably believed to have caused serious physical harm to the victim,
2. It appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, and
3. The only information that may be disclosed is the individual's statement and the individual information described in Section D.1 above).

NOTE: No disclosure may be made if the information was learned while providing care support to the individual for the problems from which the crime arose or through a request by the individual to initiate or to be referred for treatment, counseling, or therapy for the problem.

J. Verification of Identity and Authority

Before disclosing PHI to a law enforcement officer or agency, the officer or agency's identity and authority will be verified and documented. If the person is a police officer, SCFHP's employees will ask to see his or her badge and record the badge number. For persons who do not have a badge, SCFHP's employees will obtain their business card or other proof of their credentials. All requests received in writing must be on official letterhead. See, HI.39 Verification of Identity and Authority.

K. Specialized Government Purposes

For disclosures for specialized government purposes (such as to the Armed Forces, national security, or correctional institutions), the SCFHP's Privacy Officer, or designee, will refer to the HIPAA Regulations and consult the Compliance Officer. See, HI.37 Uses and Disclosures for Specialized Government Functions.

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L. Minimum Necessary Disclosures
All disclosures made under this policy will be limited to the minimum amount necessary to carry out the purpose of the disclosure consistent with HI.03 Minimum Necessary: Uses, Disclosures and Requests. SCFHP may rely on a statement by a public official that only the minimum necessary information has been requested. Such statement will be documented in the individual's Health Profile.

M. Accounting of Disclosure
All disclosures for law enforcement purposes will be included in the Accounting of Disclosures. SCFHP Employees will report the disclosure to SCFHP's Privacy Office in accordance with HI.08: Accounting of Disclosures.

N. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.20 Personal Representatives
HI.30 Uses and Disclosures for Court Orders and Subpoenas
HI.32 Uses and Disclosures for Law Enforcement Purposes
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence
HI.37 Uses and Disclosures for Specialized Government Functions
HI.39 Verification of Identity and Authority

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

Appendix A

Official Statement Regarding Administrative Request for Information

(To be completed by authorized representative of government enforcement agency)

Name of Individual: _____

I hereby certify that the information requested regarding the above-named individual is needed to carry out the purposes of an administrative request, such as an administrative subpoena or summons, a civil or investigative demand, or similar process authorized under law, and that all of the following statements are true:

1. The information being sought is relevant and material to a legitimate law enforcement inquiry;
2. The request for such information is specific and limited to the purpose for which the information is sought; and
3. The agency could not conduct the investigation using de-identified information. ("De-identified" means the removal of all information that could be used to identify the individual, either directly or in combination with other known information, and includes the individual's name, street address, city, county, zip code, date of birth (except for year), date of treatment (except for year), telephone, fax, e-mail, Social Security Number, medical record number, insurance or account numbers, photographs, and similar unique characteristics, numbers, and codes.)

Signed: _____ Date:_____

Print name: _____ Telephone: _____

Title: _____ Supervisor: _____

Name/address of law enforcement agency: _____

_____

Appendix B

Official Statement Regarding Need for Information About Possible Victim of Crime

(To be completed by authorized representative of law enforcement agency)

Name of Individual: _____

I hereby certify that the information requested regarding the above-named individual is needed to determine whether a violation of law committed by someone else has occurred, and the information is not intended to be used against the victim.

I also certify that the investigation would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Signed: _____ Date:_____

Print name: _____ Telephone: _____

Title: _____ Supervisor: _____

Badge Number: _____

Name/address of law enforcement agency: _____

_____

POLICY

Policy Title:	**Uses and Disclosures for Public Health Activities**	**Policy No.:**	HI.33 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) will use or disclose Protected Health Information (PHI) for Public Health Activities in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to use and disclose PHI for Public Health Activities in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.512(b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Uses and Disclosures about Decedents**	**Policy No.:**	HI.34 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures under which Santa Clara Family Health Plan (SCFHP) will disclose Protected Health Information (PHI) of decedents to certain persons and entities in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to disclose the PHI of decedents to certain persons and entities in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.510(b)
45 C.F.R. §164.512(f), (g) and (i)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

Date	Officer Date	Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures About Decedents**	**Procedure No.:**	HI.34.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the procedures under which Santa Clara Family Health Plan (SCFHP) will disclose Protected Health Information (PHI) of decedents to certain persons and entities in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Coroners and medical examiners
SCFHP's Privacy Office, or designee, may disclose PHI of a decedent to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

B. Funeral directors
SCFHP's Privacy Office, or designee, may disclose the PHI of a decedent to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, SCFHP may disclose the PHI prior to, and in reasonable anticipation of, the individual's death.

C. Law Enforcement Official
SCFHP's Privacy Office, or designee, may disclose PHI about a decedent to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if SCFHP has a suspicion that such death may have resulted from criminal conduct. See, HI.32 Uses and Disclosures for Law Enforcement Purposes.

D. Family, Friends and Others Involved in Care
SCFHP's Privacy Office, or designee, may disclose to a family member or others who were involved in the individual's care before their death, relevant PHI after their death, unless doing so is inconsistent with the individual's previously expressed preference.

E. Research Purposes
SCFHP's Privacy Office, or designee, may disclose PHI about a decedent for research purposes if certain representations are obtained. See, HI.36 Uses and Disclosures for Research Purposes.

F. Accounting of Disclosures
All disclosures of PHI of a decedent will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

G. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.32 Uses and Disclosures for Law Enforcement Purposes
HI.34 Uses and Disclosures about Decedents
HI.36 Uses and Disclosures for Research Purposes

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence**	**Policy No.:**	HI.35 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) in cases of suspected or confirmed abuse, neglect or domestic violence in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and disclose PHI related to victims of abuse, neglect or domestic violence in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(c)
45 C.F.R. §164.502(g)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

POLICY

Policy Title:	**Uses and Disclosures for Research Purposes**	**Policy No.:**	HI.36 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedure by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for research purposes in accordance with state and federal laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to disclose PHI for research purposes in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(a)(5)
45 C.F.R. §164.512(i)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Research Purposes**	**Procedure No.:**	HI.36.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for research purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Permitted uses and disclosures

SCFHP's Privacy Office, in consultation with the Compliance Officer, will make the determination of the use or disclosure of PHI for research purposes. SCFHP may use or disclose PHI for research, regardless of the source of funding of the research, provided that one of the circumstances described in Section A1 – 3 below applies.

1. SCFHP obtains documentation that an alteration to or waiver of the individual Authorization has been approved by either:
   a. An Institutional Review Board (IRB), or
   b. A privacy board consisting of members with varying backgrounds, appropriate professional competency and no conflict of interest.

2. SCFHP obtains from the researcher representations that:
   a. Use or disclosure is sought solely to review PHI as necessary to prepare a research protocol or for similar preparatory purposes,
   b. No PHI is to be removed from SCFHP by the researcher in the course of the review, and
   c. The PHI for which use or access is sought is necessary for the research purposes.

3. SCFHP obtains from the researcher:
   a. Representation that the use or disclosure sought is solely for research on the PHI of decedents,
   b. Documentation, at the request of SCFHP, of the death of such individuals, and
   c. Representation that the PHI for which use or disclosure is sought is necessary for the research purposes.

B. Documentation of waiver approval

PROCEDURE

For a use or disclosure to be permitted based on documentation of approval of an alteration or a waiver of Authorization, the documentation must include all of the following:

1. A statement identifying the IRB or privacy board and the date on which the alteration or waiver of Authorization was approved,

2. A statement that the IRB or privacy board has determined that the alteration or waiver of Authorization satisfies the following criteria:
   a. The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:
      i. An adequate plan to protect the identifiers from improper use and disclosure,
      ii. An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law, and
      iii. Adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted by this subpart,
   b. The research could not practicably be conducted without the waiver or alteration, and
   c. The research could not practicably be conducted without access to and use of the PHI.

3. A brief description of the PHI for which use or access has been determined to be necessary by the IRB or privacy board.

4. A statement that the alteration or waiver of Authorization has been reviewed and approved under either normal or expedited review procedures.

5. The documentation of the alteration or waiver of Authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable. See, HI.09 Authorization to Use or Disclose Protected Health Information.

C. Accounting of Disclosures

All disclosures for research purposes will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

D. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.36 Uses and Disclosures for Research Purposes

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Specialized Government Functions**	**Policy No.:**	HI.37 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for specialized government functions in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to disclose PHI for specialized government functions only in accordance with state and federal privacy laws, and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(k)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Specialized Government Functions**	**Procedure No.:**	HI.37.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for specialized government functions in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Military and Veterans Activities

1. U.S. Armed Forces Personnel: SCFHP may use and disclose the PHI of individuals who are U.S. Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

2. Separation or Discharge from Military Service: If SCFHP is, or has an affiliate that is, a component of the U.S. Departments of Defense or Homeland Security, it may disclose to the U.S .Department of Veterans Affairs (DVA) the PHI of an individual who is a member of the Armed Forces upon his or her separation or discharge from military service for the purpose of a determination by DVA of the individual's eligibility for, or entitlement to, benefits under laws administered by the Secretary of DVA.

3. Veterans: If SCFHP is, or has an affiliate that is, a component of the DVA, it may use and disclose PHI to components of the DVA that determine eligibility for, or entitlement to, or that provide, benefits under the laws administered by the Secretary of DVA.

4. Foreign military personnel: SCFHP may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for U.S. Armed Forces personnel in this section.

B. National Security and Intelligence Activities

SCFHP may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).

PROCEDURE

C. Protective Services for the President and Others

SCFHP may disclose PHI to authorized federal officials for the provision of protective services to the President or other authorized persons, or to foreign heads of state, or for the conduct of authorized investigations.

D. Medical Suitability Determinations

If SCFHP is, or has an affiliate that is, a component of the U.S. Department of State, it may use PHI to make medical suitability determinations and may disclose whether or not the individual was determined to be medically suitable to the officials in the Department of State who need access to such information for required security clearance, determining worldwide availability or availability for mandatory service abroad, or for a family to accompany a foreign service member abroad.

E. Correctional Institutions and Other Law Enforcement Custodial Situations

1. Permitted disclosures: SCFHP may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual, PHI about such inmate or individual, if the correctional institution or such law enforcement official represents that such PHI is necessary for:
   a. The provision of Health Care to such inmate or individual,
   b. The health and safety of such inmate or individual,
   c. The health and safety of the officers or employees of, or others at, the correctional institution,
   d. The health and safety of such officers, employees or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another,
   e. Law enforcement on the premises of the correctional institution, or
   f. The administration and maintenance of the safety, security, and good order of the correctional institution.

2. Permitted uses: If SCFHP is, or has an affiliate that is, a correctional institution, it may use PHI of individuals who are inmates for any purpose for which such PHI may be disclosed.

3. No Application After Release: For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

F. Covered Entities that are Government Programs Providing Public Benefits

1. If SCFHP is a Health Plan that is a government program providing public benefits, it may disclose PHI relating to eligibility for or enrollment in the Health Plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.

2. If SCFHP is a government agency administering a government program providing public benefits it may disclose PHI relating to the program to another Covered Entity that is a government agency

administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.

G. Accounting of Disclosure
All disclosures for specialized government functions will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

H. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.37 Uses and Disclosures for Specialized Government Functions

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Disclosures for Workers Compensation**	**Policy No.:**	HI.38 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedure by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for purposes related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(l)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Disclosure for Workers Compensation**	**Procedure No.:**	HI.38.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may use or disclose Protected Health Information (PHI) for purposes related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Permitted Disclosures
SCFHP may disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

B. Role of Privacy Office
SCFHP's Privacy Office, in consultation with legal counsel, will determine the disclosures of PHI for these purposes.

C. Accounting of Disclosure
All disclosures for workers' compensation and related matters will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

D. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.38 Disclosures for Workers Compensation

PROCEDURE

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Verification of Identity and Authority**	**Policy No.:**	HI.39 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe a process for verifying he identity and authority of an individual or entity prior to disclosing Protected health Information (PHI) to the individual or entity in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to protect PHI and that SCFHP will verify the identity and the authority of the individual or entity prior to disclosing PHI to the individual or entity in accordance with state and federal laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(h)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Verification of Identity and Authority**	**Procedure No.:**	HI.39.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ CMC	

I. Purpose

To describe a process for verifying the identity and authority of an individual or entity prior to disclosing Protected Health Information (PHI) to the individual or entity in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule

Prior to making a disclosure of PHI to a third party that is permitted by these Privacy Policies and Procedures, Santa Clara Family Health Plan's (SCFHP) employee will verify the recipient's identity and authority to receive the PHI. If these Policies and Procedures require any documentation, statements or representations from the intended recipient (such as a subpoena) as the basis for, or condition of, allowing a disclosure, SCFHP will obtain such documentation, statements or representations prior to making the disclosure.

B. Reliance on Documentation

If reasonable under the circumstances, SCFHP's employee may rely on documentation, statements or representations that, on their face, meet the requirements for disclosure. Examples of such documentation include signed authorization forms.

C. Verification for Inbound and Outbound calls

For telephone calls involving individuals, Personal Representatives, caregivers and Health care Providers, SCFHP's employee will verify identity and authority as set forth in HI.22 Individual Caller Identification: Inbound and Outbound.

D. Verification of Identity of Public Officials

When a government agency or public official requests PHI, SCFHP's employee may rely upon the following to verify their identity, if reliance is reasonable under the circumstances:

1. For in-person requests: The official's presentation of an agency identification badge, other official credentials or other proof of government status,

2. For written requests: The request, if it is on appropriate government letterhead,

3. For requests made by someone acting on behalf of a government official: Evidence or documentation that establishes that the person is acting on behalf of the public official, such as a written statement on appropriate government letterhead that the person is acting under the government's authority, a contract for services, a memorandum of understanding, or a purchase order.

E. Verification of Authority of Public Officials

When a government agency or public official requests PHI, employee may rely upon the following to verify their authority, if reliance is reasonable under the circumstances:

1. A written statement of the legal authority under which the information is requested,

2. If a written statement is not practical, an oral statement of the legal authority under which the information is requested, or

3. A copy of a warrant, subpoena, order or other Legal Process Document which is issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

F. Verification of Other Covered Entities Requesting PHI

When another Cover Entity requests an individual's PHI, SCFHP's employees verify the identity of a Covered Entity requesting PHI as follows:

1. Written Communications*:* employees verify that the communication is on the Covered Entity's letterhead or if an e-mail, contains the Covered Entity's domain name.

2. Telephone Calls: SCFHP's employees verify the caller's identity by either personal knowledge of the Covered Entity's employee or obtaining from the caller the following:
   a. Covered Entity's name,
   b. Individual's name ,
   c. Individual's date of birth, and
   d. Caller's name and telephone number.

G. Verification of Others Requesting PHI

If SCFHP's employees receive request(s) from others not covered in this policy, the request will be forwarded to SCFHP's Privacy Office to assist in verifying identity and authority.

H. Inability to Verify

If SCFHP's employees are unable to verify a requestor's identity and authority, PHI will not be disclosed. The request will be forwarded to the Privacy Office to assist in verifying authority and identity.

I. Scope of Disclosure

If the identity and authority of the party requesting PHI has been verified, SCFHP's employees may disclose PHI to the requestor, but only the amount of PHI permitted by the applicable Privacy Policies

and Procedures that permit the disclosure. See, HI.03 Minimum Necessary; Uses, Disclosures and Requests.

J. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.03 Minimum Necessary Standards
HI.22 Individual Caller Identification: Inbound and Outbound
HI.39 Verification of Identity and Authority

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes**	**Policy No.:**	HI.40 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) for purposes related to organ procurement in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP protect PHI and to use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(h)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donations**	**Procedure No.:**	HI.40.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) for purposes related to organ procurement in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule
SCFHP may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

B. No Authorization Required
SCFHP may use or disclose PHI without the written Authorization of the individual or the individual's Personal Representative, or the opportunity for the individual or the individual's Personal Representative, to agree or object in the situations covered by this Policy, subject to the applicable requirements of this Policy.

C. Privacy Office
SCFHP's Privacy Office, in consultation with the Compliance Officer and/or legal counsel, will determine the disclosures of PHI for these purposes.

D. Accounting of Disclosure
All disclosures related to procurement, banking, or transplantation of cadaveric organs, eyes, or tissue the will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

E. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

PROCEDURE

III. Policy Reference

HI.08 Accounting of Disclosures
HI.40 Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Health Oversight Activities**	**Policy No.:**	HI.41 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to a Health Oversight Agency for oversight activities in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and use or disclose PHI to a Health Oversight Agency for oversight activities only as necessary for appropriate oversight, in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501
45 C.F.R. §164.512(d)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Health Oversight Activities**	**Procedure No.:**	HI.41.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to a Health Oversight Agency for oversight activities in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule

SCFHP may disclose PHI to a Health Oversight Agency for health oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of:

1. The Health Care system,
2. Government benefit programs for which health information is relevant to beneficiary eligibility,
3. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards, or
4. Entities subject to civil rights laws for which health information is necessary for determining compliance.

B. Exception to Health Oversight Activities

A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

1. The receipt of Health Care,
2. A claim for public benefits related to health, or

3. Qualification for, or receipt of, public benefits or services when an individual's health is integral to the claim for public benefits or services.

C. Joint Activities or Investigations
If a health oversight activity or investigation is conducted in conjunction with a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity.

D. Permitted Uses
If SCFHP is, or has an affiliate that is, a Health Oversight Agency, SCFHP may use PHI for health oversight activities.

E. Privacy Office
SCFHP's Privacy Office, in consultation with the Compliance Officer, will make the determination of disclosure, and will verify the identity and authority of the requestor. See, HI.39 Verification of Identity and Authority.

F. Accounting of Disclosure
All disclosures related to health oversight activities will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

G. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.39 Verification of Identity and Authority
HI.40 Uses and Disclosures for Health Oversight Activities

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Disaster Relief Purposes**	**Policy No.:**	HI.42 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.510(b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Disaster Relief Purposes**	**Procedure No.:**	HI.42.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Individual Present

SCFHP may disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for notifying, or assisting in the notification of (including identifying or locating) a family member, a Personal Representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death, if

1. The individual is present and agrees to the disclosure,

2. The individual does not express an objection when given the opportunity to object to the disclosure, or

3. The SCFHP Privacy Officer, or designee, reasonably infers from the circumstances, based on the exercise of professional judgment that the individual does not object to the disclosure.

B. Individual Not Present

If the individual is not present or is incapacitated, or in the case of an emergency, the SCFHP Privacy Officer, or designee, in the exercise of professional judgment, may determine whether the disclosure is in the best interests of the individual and, if so, disclose only the PHI that is directly relevant to the situation. SCFHP's Privacy Office, in consultation with the Compliance Officer and/or legal counsel, will determine the disclosures of PHI for these purposes.

C. Accounting of Disclosure

All disclosures related to health oversight activities will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

PROCEDURE

D. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.42 Uses and Disclosures for Disaster Relief Purposes

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures to Avert a Serious Threat to Health or Safety**	**Policy No.:**	HI.43 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.512(j)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

	Officer	Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures to Avert a Serious Threat to Health or Safety**	**Procedure No.:**	HI.43.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To define the procedures by which Santa Clara Family Health Plan (SCFHP) may disclose Protected Health Information (PHI) to prevent or lessen a serious and imminent threat to the health or safety of a person or the public in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Permitted Uses and Disclosures

SCFHP may use or disclose PHI if SCFHP believes, in good faith, that the use or disclosure:

1. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and is made to a person(s) reasonably able to prevent or lessen the threat, or

2. Is necessary for law enforcement authorities to identify or apprehend an individual because of a statement made by the individual admitting participation in a violent crime or where it appears that the individual has escaped from lawful custody, unless the disclosure is made as a result of treatment, counseling or therapy, or a request to initiate same by the Individual.

B. Notification

A SCFHP employee who believes that disclosure of PHI would avert a serious threat to health or injury should notify the SCFHP Privacy Office immediately.

C. Privacy Office

The SCFHP Privacy Office will, in consultation with the Compliance Officer and/or legal counsel, will make the determination of the use or disclosure of the PHI.

D. Accounting of Disclosure

All disclosures related to a serious or imminent threat to health or safety will be included in the Accounting of Disclosures. See, HI.08 Accounting of Disclosures.

PROCEDURE

E. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.43 Uses and Disclosures to Avert a Serious Threat to Health or Safety

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Fundraising**	**Policy No.:**	HI.44 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) is allowed to use or disclose Protected Health Information (PHI) for fundraising purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and use or disclose PHI for fundraising purposes only in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.514(f)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy Officer	Robin Larmer Chief Compliance & Regulatory Affairs Officer

Santa Clara Family Health Plan™

POLICY

Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Fundraising**	**Procedure No.:**	HI.44.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) is allowed to use or disclose Protected Health Information (PHI) for fundraising purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Use and Disclosures for Fundraising

Subject to the approval of the SCFHP Privacy Officer, in consultation with legal counsel, SCFHP may use or disclose to a Business Associate or to an institutionally related foundation, the following PHI without an Authorization meeting the requirements set forth in HI.09 Authorization to Use or Disclose Protected Health Information for the purpose of raising funds for SCFHP's benefit:

1. Demographic information relating to an individual; including name, address, other contact information, age, gender and date of birth,
2. Dates of health care provided to an individual,
3. Department of service information,
4. Treating physician,
5. Outcome information, and
6. Health insurance status.

B. Required Disclosures in Notice of Privacy Practices

SCFHP's Notice of Privacy Practices must include the following information related to fundraising communications:

1. That SCFHP may not condition Treatment or Payment to the receipt of fundraising communications,

2. Appropriate information on how an individual may elect, without undue burden, not to receive fundraising communications,

3. That SCFHP may not send fundraising communications to an individual who has elected not to receive such communications,

4. That SCFHP may provide a method for an individual to opt back into receiving fundraising communications.

C. Role of Privacy Officer/Privacy Office

1. The SCFHP Privacy Officer, in consultation with the Compliance Officer, will approve, in advance, any uses or disclosures of PHI for fundraising purposes and will ensure that only the information listed in Section 1 above is used or disclosed.

2. SCFHP's Privacy Office will ensure that SCFHP's Notice of Privacy Practices includes the information required in Section 2 above.

3. SCFHP's Privacy Officer will ensure that appropriate processes, procedures, safeguards and applicable training are in place to ensure compliance with these policies governing fundraising communications.

D. Accounting of Disclosure

Disclosures for fundraising purposes do not have to be included in the Accounting of Disclosures because they are either being made directly to the individual or being made pursuant to the individual's written Authorization. See, HI.08 Accounting of Disclosures.

E. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.44 Uses and Disclosures for Fundraising

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval

PROCEDURE

V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Uses and Disclosures for Underwriting Purposes**	**Policy No.:**	HI.45 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) is allowed to use or disclose Protected Health Information (PHI) for underwriting purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and use or disclose PHI for underwriting purposes only in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.501(3)
45 C.F.R. §164.502(a)(5)
45 C.F.R. § 64.514(g)
45 C.F.R. §164.508(b)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Uses and Disclosures for Underwriting Purposes**	**Procedure No.:**	HI.45.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) is allowed to use or disclose Protected Health Information (PHI) for underwriting purposes in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule
SCFHP may not use or disclose PHI for underwriting purposes except as described in Section B below.

B. Permitted Uses and Disclosures for Underwriting Purposes
SCFHP may use or disclose PHI for underwriting purposes that are a part of its Health Care Operations. Permitted underwriting purposes means, with respect to SCFHP:

1. Rules for, or determination of, eligibility (including enrollment and continued eligibility) for, or determination of, benefits under a Health Plan, coverage, or policy (including changes in deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program),

2. The computation of premium or contribution amounts under a Health Plan, coverage, or policy (including discounts, rebates, payments in kind, or other premium differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program),

3. The application of any pre-existing condition exclusion under a Health Plan, coverage, or policy, and

4. Other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Permitted underwriting purposes do not include determinations of medical appropriateness where an individual seeks a benefit under a Health Plan, coverage, or policy. See, HI.27 Uses and Disclosures for Health Care Operations for additional information on uses and disclosures for other Health Care

Operations.

C. Disclosure of Genetic Information Prohibited
SCFHP may not use or disclose genetic information for underwriting purposes.

D. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.27 Uses and Disclosures for Health Care Operations
HI.45 Uses and Disclosures for Underwriting Purposes

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Photographing, Video Recording, Audio Recording and Other Imaging of Individuals, Visitors and Workforce Members**	**Policy No.:**	HI.46 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish guidelines for situations where individuals, including Santa Clara Family Health Plan (SCFHP) staff, temporary help, and consultants, may or may not be photographed, video or audio recorded or otherwise imaged in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to take reasonable steps to protect individuals, including SCFHP Staff, temporary help, and consultants from unauthorized photography, video or audio recordings, or other images in accordance with state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §160.103
45 C.F.R. §164.502(a)
45 C.F.R. § 164.514(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Photographing, Video Recording, Audio Recording and Other Imaging of Individuals, Visitors and Employees**	**Procedure No.:**	HI.46.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To establish guidelines for situations where individuals, including Santa Clara Family Health Plan (SCFHP) staff, temporary staff, and/or consultants, may or may not be photographed, video or audio recorded or otherwise imaged in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. SCFHP -Owned Devices

1. Only designated SCFHP-owned devices to Photograph or Audio Record an individual may be used by SCFHP's employee. Personal cellular telephones, cameras, etc. may not be used.
2. SCFHP's procedures will address how SCFHP-owned devices are securely stored, how Photographs or Audio Recordings will be saved, stored, and disposed of, and designate appropriate personnel with access to the devices, Photographs and Audio Recordings.

B. Photographing/Audio Recording Individuals and Employees by Individuals, Family Members, and/or by the Individual's Visitors

1. SCFHP is not required to obtain Consent from the individual when the individual is the subject of the Photography/Audio Recording and such recording is performed by the individual or the individual's family members or the individual's visitors.
2. Individuals, family members, and/or visitors are not permitted to Photograph or Audio Record other individuals SCFHP's employee without Consent.
3. To the extent the SCFHP employee is aware of any inappropriate attempt to Photograph/Audio Record an individual and/or employee; the employee must take reasonable steps to ensure that individuals and/or employees are not Photographed/ Audio Recorded by an individual or the individual's family members or visitors.

C. Photographing/Audio Recording Individuals by Staff for Treatment Purposes
Written Consent is required before a SCFHP employee may Photograph or Audio Record an individual

for Treatment purposes.

D. Photographing Individuals by Employees for Security or Health Care Operations Purposes

1. SCFHP will inform individuals that Photographs or Audio Recordings may be taken for security or Health Care Operations purposes (e.g., quality assurance).
2. This policy does not apply to general security surveillance of public areas.

E. Photographing Individuals by Employees to Document Abuse or Neglect

Consent is not required to Photograph an individual to document suspected or confirmed abuse, neglect or domestic violence; however, the Photographs may not be used for any other purpose beyond submission to the investigating agency unless otherwise permitted by federal or state law or HIPAA Regulations (e.g. for Treatment purposes).

F. Photographing/Audio Recording Individuals by Employees for Research

1. Any use and/or disclosure of Photographs or Audio Recording for research purposes will be in compliance with state and federal privacy laws and HIPAA Regulations.
2. If a Photograph or Audio Recording is determined to be identifiable, the Institutional Review Board overseeing the specific research project will determine if additional Authorizations are required based on the criteria set forth in federal or state privacy laws or HIPAA Regulations.

G. Photographing/Audio Recording Individuals by Employee for Publicity Purposes

SCFHP must obtain written Authorization/Consent (Attachment A) from the individual prior to Photographing/Audio Recording the individual for publicity purposes. The Authorization is only good for the type of Photographs/Audio Recordings indicated and the timeframe listed in the Authorization. Otherwise, a new Authorization form must be obtained.

H. Photographing/Audio Recording Individuals by the Media or Law Enforcement

1. SCFHP may permit news media or law enforcement agencies to Photograph or Audio Record an individual if the individual's responsible (e.g., attending) physician agrees the individual is medically stable and the individual provides a Consent.
2. SCFHP may also disclose Photographs and/or Audio Recordings to law enforcement when required by state law, such as in cases of suspected or confirmed child abuse and neglect, domestic violence, elder abuse, rape, and similar disclosures required by law. See, HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence.

I. Photographing for Gifts or Commemorative Purposes

1. SCFHP must obtain written Consent prior to Photographing an individual when the Photograph will be given as a gift or sold to the individual or the individual's family.
2. When a vendor is used to provide these services, SCFHP must obtain a written Authorization from the individual or have the individual initiate contact with the vendor.

PROCEDURE

J. Photographing/Audio Recording Individuals for Telemedicine or the Internet (i.e., official uses only)

1. Written Consent is required prior to transmitting or using individual Photographs/Audio Recordings for telemedicine or on the internet.
2. Information Security policies and procedures for encryption and other company requirements must be followed.

K. Photography/Audio Recording of Individuals or the Individual's Visitors within SCFHP's Facilities by employees for Personal Use

SCFHP's employees are prohibited from Photographing or Audio Recording individuals or the individual's visitors within SCFHP's facilities for personal use, including, but is not limited to:

1. Taking Photographs to share with friends and/or co-workers, or
2. Posting Photographs or Audio Recordings on the internet using social media.

L. Storage:

1. Refer to SCFHP's policy governing Designated Record Sets to determine which, if any, Photographs and/or Audio Recordings must be stored in an individual's medical record.
2. Photographs should not be stored on the device (e.g., camera) or on unencrypted memory cards and must be timely deleted (e.g., within 2 business days) from the device.
3. SCFHP will designate a secure area(s) to store Photographs and Audio Recordings that contain PHI which are not maintained in the individual's medical record.
4. Photographs and Audio Recordings will be clearly identified and securely stored and readily accessible for retrieval.

M. Disclosure

1. SCFHP's employee will not release Photographs or Audio Recordings without Authorization from the individual, unless the disclosure is for Treatment or Payment purposes or Health Care Operations or is otherwise permitted or required by law.
2. Unless prohibited by law, Photographs and Audio Recordings may be released to the individual in accordance with HI.06 Request for Access. SCFHP will retain the originals.

N. Reminders, Training and Sanctions

1. The SCFHP Privacy Officer ensures that policies, signs and posters addresses the contents of this Policy regarding Photography and Audio Recordings are posted in various locations in SCFHP's facilities.
2. The SCFHP Privacy Officer or designee ensures that HIPAA training includes the requirements outlined in this Policy.
3. The SCFHP Privacy Officer or designee ensures prompt investigation, and follow-ups on all reported incidents related to violations of this Policy.

4. The SCFHP Privacy Officer oversees the application of appropriate sanctions for non-compliance by any SCFHP employee.

O. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.06 Request for Access
HI.35 Disclosures for Suspected or Confirmed Abuse, Neglect or Domestic Violence
HI. 46 Photographing, Video Recording, Audio Recording and Other Imaging of Individuals, Visitors and Workforce Members

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

PROCEDURE

Attachment A
Authorization/Consent Form for Photographing, Video Recording,
Audio Recording and Other Imaging of Individuals

POLICY

Policy Title:	**Privacy Policies and Procedure**	**Policy No.:**	HI.47 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The policy is designed to assure the timely development, implementation, modification and retention of documented Privacy Policies and Procedures related to Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of Santa Clara Family Health Plan (SCFHP) to develop, implement, modify (when needed or appropriate) and retain Privacy Policies and Procedures and to assure that all of SCFHP's staff, temporary help, or consultants comply with those Privacy Policies and Procedures.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.530(i)
45 C.F.R. §164.530(j)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong	Jordan Yamashita	Robin Larmer

Santa Clara Family Health Plan™

POLICY

Compliance Manager	Compliance Director & Privacy Officer	Chief Compliance & Regulatory Affairs Officer
Date	Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Privacy Policies and Procedures**	**Procedure No.:**	HI.47.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy is designed to assure the timely development, implementation, modification and retention of documented Privacy Policies and Procedures related to Protected Health Information (PHI) in accordance with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. Developing SCFHP's Privacy and Breach Notification Policies and Procedures in coordination with SCFHP's management and legal counsel. See, HI.01 Privacy Office Assignment and Responsibilities.

B. Monitoring and assuring that any necessary revisions are made to SCFHP's Privacy and Breach Notification Policies and Procedures in a timely manner following changes in state or federal laws or HIPAA Regulations. See, HI.01 Privacy Office Assignment and Responsibilities.

C. Monitoring and assuring that any necessary revisions are made to SCFHP's Privacy and Breach Notification Policies and Procedures in a timely manner following changes in SCFHP's organization, operations or technology capabilities and, as needed, following a Security Incident and/or an impermissible use or disclosure of PHI. See, HI.01 Privacy Office Assignment and Responsibilities and HI.04 Reporting Violations, Mitigation and Sanctions.

D. Ensuring that any modifications in SCFHP's Privacy and Breach Notification Policies and Procedures are consistent with the applicable terms of SCFHP's Business Associate Agreements, and/or SCFHP's Notice of Privacy Practices.

E. Ensuring that SCFHP's Privacy and Breach Notification Policies and Procedures are in written or electronic form and available to appropriate SCFHP's employees.

F. Ensuring versioning control and retention of SCFHP's Privacy and Breach Notification Policies and Procedures for at least ten (10) years from the date of creation or date of last use, whichever is later.

G. Conducting periodic assessments of compliance with SCFHP's Privacy and Breach Notification Policies and Procedures, and making SCFHP's management aware of any known or potential problems that will be addressed. See, HI.01 Privacy Office Assignment and Responsibilities.

PROCEDURE

H. Ensuring the development and provision of SCFHP's initial and ongoing privacy training for employees, including orientation for new employees and updates for current employees periodically and when necessary. See, HI.02 Privacy Training Requirements.

I. Document Retention
This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.01 Privacy Officer Assignment and Responsibilities
HI.02 Privacy Training Requirements
HI.04 Reporting Violations Mitigation and Sanctions

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Sale of Protected Health Information**	**Policy No.:**	HI.48 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the circumstances under which Santa Clara Family Health Plan (SCFHP) may sell Protected Health Information (PHI) in accordance with a valid Authorization and with state and federal privacy laws and HIPAA Regulations.

II. Policy

It is the policy of SCFHP to protect PHI and to sell PHI only in accordance with a valid Authorization and state and federal privacy laws and HIPAA Regulations.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.502(a)(5)
45 C.F.R. §164.508(a)
Omnibus Final Rule

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

POLICY

Date	Officer Date	Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Sale of Protected Health Information**	**Procedure No.:**	HI.48.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the circumstances under which Santa Clara Family Health Plan (SCFHP) may sell Protected Health Information (PHI) in accordance with a valid Authorization and with state and federal privacy laws and HIPAA Regulations.

II. Procedure

A. General Rule

SCFHP must obtain an Authorization for any disclosure of PHI which is a Sale of PHI and the Authorization must state that the disclosure will result in remuneration to SCFHP. See, HI.09 Authorization to Use or Disclose Protected Health Information.

B. Activities That Are Not Considered a Sale of PHI

Unless applicable state law provides otherwise, or as noted below, Sale of PHI does not include a disclosure of PHI:

1. For public health purposes or as a Limited Data Set (See, HI.33 Uses and Disclosures for Public Health Activities and HI.12 Uses and Disclosures of Limited Data Sets),
2. For research purposes where the only remuneration received by SCFHP is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for such purposes (See, HI.36 Uses and Disclosures for Research Purposes),
3. For Treatment and Payment purposes (See, HI.26 Uses and Disclosures for Treatment Purposes and HI.28 Uses and Disclosures for Payment Purposes),
4. For the sale, transfer, merger, or consolidation of all or part of SCFHP and for related due diligence as described in paragraph (6)(iv) of the definition of Health Care Operations (See, HI.27 Uses and Disclosures for Health Care Operations),
5. To or by SCFHP's Business Associate for activities that the Business Associate undertakes on behalf of SCFHP, and the only remuneration provided is for the performance of such activities by the Business Associate (See, HI.10 Uses and Disclosures to Business Associates and Third Parties),
6. To an individual, when the individual requests access to their PHI or an Accounting of Disclosures (See, HI.06 Request for Access and HI.08 Accounting of Disclosures),
7. Required by law (See, HI.31 Uses and Disclosures Required by Law), and

8. For any other purpose permitted by and in accordance with the HIPAA Privacy Rule, where the only remuneration received by SCFHP is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by other law.

C. Responsibilities of the Privacy Office

SCFHP's Privacy Office, in consultation with legal counsel, is responsible for:

1. Making determinations regarding the requirement to obtain an Authorization for the proposed Sale activity being considered (see, HI.09 Authorization to Use or Disclose Protected Health Information), and
2. Ensuring that the Authorization discloses the fact that disclosure of the PHI will result in remuneration to SCFHP.

D. Uses or Disclosures involving Business Associates or Third Parties

If SCFHP discloses PHI to a Business Associate or third party in accordance with a valid Authorization for the Sale of PHI, SCFHP will ensure that each recipient agrees to use and re-disclose the PHI solely as expressly permitted in the individual's Authorization evidenced by signing a Business Associate Agreement or other statement or agreement containing the following or similar wording:

> *"In consideration of receiving Protected Health Information, _____ (the "Recipient") agrees not to use the information for any purpose or in any manner other than as authorized by the individual. Unless the authorization expressly permits re-disclosure, the Recipient also agrees not to re-disclose the Protected Health Information (more than once) to anyone other than its own agents and employees, who will also be bound by this restriction. After the information is no longer needed for the purposes authorized by the individual, the Recipient will destroy the information in a manner that protects the individual's privacy and will, upon request, provide SCFHP with certification of such destruction."*

See, HI.10 Uses By and Disclosures to Business Associates and Third Parties. The Business Associate will agree not to engage in any Sale of PHI unless it obtains a valid, written Authorization as required by the HIPAA Privacy Rule. See, HI.09 Authorization to Use or Disclose Protected Health Information.

E. Accounting of Disclosures

Disclosures for purposes of a Sale of PHI do not have to be included in an Accounting of Disclosures since they are made pursuant to the individual's written Authorization.

F. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

HI.06 Request for Access
HI.08 Accounting of Disclosures
HI.09 Authorization to Use or Disclose Protected Health Information
HI.10 Uses by and Disclosures to Business Associates and Third Parties

PROCEDURE

HI.12 Uses and Disclosures of Limited Data Sets
HI.26 Uses and Disclosures for Treatment Purposes
HI.27 Uses and Disclosures for Health Care Operations
HI.28 Uses and Disclosures for Payment
HI.31 Uses and Disclosures Required by Law
HI.33 Uses and Disclosures for Public Health Activities
HI.36 Uses and Disclosures for Research Purposes
HI.48 Sale of Protected Health Information

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Administrative Requirements**	**Policy No.:**	HI.49 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the process associated with ensuring that Santa Clara Family Health Plan (SCFHP) complies with the administrative requirements for training, complaints, sanctions, non-retaliation, policies and procedures, documentation and waiver of rights under the Breach Notification Rule.

II. Policy

It is SCFHP's policy that SCFHP's employees, temporary help, consultants, and providers/delegates are aware of and comply with the administrative requirements associated with breach identification and notification in compliance with state and federal law.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.414
45 C.F.R. §§164.530(b), (d), (e), (g) – (j)

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager	Jordan Yamashita Compliance Director & Privacy	Robin Larmer Chief Compliance & Regulatory Affairs

Santa Clara Family Health Plan™

POLICY

Date	Officer Date	Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Breach Administrative Requirements**	**Procedure No.:**	HI.49.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the processes associated with ensuring that Santa Clara Family Health Plan (SCFHP) complies with the administrative requirements (associated with the Privacy Rule, 45 C.F.R. §164.530 – (b) training, (d) Complaints, (e) Sanctions, (g) Refraining from intimidating or retaliatory acts, (h) Waiver of Rights, (i) Policies and Procedures, and (j) Documentation) as they relate to, and are required by, the Breach Notification Rule.

II. Procedure

A. Responsibility

SCFHP's Privacy Office is responsible for ensuring compliance with the administrative requirements of the Breach Notification Rule and for providing all guidance and determinations related to reported incidences in close consultation with SCFHP's Compliance Officer and/or legal counsel.

B. Training

The Privacy Officer or designee is responsible for ensuring the development and provision of a training program for all aspects of the Breach Notification Rule for all applicable employees, temporary staff, and consultants, upon hire and periodically, but no less frequently than annually, as well as providing updates following significant changes in regulatory requirements, organization, operations, or other material changes to SCFHP's policies and procedures that impact their job functions and/or responsibilities. A log will be maintained by the Privacy Officer or designee of all employees who have participated in applicable training. Failure of an employee to participate in training may result in corrective action, up to and including potential termination.

C. Complaints

1. SCFHP's Privacy Officer or designee is responsible for ensuring that complaints or concerns expressed by employees or others about SCFHP's privacy or breach practices are taken seriously and that SCFHP's employee have access to a Complaint Form, located at Privacy Complaint Form which is submitted to SCFHP's Privacy Office, or if preferred, are directed to instructions on how to file a complaint in SCFHP's Notice of Privacy Practices. Other means and methods to register a complaint will be made available and communicated to such individuals including the ability to speak directly to SCFHP's Privacy Officer or corresponding directly with the Department of Health and Human Services (DHHS).

PROCEDURE

2. SCFHP's Privacy Officer or designee will promptly investigate any privacy-related or breach-related complaint with appropriate SCFHP's management and document findings and disposition, if any.
3. If the complaint is justified, the Privacy Officer or designee will oversee the implementation of prompt action to ensure that similar problems do not arise in the future.
4. If updates to policies and procedures are required, or changes to SCFHP's Notice of Privacy Practices, the Privacy Officer or designee ensures timely and appropriate updates and training occur.
5. If the investigation results in a determination that Protected Health Information (PHI) has been improperly disclosed (See, HI.50 Breach Risk Assessment), the Privacy Officer or designee takes steps to mitigate any harm associated with future or ongoing disclosure, including the destruction or return of the PHI.
6. Once the matter is resolved, the Privacy Officer, in consultation with Compliance Officer, follows notification requirements (See, HI.51 Breach Notification) and may respond to the Individual or other persons who complained.

D. Disciplinary Actions

The Human Resources Department in consultation with SCFHP's Privacy Office will establish a range of disciplinary actions that may be imposed if SCFHP's breach notification policies and procedures are violated. Disciplinary action will be commensurate with the severity of the violation, the intent, the existence of previous violations and the degree of potential harm. Disciplinary actions may range from warnings and further training in the event the employee was not aware of policy requirements, to immediate termination in the event of a knowing and intentional violation. The Human Resources Department is responsible for ensuring that all employees are made aware of the disciplinary actions that may be imposed for non-compliance with SCFHP's Privacy and Security policies and procedures. Additionally, federal and state privacy and/or breach notification laws may impose civil and criminal penalties including fines and imprisonment for violations of the law.

E. Refraining from Intimidating or Retaliatory Acts

It is not a violation of SCFHP's policies for a SCFHP employee to file a complaint with the secretary of DHHS; testify, assist, or participate in an investigation or compliance review of SCFHP's breach notification policies; or oppose any act made unlawful by the federal privacy regulations, provided the employee has a good faith belief that SCFHP's action being opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the federal breach notification regulations. Sanctions will not be imposed based on such actions. No person filing or assisting in the investigation of a compliant shall be retaliated against or subject to intimidation of any kind.

F. Waiver of Rights

SCFHP will not require anyone to waive their rights under the Breach Notification Rule as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

G. Policies and Procedures

SCFHP's Privacy Officer or designee is responsible for ensuring the development, implementation and maintenance of appropriate and reasonably designed policies and procedures related to Breach Notification Rule requirements. The Privacy Officer or designee ensures that appropriate and timely changes to these policies and procedures due to changes in law, technology, organizational structure or

services are documented and approved by management, and made accessible and trained to SCFHP's employees.

H. Documentation

SCFHP's Privacy Officer or designee is responsible for ensuring all required documentation associated with training, disciplinary actions, complaints, investigations, mitigation activities, breach risk assessment, and policies and procedures are gathered and stored pursuant to SCFHP's record retention policy and Section I below.

I. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

CP.05 Record Retention
HI.49 Administrative Requirements
HI.50 Breach Risk Assessment
HI.51 Breach Notification Requirements

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Breach Risk Assessment**	**Policy No.:**	HI.50 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the follow-up process from reports of incidents and complaints in order to identify, investigate, and determine the possibility of a breach and to document the details that support resulting decisions related to mitigation, remediation and notification consistent with state and federal privacy laws.

II. Policy

It is Santa Clara Family Health Plan's (SCFHP) policy to exercise reasonable diligence in connection with the discovery and investigation of any breach of unsecured Protected Health Information (PHI).

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.414(b)

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Santa Clara Family Health Plan™

POLICY

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

PROCEDURE

Procedure Title:	**Breach Risk Assessment**	**Procedure No.:**	HI.50.01 v1
Replaces Procedure Title (if applicable):		**Replaces Procedure No. (if applicable):**	
Issuing Department:	Compliance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the follow-up process from reports of incidents and complains in order to identify, investigate, and determine the possibility of a breach and to document the details that support resulting decisions related to mitigation, remediation and notification consistent with state and federal privacy laws governing burden of proof.

II. Procedure

A. Upon a suspicion or knowledge of a Privacy violation or Security Incident, a Santa Clara Family Health Plan (SCFHP) employee will immediately notify the Privacy Office of the incident as follows:

1. Notifies and fills out an Incident Report Privacy-Security Incident Report Form and forward to the Privacy Office including a brief description of what occurred, the date of the incident, the date on which the incident was discovered, potentially number of records, and a description of the PHI or Personally Identifiable Information (PII) suspected to have been breached.
2. Leaves the environment and evidence unaltered, and
3. Notifies his/her Supervisor of the issue to facilitate support of the Privacy Office's investigation of these types of situations (see, HI.04 Reporting Violations, Mitigation and Sanctions).

B. The Privacy Office updates the Incident Log and executes the following steps in order to determine whether SCFHP has breach reporting obligations:

1. Determine if the use or disclosure included unsecured PHI as defined by the Privacy Rule.
   If the Privacy Office determines that either:
   a. the use or disclosure did not include PHI, or
   b. if the use or disclosure did include PHI, it was encrypted or otherwise "secured" (see Definitions for Breach Notification Requirements), or
   c. if the use or disclosure or use met one of the exclusions to the definition of a data breach, then he/she updates the Incident Log accordingly, enters the date that the incident was closed and determines if an update to procedures, and/or training and/or disciplinary actions need to be considered.

PROCEDURE

2. If the Privacy Officer or designee determines that the disclosure did include unsecured PHI and did not meet one of the exclusions, then he/she will proceed to step (3).

3. Determine if the use or disclosure required an authorization or an opportunity to agree or object. If the Privacy Officer or designee, in consultation with the Supervisor and SCFHP's Compliance Officer, as appropriate, determines that the use or disclosure did not require an authorization or an opportunity to agree or object, then he/she updates the Incident Log accordingly and enters the date that the incident was closed. If the Privacy Officer or designee determines that the disclosure did require authorization, then he/she will proceed to step (4).

4. Conduct a breach risk assessment. The Privacy Officer or designee, in conjunction with the Compliance Officer as appropriate, conducts a "breach risk assessment" to determine whether or not there is a low probability that the PHI has been compromised based on at least the following factors:
   a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
   b. The unauthorized person who used the PHI or to whom the disclosure was made;
   c. Whether the PHI was actually acquired or viewed; and
   d. The extent to which the risk to the PHI has been mitigated.

C. Following the Determination
   1. If the Privacy Officer or designee determines that the Incident does meet the threshold of low probability of compromise of PHI, then he/she updates the Incident Log documenting the risk assessment and decision, and enters the date that the incident was closed.
   2. If the Privacy Officer or designee determines that the Incident does not meet the threshold of low probability of compromise of the PHI, he/she determines that breach notification is required, documents the risk assessment and decision in the Incident Log and prepares for required notifications in accordance with the Breach Notification Rule and State regulations.

D. Mitigation
   The Privacy Officer or designee immediately implements activities to mitigate any harm associated with future impermissible use of disclosure of the PHI, such as verification of destruction or return of the PHI.

E. Remediate
   The Privacy Officer oversees the development and implementation of a remediation plan that may include changes to facility access, data access, data security, policies and procedures, training material, and/or disciplinary actions of an employee.

F. Updates to Policies & Procedures and SCFHP's Notice of Privacy Practices
   If the cause of the incident or breach requires updating SCFHP's policies and procedures or Notice of Privacy Practices, the Privacy Officer will oversee the appropriate and timely activities to complete.

G. Documentation

PROCEDURE

SCFHP's Privacy Officer is responsible for ensuring all required documentation associated with training, disciplinary actions, complaints, investigations, mitigation activities, breach risk assessment, and policies and procedures are maintained according to SCFHP's record retention policy (CP.05).

H. Document Retention

This version of the policy, together with any forms and other documentation created or obtained in accordance with the policy, will be retained by SCFHP for a period of at least 10 years plus the current year from the date of creation or the date when last in effect, whichever is later.

III. Policy Reference

CP.05 Record Retention
HI.04 Reporting Violations Mitigation and Sanctions

IV. Approval/Revision History

Version Number	Change (Original/ Reviewed/ Revised)	First Level Approval	Second Level Approval
V1	Original	Anna Vuong, Compliance Manager Date	Jordan Yamashita, Privacy Officer & Compliance Director Date

POLICY

Policy Title:	**Breach Notification Requirements**	**Policy No.:**	HI.51 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To describe the process for the timely and complete notification requirements following the discovery of a Breach in accordance with state and federal laws governing notifications to individuals, the media, to the Department of Health & Human Services Secretary, to law enforcement and notices made by Business Associates.

II. Policy

Santa Clara Family Health Plan is committed to complying with the notification requirements following the discovery of an impermissible an unauthorized breach of unsecured Protected Health Information (PHI). Santa Clara Family Health Plan will ensure that notifications are made to individuals whose PHI or Personally Identifiable Information (PHII) has been breached as required by the Breach Notification Rule.

III. Responsibilities

All SCFHP staff, temporary help, and consultants must comply with this policy. Violations of this policy will result in disciplinary action based on the seriousness of the offense or other factors. Disciplinary action may include written warning, suspension, or termination.

IV. References

45 C.F.R. §164.404
45 C.F.R. §164.406
45 C.F.R. §164.408
45 C.F.R. §164.410
45 C.F.R. §164.412

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval

POLICY

Anna Vuong Compliance Manager Date	Jordan Yamashita Compliance Director & Privacy Officer Date	Robin Larmer Chief Compliance & Regulatory Affairs Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee		

Santa Clara Family Health Plan™

Santa Clara Family Health Plan – Operational Compliance Report – Calendar Year 2019

Cal MediConnect CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
ENROLLMENT				
Enrollment Materials				
% of New member packets mailed within 10 days of effective date	100%	Met	Met	Met
% of New Member ID cards mailed within 10 days of effective date	100%	Met	Met	Met
Out of Area Members				
% Compliance with OOA Member Process	100%	Met	Met	Met
CUSTOMER SERVICE				
Call Stats				
Member Queue				
Member Average Speed of Answer in Seconds	≤ 30 seconds	Not Met		
Member Average Hold Time in Seconds	≤120 Seconds	Met	Met	Met
Member Abandonment Rate	≤5%	Met	Met	Met
Member Service Level	80% in ≤30 Seconds	Met	Met	Met
HEALTH SERVICES (UTILIZATION MANAGEMENT)				
Pre-Service Organization Determinations				
Standard Part C				
% of Timely Decisions made within 14 days	100%	Met	Met	Met
Expedited Part C				
% of Timely Decisions made within 72 Hours	100%	Met	Not Met	Met
Urgent Concurrent Organization Determinations				
% of Timely Decisions made within 24 hours	100%		Not Met	Not Met
Post Service Organization Determinations				
% of Timely Decisions made within 30 days	100%	Met	Met	Met
HEALTH SERVICES (CASE MANAGEMENT)				
HRAs and ICPs				
% of HRAs completed in 45 days for High Risk Members	100%	Met		
% of HRAs completed in 90 days for Low Risk Members	100%	Met		
% of ICPs completed within 30 days for High Risk Members	100%	Met		
% of ICPs completed within 30 working days for Low Risk Members	100%	Met		
General HRA % Completion	100%		Met	Pending
General ICP % Completion	100%		Not Met	Pending

Medi-Cal CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
ENROLLMENT				
Enrollment Materials				
% of New member packets mailed within 7 days of effective Ddte	100%	Met	Met	Met
% of New Member ID cards mailed within 7 days of effective date	100%	Met	Met	Met
CUSTOMER SERVICE				
Call Stats				
Member Queue				
Member Average Speed of Answer in Seconds	≤ 30 seconds	Not Met		
Member Average Hold Time in Seconds	≤120 Seconds	Met		
Member Abandonment Rate	≤5%	Met		
Member Service Level	80% in ≤30 Seconds	Not Met		
Member Average Speed of Answer in Seconds	≤600 Seconds		Met	Met
% of Reports Submitted Timely	100%		Met	Met
HEALTH SERVICES (UTILIZATION MANAGEMENT)				
Medical Authorizations				
Routine Authorizations				
% of Timely Decisions made within 5 Business Days of request	95%	Met	Met	Met
Expedited Authorizations				
% of Timely Decisions made within 72 Hours of request	95%	Met	Not Met	Met
Urgent Concurrent Review				
% of Timely Decisions made within 72 Hours of request	95%		Not Met	Not Met
Retrospective Review				
% of Retrospective Reviews completed within 30 Calendar Days of request	95%	Met	Met	Met
HEALTH SERVICES (CASE MANAGEMENT)				
Initial Health Assessment				
% of High Risk SPD Members who completed HRA in 45 days	100%	Not Met	Not Met	Report Pending
% of HRAs completed in 90 days for Low Risk SPD Members	100%	Not Met	Not Met	Report Pending
% of HRAs completed in 45 days for High Risk MLTSS Members	100%	Not Met		
% of HRAs completed in 90 days for Low Risk MLTSS Members	100%	Not Met		
% Overall compliance for High Risk SPD ICP requirements	100%		Not Met	Report Pending

Met = Measure substantially but not fully met; CAP/adverse action unlikely (or not anticipated)

Santa Clara Family Health Plan™

Santa Clara Family Health Plan – Operational Compliance Report – Calendar Year 2019

Cal MediConnect CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
CLAIMS				
Non-Contracted Providers				
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Met	Met	Met
Contracted Providers				
% of Claims to Contracted Providers processed within 45 days	90%	Met	Met	Met
% of Claims to Contracted Providers processed within 90 days	99%	Met	Met	Met
% of Claims to Contracted Providers processed beyond 90 days	≤1%	Met		
PHARMACY - PART D				
Standard Part D Authorization Requests				
% of Standard Prior Authorizations completed within 72 Hours	100%	Met	Met	Met
Expedited Part D Authorization Requests				
% of Expedited Prior Authorizations completed within 24 Hours	100%	Met	Met	Met
Other Pharmacy Requirements (SCFHP)				
Formulary posted on website by 1st of the month	100%	Met		
Step Therapy posted on website by 1st of the month	100%	Met		
PA criteria posted on website by 1st of the month	100%	Met		
% MTM/CMR Completion Rate	22%	Met		
Other Pharmacy Requirements (MedImpact)				
Provider/Pharmacy Average Hold Time in Seconds	100%		Met	Met
Provider/Pharmacy Service Level	100%		Met	Met
Disconnect Rate	100%		Met	Met
Disconnect Rate from CMS Quarterly Report (part D)	22%		Met	Met

Medi-Cal CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
CLAIMS				
All Claims				
% Claims Processed within 45 business days / 62 calendar days	95%		Met	Not Met
% Claims Processed within 90 calendar days	99%		Met	Met
% Misdirected Claims forwarded within 10 business days	95%		Met	Met
Clean Claims				
% Practitioner/CBAS/SNF Claims Processed within 30 calendar days	90%		Met	Met
% of Claims Processed to Non Practitioners, SNF CBAS Providers within 45 wrk days	99%		Met	Met
Non-Contracted Providers				
% of Clean Claims to Non-Contracted Providers processed within 30 days	90%	Met		
Contracted Providers				
% of Claims to Contracted Providers processed within 45 working days	95%	Met		
Provider Claim Dispute Requests				
% of Provider Disputes Acknowledged within 15 business days	95%		Met	Met
% of Contracted Provider Disputes Processed within 45 days	95%	Met	Met	Met
Overturned Cases				
% Overturned Cases with Check Provided Within 5 Business Days	95%		Met	Met
PHARMACY				
Standard Authorization Request				
% of Standard Prior Authorizations completed within 24-hours July 1 2017	95%	Met	Met	Met
Expedited Authorization Request				
% of Standard Prior Authorizations completed within 24-hours July 1 2017	95%	Met	Met	Met
HEALTH SERVICES (QUALITY)				
Facility Site Reviews				
% of FSRs completed timely	100%		Met	Not Met

Met = Measure substantially but not fully met; CAP/adverse action unlikely (or not anticipated)

Santa Clara Family Health Plan™

Santa Clara Family Health Plan – Operational Compliance Report – Calendar Year 2019

Cal MediConnect CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
GRIEVANCE & APPEALS				
Grievances, Part C				
Standard Grievances Part C				
% of Standard Grievances that received Acknowledgement Letters within 5 days and were not resolved in < 5 calendar days	100%	Not Met	Not Met	Met
% of Standard Grievances resolved within 30/44 days	100%	Met	Met	Met
Expedited Grievances Part C				
% of Expedited Grievances resolved within 24 hours	100%	Met	Met	Met
Grievances, Part D				
Standard Grievance Part D				
% of Standard Grievances that received Acknowledgement Letters within 5 days and were not resolved in < 5 calendar days	100%	Met	Met	Met
% of Standard Grievances resolved within 30/44 days	100%	Met	Met	Met
Expedited Grievance Part D				
% of Expedited Grievances resolved within 24 hours	100%	Met	Met	Met
Reconsiderations, Part C				
Standard Pre-Service Part C				
% of Standard Pre-Service Reconsiderations that received Acknowledgement Letters within 5 days	100%	Met	Met	Not Met
% of Standard Pre-Service Reconsiderations resolved within 30/44 days	100%	Met	Met	Met
Standard Post-Service Part C				
% of Standard Post-Service Reconsiderations resolved within 60 days	100%	Met	Met	Met
Expedited Pre-Service Part C				
% of Expedited Pre-Service Reconsiderations resolved with oral notification to member within 72 Hours	100%	Met		
% of Expedited Pre-Service Reconsiderations resolved with written notification to member within 72 Hours	100%	Met		
% of Expedited Redeterminations grouped on Resolution Letter Date and resolved within 72 hours	100%		Met	Met
% Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision	100%	Met	Met	Met
Redeterminations, Part D				
Standard Part D				
% of Standard Redeterminations resolved within 7 calendar days	100%	Met	Met	Met
Expedited Part D				
% of Expedited Redeterminations resolved with oral notification to member within 72 Hours	100%	Met		
% of Expedited Redeterminations resolved with written notification to member within 72 hours	100%	Met		
% of Expedited Redeterminations grouped on Resolution Letter Date and resolved within 72 hours with Resolution Letter and Oral Notification	100%		Met	Met
% of Untimely Expedited Redeterminations Submitted to IRE within 24 Hours of decision	100%	Met	Met	Met
Complaint Tracking Module (CTM) Complaints				
% Resolved Timely	100%	Met	Met	Met

Medi-Cal CY 2019	Goal	Q2 2019	Q3 2019	Q4 2019
GRIEVANCE & APPEALS				
Grievances				
Standard Grievances				
% of Standard Grievances that received Acknowledgement Letters within 5 days and were not resolved in < 5 calendar days	100%	Not Met	Met	Not Met
% of Grievances resolved within 30 days	100%	Not Met	Met	Met
Expedited Grievances				
% of Expedited Grievances grouped on Resolution Letter Date and resolved within 72 hours	100%	Met	Met	Not Met
% of Expedited Grievances that received Oral Notification within 72 hours	100%	Met		
% of Expedited Grievances that received Resolution Letter within 72 hours	100%	Met		
Appeals				
Standard Appeals				
% of Acknowledgement Letters sent within 5 calendar days	100%	Not Met	Not Met	Not Met
% of Standard Appeals resolved within 30/44 calendar days	100%	Met	Met	Met
Expedited Appeals				
% of Expedited Appeals grouped on Resolution Letter Date and resolved within 72 hours	100%	Met	Met	Not Met

Met = Measure substantially but not fully met; CAP/adverse action unlikely (or not anticipated)

Santa Clara Family Health Plan™

Santa Clara Family Health Plan – Operational Compliance Report – Calendar Year 2019

Company Wide Compliance CY 2019				
	Goal	Q1 2019	Q2 2019	Q3 2019
COMPLIANCE TRAINING				
% New Employee Training Completed Timely	100% completed within 3 business days	Not Met	Met	Met
% Annual Employee Training Completed	100% completed by year end	Met	Met	Met
BOARD OF DIRECTORS TRAINING				
% Annual Board Training Completed Timely	100% completed by year end	Met	Met	Not Met
HUMAN RESOURCE				
Excluded Individual Screening Completed Monthly	100%	Met	Met	Met
INTERNAL AUDITS				
% of Internal Audits Completed	100% completed by year end	Met	Met	Met
DELEGATION OVERSIGHT				
% of Scheduled Audits Completed	100%	Met	Met	Met
REPORTING				
% of CMC Routine Reports Submitted Timely	100%	Met	Met	Met
% of Medi-Cal Routine Reports Submitted Timely	100%	Not Met	Met	Met
FILINGS				
% of Key Personnel Filings Timely	100%	Met	Met	Met

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, February 12, 2020, 6:00 PM - 8:00 PM
Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present
Ali Alkoraishi, MD
Christine Tomcala, Chief Executive Officer
Jeffrey Arnold, MD *(via telephone)*
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O., Chief Medical Officer
Ria Paul, MD, Chair

Members Absent
Nayyara Dawood, MD

Staff Present
Jamie Enke, Manager, Process Improvement
Johanna Liu, PharmD, Director, Quality & Process Improvement
Ivy Douangphachanh, Quality Improvement Analyst
Nancy Aguirre, Administrative Assistant
Sandra Walle, Quality Improvement Coordinator
Tiffany Franke, Behavioral Health Case Manager
Zara Hernandez, Health Educator

Others Present
Carmen Switzer, Manager, Provider Network Access *(via telephone)*

1. Introduction

Ria Paul, MD, Chair, called the meeting to order at 6:00pm. Roll call was taken. A quorum was established at this time.

2. Meeting Minutes

Minutes of the December 4, 2019 Quality Improvement Committee (QIC) meeting were reviewed.

> **It was moved** by Jimmy Lin, MD**, seconded** by Ali Alkoraishi, MD**, and** the minutes of the December 4, 2019 QIC meeting were **approved**.

3. Public Comment

There were no public comments.

4. CEO Update

Christine Tomcala, Chief Executive Officer, reviewed the membership reports. As of February, 2020, there were 231,548 Medi-Cal members and 8,486 Cal MediConnect (CMC) members.

Ms. Tomcala announced SCFHP has leased space for a new Community Resource Center (CRC) in East San Jose. Remodeling of the facility is currently underway and the CRC is on track to open in July, 2020.

Ms. Tomcala discussed Medi-Cal Healthier California for All, formerly known as CalAIM. She noted it is a major reform to the Medi-Cal system. This new set of proposals designed to address many of the Governor's challenges such as homelessness, insufficient access to behavioral health care, children with complex medical needs, and clinical needs of justice involved populations, as well as the aging population. In regards to clinical implications, Laurie Nakahira, D.O., Chief Medical Officer, indicated the Enhanced Case Management (ECM) program under Medi-Cal Healthier California for All will encompass Whole Person Care and the Health Homes Program, and continue to serve a similar population.

5. Follow-Up / Old Business

a. Out of Network Requests for Ambulatory Surgical Centers (ASC)

Carmen Switzer, Manager of Provider Network Access, addressed a question raised at the previous QIC regarding the Out of Network (OON) Assessment. The assessment showed 47% of the Advanced Surgical Care (ASC) approvals were for Peninsula Eye Surgery Center and the Tri-County Vascular Care Center. The Contracting team is in the process of reaching out to both ASCs in effort to secure an agreement. Further updates will be provided at a future meeting.

b. Valley Medical Readmission Rates

Dr. Nakahira reviewed the Plan All Cause Readmission (PCR) rates for Medi-Cal and CMC, as a follow-up to Valley Medical's readmission rates reviewed at the previous QIC meeting. Dr. Nakahira reviewed the PCR rates in detail for all seven (7) networks by hospital and by diagnosis.

6. Review of Quality Improvement (QI) Program Description 2020

Jamie Enke, Manager, Process Improvement, SCFHP reviewed the following changes made to the QI Program Description 2020:

- Removal of Healthy Kids program
- Grammatical and structural improvements
- Removal of outdated information
- NCQA language incorporated
- Clarification to the QI Work Plan
- Clarification regarding a designated behavioral health physician
- Clarification to 2020 goals
- New staff roles in QI department: Process Improvement and Health Homes Program

Dr. Alkoraishi asked if this document is reviewed on an annual basis. Ms. Enke confirmed the QI Program Description is annually reviewed.

It was moved by Dr. Lin**, seconded** by Jennifer Foreman, MD**, and** the QI Program Description 2020 was **approved**.

7. Review of Health Education (HE) Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019

Zara Hernandez, Health Educator, SCFHP, reviewed the 2019 HE Program Evaluation. A Wellness Rewards Program was launched, focusing on eight (8) HEDIS measures. Gift cards are offered to members for completing health screenings/visits. Since the launch, SCFHP mailed over 30,000 letters to members in December 2019, to offer motivation to complete a screening. So far, about 8,500 (27% compliance rate) of members have completed a screening.

Ms. Hernandez noted Healthy Kids has been removed from the 2020 HE Program Description. There are two (2) new Process Improvement Projects (PIPs) that have been incorporated into the 2020 HE Work Plan: Adolescent Well Care (AWC) visits (ages 19-21) and Well-Child Visits in the first 15 months (W15).

> **It was moved** by Dr. Lin**, seconded** by Ms. Tomcala**, and** the HE Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019 were **approved**.

8. Review of Cultural and Linguistics (C&L) Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019

Ms. Hernandez reviewed the C&L Program Description 2020. The required DMHC Enrollee Assessment was completed in January 2020. Results were just received a few weeks ago and are in review. Further updates will be provided at a future meeting.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the C&L Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019 were **approved**.

9. Provider Satisfaction Report for MY2019

Ms. Switzer reviewed the results of the 2019 Provider Satisfaction Report. Most measures reflected an increase in provider satisfaction between 2018 and 2019.

Dr. Paul asked which efforts were made to result in the increase in satisfaction. Ms. Switzer explained an update to the system was made to ensure claims were processed in a timely manner, as well as education on the turnaround times for processing claims.

Dr. Alkoraishi asked if the appeals portion of the Provider Satisfaction Survey was relevant to Pharmacy. Ms. Switzer clarified the appeals are related to Utilization Management, regarding claim approvals or turnaround times.

Ms. Switzer noted a slight decrease in the Overall Provider Experience with SCFHP for Behavioral Health (BH) between 2018 and 2019. Dr. Alkoraishi asked if there are any known reasons for this decrease. Ms. Switzer explained meeting timely access after-hours has been a challenge for most BH providers. SCFHP will continue to investigate the reason(s) for this decrease.

Ms. Tomcala asked if the data relating to the Rate of Response was accurate, as the chart reflects all but one (1) provider group showed an increase in their response rate. Ms. Switzer will look into this and clarify this data at the following QIC meeting.

Response Rates for Valley Health Plan (VHP) for 2017/2018 were reviewed. Data relating to the VHP's Response Rates for 2018/2019 will not be available until March, 2020. Further updates will be provided at a future meeting.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the Provider Satisfaction Report for MY2019 was **approved**.

10. Review of Population Health Assessment

Dr. Liu reviewed the Population Health Assessment for 2020. Dr. Liu highlighted an average of 29.8% CMC respondents of the Health Risk Assessment (2019) reported they run out of money to pay for food, rent, bills, or medicine. Respondents experiencing problems writing checks or keeping track of money had a higher than average percentile rate in Long Term Care (LTC), Serious Mental Illness (SMI), and Long Term Services and Support (LTSS) members.

In regards to the Health Status of chronic conditions information, Ms. Tomcala asked for clarification on the data displayed. Dr. Liu confirmed the data displayed represents all of Santa Clara County.

Improvements to the social determinants of health (SDOH) indicators such as education, employment, and income are needed. Ms. Tomcala asked to elaborate on how this can be done. Dr. Liu explained the Population Health Management Program can help connect members to available resources.

Dr. Lin asked how many CMC members are currently in LTSS. Dr. Liu estimated around 3,000.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the Population Health Assessment was **approved**.

11. Review of Clinical, Behavioral, and Medical Preventative Practice Guidelines

Dr. Liu presented the Clinical, Behavioral, and Medical Preventative Practice Guidelines for 2020. After review, only the American Diabetes Association (ADA) guidelines needed to be updated.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the Clinical, Behavioral, and Medical Preventative Practice Guidelines were **approved**.

12. American with Disabilities Act (ADA) Work Plan 2020

Dr. Liu reviewed the ADA Work Plan 2020 and noted an error in the title of the listed Responsible Party. The only change made to the ADA Work Plan for 2020 was in the reporting frequency for the Physical Accessibility Review measure. The frequency was updated to require review once every three (3) years.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the ADA Work Plan 2020 was **approved as amended**.

13. Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis

Tiffany Franke, Behavioral Health Lead, SCFHP, reviewed the factors analyzed in the Continuity and Coordination between Medical Care and Behavioral Healthcare. Ms. Franke clarified this analysis is specific to CMC members, 18 years of age or older.

Ms. Tomcala inquired how improvement is expected if interventions are not implemented on certain factors. Ms. Franke explained two (2) interventions are selected for implementation per year, per NCQA requirements. Workgroups are held to determine the best area to implement an intervention. However, further discussion will be made to decipher how to address all areas in need of improvement.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis was **approved**.

14. Annual Review of QI Policies

Dr. Liu reported there were no changes, aside from removing the Healthy Kids check box, made to the following policies during their annual review:

a. QI.05 Potential Quality of Care Issues (PQI)
b. QI.07 Physical Access Compliance
c. QI.10 Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the annual review of QI policies QI.05, QI.07, and QI.10 were **approved**.

15. Grievances and Appeals Report

The Grievances and Appeals Report was deferred to the next QIC meeting.

16. Quality Improvement Charter

The Quality Improvement Charter was deferred to the next QIC meeting.

17. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard. Dr. Paul asked when the Health Homes Program is expected to come to an end. Dr. Liu explained a specific end date has not been disclosed, however, the Medi-Cal Healthier California for All has instructed health plans to integrate the Health Homes Program and Whole Person Care, which will be known as Enhanced Case Management (ECM). At this moment, the Health Homes Program is anticipated to come to an end by the end of the calendar year.

18. Compliance Report

The Compliance Report was deferred to the next QIC meeting due to the recent change in Compliance leadership.

19. Credentialing Committee Report

Dr. Nakahira reviewed the details of the Credentialing Committee Report. There were no comments made.

> **It was moved** by Dr. Lin**, seconded** by Dr. Alkoraishi**, and** the Credentialing Committee Report was **approved**.

20. Utilization Management Committee Minutes

Dr. Lin reviewed the minutes of the October 16, 2019 Utilization Management Committee (UMC) meeting minutes. There were no comments made.

> **It was moved** by Dr. Alkoraishi**, seconded** by Dr. Foreman**, and** the minutes of the October 16, 2019 UMC meeting were **approved**.

21. Adjournment

The next QIC meeting will be on April 8, 2020. The meeting was adjourned at 7:42 pm.

_____ _____

Ria Paul, MD, Chair of Quality Improvement Committee Date

Santa Clara Family Health Plan

Quality Improvement Program 2020

Santa Clara Family Health Plan™

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Santa Clara Family Health Plan™

I. Introduction

The Santa Clara County Health Authority, operating as Santa Clara Family Health Plan (SCFHP), is licensed under the Knox Keene Act of 1975 and the regulations adopted hereunder as administered by the State of California's Department of Managed Health Care (DMHC). SCFHP is a public agency contracted with the Department of Health Care Services (DHCS) to serve the Medi-Cal enrollees in Santa Clara County. Since 2015, SCFHP has held a three-way contract with DHCS and the Centers for Medicare and Medicaid Services to offer a Cal MediConnect Plan (Medicare-Medicaid Plan).

- SCFHP serves 231,435 Medi-Cal enrollees in Santa Clara County as of January 2020.
- 8,401 members are enrolled in SCFHP's Cal MediConnect (CMC) plan as of January 2020.

SCFHP is dedicated to improving the health and well-being of the residents of Santa Clara County and monitors, evaluates, and takes effective action to address any needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. SCFHP is accountable for the quality of all covered services.

II. Mission Statement

The mission of SCFHP is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase good health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

One of SCFHP's core values is our belief that as a local, public, not-for-profit health plan, we have a unique responsibility to continually improve the health status of the community by incorporating a comprehensive approach to health care and wellness. SCFHP maintains a comprehensive Quality Improvement (QI) Program that systematically monitors and continually drives improvements to the quality of care to our members, provides for culturally and linguistically appropriate services, identifies over- and under- utilization and substandard care, monitors member satisfaction and member safety and takes corrective actions and interventions when necessary.

III. Authority and Accountability

The Santa Clara County Health Authority is an independent public agency that governs SCFHP. Appointed by the County Board of Supervisors, the 13-member Governing Board seeks to improve access to quality health care, maintain and preserve a health care safety net for Santa Clara County, and ensure the fiscal integrity of SCFHP. With the health care industry rapidly evolving, SCFHP benefits greatly from the innovative ideas and perspectives of this diverse group of people with backgrounds in business, finance, managed care, hospital administration, information technology, medicine, health care policy, and law.

SCFHP's Governing Board assumes ultimate responsibility for the QI Program and has established the Quality Improvement Committee (QIC) to oversee this function as a Board committee. This supports the Board playing a central role in monitoring the quality of health care services provided to members and striving for quality improvement in health care delivery. The Board authorizes and designates the Chief Executive Officer (CEO) as the individual responsible for the implementation of the QI Program

Description. The CEO has delegated oversight of the day-to-day operations of the QI Program to the Chief Medical Officer (CMO).

IV. Purpose

SCFHP is committed to the provision of a well-designed and well-implemented QI Program. The Plan's culture, systems and processes are structured to improve the health of all enrolled members. The QI Program utilizes a systematic approach to quality using reliable and valid methods for monitoring, analysis, evaluation and improvement of the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

The QI Program incorporates continuous QI methodology that focuses on the specific needs of multiple customers (members, health care providers, and community agencies):

A. It is organized to identify and analyze significant opportunities for improvement in care and service.
B. It fosters the development of improvement strategies, along with systematic tracking, to determine whether these strategies result in progress towards established benchmarks or goals.
C. It is focused on QI activities carried out on an ongoing basis to promote efforts which support improving patient experience of care, improving health of populations and reducing per capita cost of health care.

SCFHP recognizes its legal and ethical obligation to provide members with a level of care that meets recognized professional standards and is delivered in the safest, most appropriate settings. To that end, the Plan provides for the delivery of quality care with the primary goal of improving the health status of Plan members. Where the member's condition is not amenable to improvement, the Plan implements measures to possibly prevent any further decline in condition or deterioration of health status or provide for comfort measures as appropriate and requested by the member. The QI Program includes identification of members at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the interventions. Whenever possible, the Plan's QI Program supports processes and activities designed to achieve demonstrable and sustainable improvement in the health status of its members.

In order to fulfill its responsibility to members, the community and other key stakeholders, regulatory agencies and accreditation organizations, the Plan's Governing Board has adopted the following QI Program Description. The program description is reviewed and approved at least annually by the QIC and Governing Board.

V. Goals

The goal of Quality Improvement is to deliver care that enables members to stay healthy, get better, manage chronic illnesses and/or disabilities, and maintain/improve their quality of life. Quality care refers to:

A. Quality of physical health care, including primary and specialty care.
B. Quality of behavioral health services focused on recovery, resiliency and rehabilitation.
C. Quality of long-term services and supports (LTSS).
D. Adequate access and availability to primary, behavioral health services, specialty health care, and LTSS providers and services.
E. Continuity and coordination of care across all care and settings, and for transitions in care.
F. Member experience and access to high quality, coordinated and culturally competent clinical care and services, inclusive of LTSS, across the care continuum.

Additional goals and objectives are to monitor, evaluate and improve quality of care, including:

A. The quality of clinical care and services provided by the health care delivery system in all settings, especially as it pertains to the unique needs of the population.
B. The important clinical and service issues facing the Medi-Cal and CMC populations relevant to demographics, risk, and disease profiles for both acute and chronic illnesses, and preventive care.
C. The continuity and coordination of care between specialists and primary care practitioners, and between medical and behavioral health practitioners.
D. The accessibility and availability of appropriate clinical care and of a network of providers with experience in providing care to the diverse population enrolled in Medi-Cal.
E. The monitoring and evaluation of practice patterns across all network providers to identify trends impacting the delivery of quality care and services.
F. Member and provider satisfaction, including the timely resolution of grievances.
G. Risk prevention and risk management processes.
H. Compliance with regulatory agencies and accreditation standards.
I. The effectiveness and efficiency of internal operations for both Medi-Cal and CMC lines of business.
J. The effectiveness and efficiency of operations associated with functions delegated to the contracted medical groups.
K. The effectiveness of aligning ongoing quality initiatives and performance measurements with the organization's strategic direction in support of SCFHP's mission, vision, and values.
L. Compliance with Clinical Practice Guidelines and evidence-based medicine.
M. The appropriate, effective and efficient utilization of resources in support of SCFHP's strategic quality and business goals.
N. The provision of a consistent level of high quality care and service for members throughout the contracted network, including the tracking of utilization patterns of practitioners, contracted hospitals, contracted services, ancillary services, and specialty providers.
O. The provision of quality monitoring and oversight of contracted facilities, per DHCS requirements, to continuously assess that the care and service provided satisfactorily meet quality goals for patient safety and coordination of care.

VI. Objectives

The objectives of the QI Program Description include:

A. Keeping members healthy
B. Managing members with emerging risk
C. Ensuring patient safety or outcomes across settings
D. Overseeing programs dedicated to helping members manage multiple chronic conditions through case management and the coordination of services and supports
E. Leading the processes that support continuous quality improvement, including measurement, trending, analysis, intervention, and re-measurement.
F. Supporting practitioners with participation in quality improvement initiatives of SCFHP and its governing regulatory agencies.
G. Establishing clinical and service indicators that reflect demographic and epidemiological characteristics of the membership, including benchmarks and performance goals for continuous and/or periodic monitoring and evaluation
H. Measuring the compliance of contracted practitioners' medical records against SCFHP's medical record standards at least once every three years; taking steps to improve performance and re-measure to determine organization-wide and practitioner specific performance.
I. Developing studies or quality activities for member populations using demographic data to identify barriers to improving performance, validate a problem, and/or measure conformance to standards.
J. Overseeing delegated activities by:
    a. Establishing performance standards
    b. Monitoring performance through regular reporting
    c. Evaluating performance annually
K. Evaluating under and over-utilization, continuity, and coordination of care through a variety of methods and frequencies based upon member need. These methods include, but are not limited to, an annual evaluation of:
    a. Medical record review
    b. Rates of referral to specialists
    c. Hospital discharge summaries in office charts
    d. Communication between referring and referred-to physicians
    e. Member complaints
    f. Non-utilizing members, including identification and follow-up
    g. Practice pattern profiles of physicians
    h. Performance measurement of adherence to practice guidelines
L. Coordinating QI activities with other activities, including, but not limited to, the identification and reporting of risk situations, adverse occurrences from UM activities, and potential quality of care concerns through grievances.
M. Evaluating the QI Program Description and Work Plan at least annually and modifying as necessary. The Work Plan is updated quarterly. The evaluation includes:
    a. A description of completed and ongoing QI activities that address the quality and safety of clinical care and the quality of services
    b. Trending of measures to assess performance in quality and safety of clinical care and the quality of service indicator data

N. Analyzing the results of QI initiatives, including barrier analysis that evaluates the effectiveness of QI interventions for the previous year (demonstrated improvements in the quality and safety of clinical care and in the quality of services)
O. Developing recommendations to inform the QI Work Plan for the upcoming year to include a schedule of activities for the year, measurable objectives, plan for monitoring previously identified issues, explanation of barriers to completion of unmet goals, and assessments of the completed year's goals
P. Implementing and maintaining health promotion activities and population health management programs linked to QI actions to improve health outcomes. These activities include, at a minimum, identification of and outreach to of high-risk and/or chronically ill members, education of practitioners, and outreach and education programs for members
Q. Maintaining accreditation through the National Committee for Quality Assurance (NCQA) or other national accrediting body as appropriate

VII. Scope

The QI Program provides for the review and evaluation of all aspects of health care, encompassing both clinical care and service provided to members.

All departments participate and collaborate in the quality improvement process. The CMO and the Director of Quality and Process Improvement oversee the integration of quality improvement processes across the organization. The measurement of clinical and service outcomes and of member satisfaction are used to monitor the effectiveness of the process.

A. The scope of quality review is reflective of the health care delivery systems, including quality of clinical care and quality of service.
B. Activities reflect the member population in terms of age groups, cultural and linguistic needs, disease categories and special risk status.
C. The scope of the QI Program includes the monitoring and evaluation and driving improvements for key areas, including but not limited to the following:
    a. Healthcare Effectiveness Data and Information Set (HEDIS)
        i. Access to Preventive Care
        ii. Maintenance of Chronic Care Conditions
    b. Behavioral health services
    c. Continuity and coordination of care
    d. Emergency services
    e. Grievances
    f. Inpatient services
    g. Member experience and satisfaction
    h. Minor consent/sensitive services
    i. Perinatal care
    j. Potential quality of care issues
    k. Preventive services for children and adults
    l. Primary care
    m. Provider satisfaction

n. Quality of care reviews
o. Specialty care

D. Refer to the Utilization Management Program, Population Health Management Strategy and the Case Management Program for QI activities related to the following:
   a. UM metrics
   b. Prior authorization
   c. Concurrent review
   d. Retrospective review
   e. Referral process
   f. Medical necessity appeals
   g. Case management
   h. Complex case management
   i. Population health management (PHM)
   j. California Children's Services (CCS)

VIII. QI Work Plan

The QI Program guides the development and implementation of an annual QI Work Plan that includes:

A. Safety of clinical care
B. QI Program scope
C. Yearly planned activities and objectives that address quality and safety of clinical care, quality of service and members' experience
D. Time frame for each activity's completion
E. Staff responsible for each activity
F. Monitoring of previously identified issues
G. Annual evaluation of the QI Program
H. Priorities for QI activities based on the specific needs of the organization for key areas or issues identified as opportunities for improvement
I. Priorities for QI activities based on the specific needs of SCFHP's populations, and on areas identified as key opportunities for improvement
J. Ongoing review and evaluation of the quality of individual patient care to aid in the development of QI initiatives based on trends identified (PQI)
K. Comprehensive annual evaluation and planning process that includes review and revision of the QI Program and applicable policies and procedures

There is a separate Utilization Management (UM) Work Plan that supports the UM Program Description and the monitoring and evaluation activities conducted for UM related functions.

IX. QI Methodology

SCFHP applies the principles of Continuous Quality Improvement (CQI) to all aspects of the service delivery system through ongoing analysis, evaluation and systematic enhancements based on:

A. Quantitative and qualitative data collection and data-driven decision-making.

B. Up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field.
C. Feedback provided by members and providers in the design, planning, and implementation of its CQI activities.
D. Rapid Cycle Quality Improvement, when appropriate, as determined by DHCS.
E. Issues identified by SCFHP, DHCS and/or CMS.
F. QI requirements of this contract as applied to the delivery of primary and specialty health care services, behavioral health services and LTSS.

QI Project Selections and Focus Areas

Performance and outcome improvement projects are selected from the following areas:

A. Areas for improvement identified through continuous delegated and internal monitoring activities, including, but not limited to, (a) potential quality concern review processes, (b) provider and facility reviews, (c) preventive care audits, (d) access to care studies, (e) satisfaction surveys, (f) HEDIS results, and (g) other subcommittee unfavorable outcomes.
B. Measures required by DHCS for Medi-Cal members such as Performance Improvement Projects (PIPs).
C. Measures required by the California DMHC, such as access and availability.
D. Measures required by Centers for Medicare and Medicaid Services (CMS) such as Quality Improvement Activities (QIAs), Performance Improvement Projects (PIPs), or Chronic Care Improvement Projects (CCIPs).

The QI Project methodology described in items A-E below is used to continuously review, evaluate, and improve the following aspects of clinical care: preventive services, perinatal care, primary care, behavioral health, LTSS, specialty care, emergency services, inpatient services, and ancillary care services.

A. Access to and availability of services, including appointment availability, as described in policy and procedure.
B. Case Management.
C. Coordination and continuity of care for Seniors and Persons with Disabilities.
D. Provision of complex care management services.
E. Access to and provision of preventive services.

Improvements in work processes, quality of care, and service are derived from all levels of the organization.

A. Staff and physicians provide vital information necessary to support continuous improvement in work processes
B. Individuals and department stakeholders initiate improvement projects within their area of authority, which support the strategic goals of the organization.
C. Specific performance improvement projects may be initiated by the state or federal government.

D. Other prioritization criteria include the expected impact on performance, (if the performance gap or potential of risk for non-performance is so great as to make it a priority), and items deemed to be high risk, high volume, or problem-prone processes.
E. Project coordination occurs through the various leadership structures: Governing Board, Management, QI and UM Committees, etc., based upon the scope of work and impact of the effort.
F. These improvement efforts are often cross functional, and require dedicated resources to assist in data collection, analysis, and implementation. Improvement activity outcomes are shared through communication that occurs within the previously identified groups.

QI Project Quality Indicators

Each QI Project has at least one (and frequently more) quality indicator. While at least one quality indicator must be identified at the start of a project, more may be identified after analysis of baseline measurement or re-measurement. Quality indicators measure changes in health status, functional status, member satisfaction, and provider/staff, Health maintenance organization (HMO), Primary health care (PHC), Service-related group, Participating medical group (PMG), or system performance. Quality indicators are clearly defined and objectively measurable. Standard indicators from HEDIS measures are acceptable.

QI Project Measurement Methodology

Methods for identification of target populations are clearly defined. Data sources may include encounter data, authorization/claims data, or pharmacy data. To prevent exclusion of specific member populations, centralized data from the health plan's internal data warehouse is used.

For studies/measures that require data from sources other than administrative data (e.g., medical records), sample sizes are a minimum of 411 (with 3 to 15% over sampling), so as to allow performance of statistically significant tests on any changes. Exceptions are studies for which the target population total is less than 411, and for certain HEDIS studies whose sample size is reduced from 411 based on SFCHPs' previous year's score. Measures that rely exclusively on administrative data utilize the entire target population as a denominator.

SCFHP uses a variety of QI methodologies depending on the type of opportunity for improvement identified. The Plan/Do/Study/Act model is the overall framework for continuous process improvement. This includes:

Plan 1) Identify opportunities for improvement

2) Define baseline

3) Describe root cause(s)

4) Develop an action plan

Do 1) Communicate change/plan

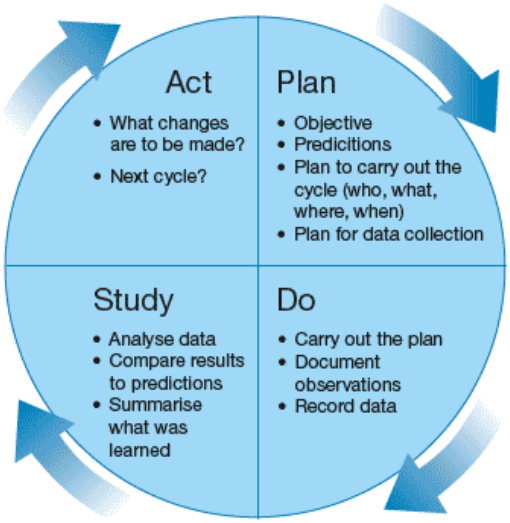
2) Implement change plan

Study 1) Review and evaluate result of change

2) Communicate progress

Act 1) Reflect and act on learning

2) Standardize process and celebrate success



X. QI Quality Issue Identification

SCFHP utilizes a full range of methods and tools, including Adverse Event monitoring. An Adverse event is defined as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Adverse events can include:

A. Potential Quality Issues (PQI)
B. Unexpected death during hospitalization
C. Complications of care (outcomes), inpatient and outpatient
D. Reportable events for long-term care (LTC) facilities, including but not limited to falls, suspected abuse and/or neglect, medication errors, pressure sores, urinary tract infections, dehydration, pneumonia, and/or preventable hospital admissions from the LTC facilities
E. Reportable events for community-based adult services (CBAS) centers, including but not limited to falls, injuries, medication errors, wandering incidents, emergency room transfers, deaths that occur in the CBAS center, and unusual occurrences reportable pursuant to adult day health care licensing requirements.

Sentinel event monitoring includes patient safety monitoring across the entire continuum of SCFHP's contracted providers, delegated entities, and health care delivery organizations. The presence of a sentinel event is an indication of possible quality issues, and the monitoring of such events increases the likelihood of early detection of developing quality issues so that they can be addressed as early as possible. Sentinel event monitoring serves as an independent source of information on possible quality problems, supplementing the existing Patient Safety Program's consumer-complaint-oriented system.

All substantiated medically related cases are reviewed by the Peer Review Committee to determine the appropriate course of action and/or evaluate the actions recommended by a delegate. Board certified peer-matched specialists are available to review complex cases as needed. Results of peer review are used at the reappointment cycle, or upon need, to review the results of peer review and determine the competency of the provider. This is accomplished through routine reporting of peer review activity to delegates for incorporation in their re-credentialing process.

Data sources available for identification, monitoring and evaluating of opportunities for improvement and effectiveness of interventions include, but are not limited to:

A. Claims information/activity
B. Encounter data
C. Utilization data
D. Case management data, such as notes, care plans, tasks and assessments
E. Pharmacy data
F. Population needs assessments
G. Results of risk stratification
H. HEDIS performance
I. Member and provider satisfaction surveys
J. Quality Improvement Projects (QIPs)
K. Performance Improvement Projects (PIPs)
L. Chronic Care Improvement Projects (CCIPs)
M. Health Risk Assessment data
N. Consumer Assessment of Healthcare Providers & Systems (CAHPS)
O. Health Outcomes Survey (HOS)
P. Regulatory reporting

Protocol for Using Quality Monitor Screens

Case Management and Utilization Management staff apply the quality monitor screens to each case reviewed during pre- certification and concurrent review. Contracted LTC facilities and CBAS centers must report all identified reportable events to the Director of Long Term Services and Supports. All potential quality issues are routed to the Quality Department. When it is decided that medical records are required, the Quality staff contacts the appropriate inpatient facility and ambulatory care site to obtain copies of the medical record. It may be necessary for a Quality staff member to visit the facility/site to review the record.

When a case is identified as having potential quality of care issues, the Quality Improvement Clinical Review staff abstracts the records and prepares the documents for review by the CMO or Medical Director.

The CMO or Medical Director reviews the case, assigns a priority level, initiates corrective action, and/or recommends corrective action as appropriate. For cases of neglect or abuse, follow-up or corrective actions may include referrals to Child or Adult Protective Services.

XI. QI Program Activities

The QIC and related committee and work groups select the activities that are designed to improve performance on targeted high volume and/or high-risk aspects of clinical care and member service.

Prioritization

Certain aspects of clinical care and service data may identify opportunities to maximize the use of quality improvement resources. Priority is given to the following:

A. The annual analysis of member demographic and epidemiological data
B. Those aspects of care which occur most frequently or affect large numbers of members
C. Those diagnoses in which members are at risk for serious consequences or deprivation of substantial benefit if care does not meet community standards or is not medically indicated
D. Those processes involved in the delivery of care or service that, through process improvement interventions, could achieve a higher level of performance

Use of Committee Findings

To the degree possible, quality improvement systems are structured to recognize care for favorable outcomes as well as correcting instances of deficient practice. The vast majority of practicing physicians provide care resulting in favorable outcomes. The QI Program takes direct action to identify, recognize, and replicate/encourage methodologies that result in favorable outcomes. Information about such results is communicated to the Governing Board and providers on a regular basis. Written communication to primary practitioners is the responsibility of the Committee chairperson. Submission of written corrective action plans, as necessary, is required for the Committee's approval. Significant findings of quality improvement activities are incorporated into practitioner educational programs, the re-credentialing process, and the re-contracting process. All quality improvement activities are documented and the result of actions taken are recorded to demonstrate the program's overall impact on improving health care and the delivery system.

Clinical Practice Guidelines

SCFHP utilizes evidence-based practice guidelines to establish requirements and measure performance on a minimum of three practice guidelines (including chronic condition and behavioral health) annually to strive to reduce variability in clinical processes. Practice guidelines are developed with representation from the network practitioners. The guidelines are implemented after input from participating practitioners who are members of the Quality Improvement, Utilization Management and/or Pharmacy and Therapeutics Committees. Guidelines are reviewed and revised, as applicable, at least every two years.

Preventive Health/HEDIS Measures

The Quality Improvement Committee determines aspects of care to be evaluated based on member population and regulatory requirements. At a minimum, HEDIS performance indicators are monitored

annually based on product type, i.e. Medi-Cal or CMC. Initiatives are put in place to encourage member compliance with preventive care, such as for Pap smear education and compliance.

Continuity and Coordination of Care

The continuity and coordination of care that members receive is monitored across practice and provider sites. Survey data regarding members' experience with continuity and coordination of care at their provider office is collected and analyzed annually. This information is disseminated to and evaluated by internal and external stakeholders. As meaningful clinical issues relevant to the membership are identified, they are addressed in the quality improvement work plan. The following areas are reviewed for potential clinical continuity and coordination of care concerns.

A. Primary care services
B. Behavioral health care services
C. Inpatient hospitalization services
D. Home health services
E. Skilled nursing facility services

The continuity and coordination of care received by members includes medical care in combination with behavioral health care. SCFHP collaborates with behavioral health practitioners to promote the following activities:

A. Information Exchange between medical practitioners and behavioral health practitioners; must be member-approved and be conducted in an effective, timely, and confidential manner.
B. Referral for Behavioral Health Disorders – Primary care practitioners are encouraged to make timely referral for treatment of behavioral health disorders commonly seen in their practices, i.e., depression.
C. Evaluation of Psychopharmacological Medication – Drug use evaluations are conducted to increase appropriate use, or decrease inappropriate use, and to reduce the incidence of adverse drug reactions.
D. Data Collection and Analysis to identify opportunities for improvement and collaboration with behavioral health practitioners.
E. Corrective Action – Collaborative interventions are implemented when opportunities for improvement are identified.

XII. QI Organizational Structure

Quality Improvement Department

The QI Department supports the organization's mission and strategic goals by implementing processes to monitor, evaluate and take action to improve the quality of care and services that our members receive. The QI Department is responsible for:

A. Monitoring, evaluating and acting on clinical outcomes for members.
B. Conducting reviews and investigations for potential or actual Quality of Care matters.
C. Conducting reviews and investigations for clinical grievances, including Potential Quality Issues (PQIs).

D. Designing, managing and improving work processes to:
    a. Drive improvement of quality of care received
    b. Minimize rework and costs
    c. Optimize the time involved in delivering patient care and service
    d. Empower staff to be more effective
    e. Coordinate and communicate organizational information, both division and department-specific, and system-wide
E. Supporting the maintenance of quality standards across the continuum of care and all lines of business.
F. Leading cross-functional Process Improvement projects to improve efficiency across the organization
G. Maintaining company-wide practices that support accreditation by the National Commission Quality Assurance (NCQA).

Chief Medical Officer

The CMO has an active and unrestricted medical license in the state of California. The CMO is responsible to report to the Governing Board at least quarterly on the Quality Improvement program, including reports, outcomes, opportunities for improvement, corrective actions, and communicating feedback from the Board to the committees as applicable. The CMO is responsible for day to day oversight and management of quality improvement, health care services and peer review activities. The CMO is also responsible for communicating information and updates regarding the QI Program to SCFHP leadership and staff via Staff meetings, executive team meetings, and other internal meetings.

Medical Director

The Medical Director(s) has an active unrestricted medical license in accordance with California state laws and regulations. The Medical Director(s) oversees and is responsible for the proper provision of benefits and services to members, the quality improvement program, the utilization management program, and the grievance system. The Medical Director(s) is key in the review of potential quality of care cases or potential quality issues.

The Medical Director(s) is required to conduct medical necessity denial decisions, supervise all medical necessity decisions made by clinical staff and resolve grievances related to medical quality of care. A Medical Director is the only Plan personnel authorized to deny care based on medical necessity. The Plan pharmacist(s) may make a denial based on medical necessity regarding pharmaceuticals.

Director of Quality and Process Improvement

The Director of Quality and Process Improvement is a qualified person with experience in data analysis, barrier analysis, and project management as it relates to improving the clinical quality of care and quality of service provided to Plan members. The Director of Quality and Process Improvement reports to the Chief Medical Officer and is responsible for directing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system, including, but not limited to, internal processes and procedures, provider network(s), service quality and clinical quality. The Director of Quality assists the Plan's executive staff, in overseeing the activities of the Plan operations to meet

the Plan's goal of providing health care services that improve the health status and health outcomes of its members. Additionally, the Director of Quality and Process Improvement coordinates the Plan's QIC proceedings in conjunction with the CMO; reports to the Board relevant QI activities and outcomes, supports organization initiatives through participation on committees and projects as requested; reviews statistical analysis of clinical, service and utilization data and recommends performance improvement initiatives while incorporating best practices as applicable.

Quality Improvement Manager

The Quality Improvement Manager provides leadership, and coordination to the QI Team and is a person with experience in data analysis, barrier analysis, and project management as it relates to improving the clinical quality of care and quality of service provided to Plan members. The Quality Improvement Manager reports to the Director of Quality and Process Improvement and is responsible for managing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system relating to quality improvement, including, but not limited to, internal processes and procedures, provider network(s), service quality and clinical quality. The Quality Improvement Manager assists the Director of Quality and Process Improvement in overseeing the activities of the Plan operations to meet the Plan's goal of providing health care services that improve the health status and health outcomes of its members.

Process Improvement Manager

The Process Improvement Manager provides leadership, coordination and management to the Process Improvement Team as it relates to improving internal processes impacting the quality of care and quality of service provided to Plan Members. The Process Improvement Manager reports to the Director of Quality and Process Improvement and is responsible for managing the Process Improvement team in reviewing the Plan's internal health care delivery systems, managing activities of the Plan's CAHPS and Health Outcomes Survey (HOS) surveys, Health Homes Program and overseeing NCQA accreditation activities.

QI Supervisor

The QI Supervisor provides leadership, coordination and oversight of the PQI investigation process, FSR, IHA audits, and HEDIS medical record reviews. The QI Supervisor reports to the QI Manager and is responsible for developing and maintaining processes that enhances the operationalization of QI activities to meet the organizational goals, including improving the health status and outcomes of its members.

QI Nurse, RN

The QI Nurse reports to the QI Manager and oversees investigations of member grievances related to PQI, supports HEDIS medical record reviews, and investigates and prepares cases for PQIs for Medical Director or CMO review. The QI Nurse also assists with ongoing QI studies and reviews which include but are not limited to Performance Improvement Projects (PIPs) and Chronic Condition Improvement Projects (CCIPs), and supports the Health Education Program team with a clinical perspective. The QI

Nurse can also be a Master Trainer who oversees and coordinates facility site reviews, physical site reviews, and medical record reviews, monitors compliance with Initial Health Assessments (IHAs), and assists with other QI activities at the direction of the Quality Improvement Manager.

HEDIS Project Manager

The HEDIS Project Manager provides coordination and project management of HEDIS and HEDIS- related quality improvement projects. This position is responsible for developing and maintaining processes that enhance the operationalization of HEDIS processes, management of software applications, and supporting reporting requirements to DHCS, CMS, NCQA, and achieving SCFHP goals of improved quality of care and service.

Process Improvement Project Manager

The Process Improvement (PI) Project Manager provides coordination and project management of Plan process improvement projects, PIPs, CCIPs, NCQA, CAHPS and HOS Surveys. The PI Project Manager is responsible for working collaboratively and cross-functionally with internal and external stakeholders, including staff, consultants, auditors and surveyors to create efficiencies and quality improvements, as well as applying six sigma principals to processes at SCFHP. Additionally, this position is responsible for developing and maintaining processes that enhance the operationalization of Quality Improvement processes and support reporting requirements to DHCS, CMS and achievement of SCFHP goals of improved quality of care and service.

Health Homes Program Manager

The Health Homes Program Manager provides coordination and program management of the Health Homes Program (HHP). This position is responsible for developing and maintaining processes related to the operationalization of Health Homes processes, supporting reporting requirements to DHCS, and contracting with Community-Based Care Management Entities (CB-CMEs) to achieve a collaborative and effective program for Plan members. This position implements the quality monitoring of the program and oversees contracted partner activities to ensure the quality of care and quality of service to HHP enrollees. The Health Homes Program Manager represents SCFHP, promotes the HHP in the community and conducts program training and education with local providers, associations and community-based organizations.

QI Analyst

The QI Analyst has experience in ongoing measurement, data optimization, reporting and analysis in a health care setting. The QI Analyst is responsible for reviewing and performing quality assurance validation of data inputs, root case analysis, documentation of test cases, processes improvements and audit data accuracy and reporting. The QI Analyst works under the direction of the Director of Quality and Process Improvement and works in collaboration with other departments.

Health Educator

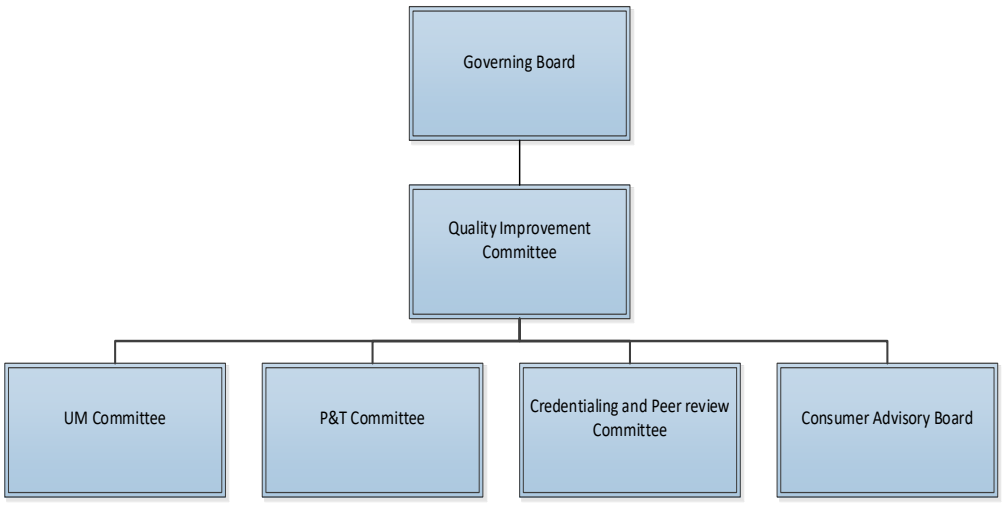
The Health Educator is a Certified Health Education Specialist (CHES) responsible for coordinating, planning, organizing, implementing, monitoring and evaluating health education programs and cultural and linguistic services. The Health Educator is responsible for compliance with state and federal regulatory requirements concerning health education and cultural and linguistic services. The Health Educator works under the direction of the Quality Improvement Manager and works in cooperation with other departments.

Quality Improvement Coordinator

The QI Coordinator has experience in a health care setting, data analysis and/or project coordination. The QI Coordinator reports to the Quality Improvement Manager or Process Improvement Manager and their scope of work includes medical record audits, data collection for quality improvement studies and activities, data analysis, implementation of improvement activities, and complaint response with follow up review of risk management and sentinel/adverse event issues. A QI Coordinator may specialize in one area of the quality process or may be cross trained across several areas. The QI Coordinator collaborates with other departments as needed to implement corrective actions or improvement initiatives as identified through the Plan's quality improvement activities and quality of care reviews.

XIII. Committee Structure Overview

Oversight of the Quality Improvement Program is provided through a committee structure, which allows for the flow of information to and from the Governing Board.



Each committee is driven by a Committee Charter which outlines the following;

A. Goals
B. Objectives

C. Voting members

D. Plan support staff
E. Quorum
F. Meeting frequency
G. Meeting terms

XIV. Committee Structure

Governing Board

The Governing Board is responsible to review, act upon and approve the overall QI Program, Work Plan, and Annual Evaluation. The Governing Board routinely receives reports from the QIC describing actions taken, progress in meeting quality objectives and improvements made. The Board makes recommendations regarding additional interventions and actions to be taken when objectives are not met.

The Director of Quality and Process Improvement is responsible for the coordination and distribution of all quality improvement related data and information. The QIC reviews, analyzes, makes recommendations, initiates action, and/or recommends follow-up based on the data collected and presented. The CEO or the CMO communicates the QIC activities to the Board. The Board reviews the QI activities and any concerns of the Board are communicated back to the source for clarification or resolution.

Quality Improvement Committee (QIC)

The QIC is the foundation of the QI program. The QIC assists the CMO and administration in overseeing, maintaining, and supporting the QI Program and Work Plan activities.

The purpose of the QIC is to monitor and ensure that all QI activities are performed, integrated, and communicated internally and to the contracted network and partners to achieve the end result of improved care and services for members. Although Delegation Oversight is overseen by the Plan's Compliance Committee, the QIC oversees the performance of delegated functions and contracted provider and practitioner partners including but not limited to quality of care, quality of service, and access and availability.

The composition of the QIC includes contracted providers from a range of specialties as well as other representatives from the community, including but not limited to representatives from contracted hospitals, Medical Directors from contracted IPAs, non-physician representatives who possess knowledge regarding the initiatives and issues facing the patient and provider community, a designated behavioral health practitioner, who is a psychiatrist or Ph.D. level psychologist, to specifically address integration of behavioral and physical health, appropriate utilization of recognized criteria, development of policies and procedures, and case review as needed, and identification of opportunities to improve care. The designated behavioral health practitioner advises the QIC to support efforts that goals, objectives and scope of the QI Program are interrelated in the process of monitoring the quality of behavioral health care, safety and services to members.

The QIC provides overall direction for the continuous improvement process and evaluation of activities, consistent with SCFHP's strategic goals and priorities. It supports efforts for an interdisciplinary and

interdepartmental approach. It monitors compliance with regulatory and accrediting body standards relating to Quality Improvement Projects (QI Projects), activities, and initiatives. In addition, it strives to ensure that members are provided the highest quality of care, that the plan adopts evidence based clinical practice guidelines (CPG), completes an annual review and updates the CPGs to make certain they are in accordance with recognized clinical organizations. HEDIS activities and interventions are reviewed, approved, processed, monitored, and reported through the QIC.

Providers', practitioners', and contracted groups' practice patterns are evaluated, and recommendations are made to promote practice patterns that result in all members receiving medical care that meets SCFHP standards.

The QIC develops, oversees, and coordinates member outcome-related quality improvement actions. Member outcome-related QI actions consist of well-defined, planned QI Projects through which the plan addresses and achieves improvement in major focus areas of clinical and non-clinical services.

The QIC also recommends strategies for dissemination of study results, including but not limited to member experience, health plan ratings and HEDIS, to contracted providers and practitioners, and contracted groups.

In addition, the Grievance and Appeals Committee conducts an analysis of the plan's grievance and appeals cases and reports results to the QIC, including any intervention projects to improve services for plan members.

Utilization Management Committee

The Utilization Management Committee (UMC) promotes the optimum utilization of health care services, while protecting and acknowledging member rights and responsibilities, including the right to appeal denials of service. The UMC is multidisciplinary, and provides a comprehensive approach to support the Utilization Management Program in resource allocation through systematic monitoring of medical necessity and quality, while maximizing the cost effectiveness of the care and services provided to members.

The UMC actively involves participating network practitioners in utilization review activities to the extent that there is not a conflict of interest. The Plan's UMC is comprised of network physicians representing the range of practitioners within the network and across the service area in which it operates, including a Behavioral Health practitioner. Plan executive leadership and Utilization Management/Quality Improvement staff may also attend the UMC, as appropriate.

The UMC monitors the utilization of health care services by SCFHP and through delegated entities to identify areas of under- or over- utilization that may adversely impact member care as well as practice patterns of network practitioners and other QI monitors as defined by the Utilization Management Program and Utilization Management Work Plan.

The UMC oversees Inter-rater Reliability testing to support consistency of application in criteria for making determinations, to ensure decisions are evidence-based, and to comply with regulatory and other agency standards. The UMC is also responsible for annual adoption of preventive care guidelines and medical necessity criteria. The Committee meets quarterly and reports to the QIC.

The UMC is responsible for the review and adoption of applicable utilization management policies and procedures. Additionally, the UMC monitors and analyzes relevant data to detect and correct patterns of potential or actual inappropriate under - or over- utilization which may impact health care services, coordination of care and appropriate use of services and resources, continuity of medical care, continuity and coordination of medical and behavioral health care, and member and practitioner satisfaction with the UM process.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee is a forum for an evidence-based formulary review process. The P&T Committee promotes clinically sound and cost effective pharmaceutical care for all members and reviews anticipated and actual drug utilization trends, parameters, and results on the basis of specific categories of drugs and formulary initiatives, as well as the overall program.

In addition, the P&T Committee reviews and evaluates current pharmacy-related issues that are interdisciplinary and involve interfacing between medicine, pharmacy and other practitioners involved in the delivery of health care to SCFHP's members. The P&T Committee includes participating physicians, pharmacists, and Plan employee physician(s), and represents a cross section of clinical specialties including a behavioral health practitioner, in order to adequately represent the needs and interests of all plan members.

The behavioral health prescribing practitioners are involved in the development of the formulary for psycho-pharmacologic drugs and pertinent pharmacy management processes, including, but not limited to, cost-control measures, therapeutic substitution, and step-therapy.

The Committee provides written decisions regarding all formulary development and revisions. The P&T Committee meets at least quarterly, and reports to the QIC.

Credentialing and Peer Review Committee

SCFHP's Credentialing and Peer Review Committee uses a peer review process to make decisions regarding health plan credentialing and recredentialing of its contracted practitioners and those applying to contract with the Plan, and to serve as the Peer Review Committee when quality review is requested by the Quality Improvement Committee (QIC). Medical staff triages potential quality of care issues and conduct reviews of suspected physician and ancillary quality of care issues. All closed cases are presented to the Credentialing and Peer Review Committee to assess if documentation is complete, and whether further action is required. The QI Department tracks, monitors, and trends service and access issues to determine if there is an opportunity to improve care and service. Results of Quality of Care reviews and tracking and trending of service and access issues are reported to the Credentialing and Peer Review Committee at time of re-credentialing. Quality of care case referral to the QI Department originating from multiple activities, which include, but are not limited to: Prior Authorization, Concurrent Review, Case Management, Legal, Compliance, Customer Service, Pharmacy, or Grievances and Appeals Resolution.

XV. Role of Participating Practitioners

Participating practitioners, including a behavioral health practitioner who is either a medical doctor or PHD/PsyD, serve on the QI Program Committees as necessary to support each committee's function. Through these committees' activities, network practitioners:

A. Review, evaluate and make recommendations for credentialing and re-credentialing decisions.
B. Review individual cases reflecting actual or potential adverse occurrences.
C. Review and provide feedback on proposed medical guidelines, preventive health guidelines, clinical protocols, population health programs, quality and HEDIS results, new technology and any other clinical issues regarding policies and procedures.
D. Review proposed QI study designs.
E. Participate in the development of action plans and interventions to improve care and service to members.
F. Participate with one or more of the following committees:
    a. Quality Improvement Committee
    b. Pharmacy and Therapeutics Committee
    c. Utilization Management Committee
    d. Credentialing and Peer Review Committee
    e. Additional committees as requested by the Plan

XVI. Behavioral Health Services

SCFHP monitors and works to improve the quality of behavioral health care and services provided through and based on applicable contract requirements. The QI program monitors services for behavioral health and review of the quality and outcome of those services delivered to the members within the network of practitioners and providers. The quality of Behavioral Health services may be determined through, but not limited to the following:

A. Access to care
B. Availability of practitioners
C. Coordination of care
D. Medical record and treatment record documentation
E. Complaints and grievances
F. Appeals
G. Utilization metrics
    a. Timeliness
    b. Application of criteria
    c. Bed days
    d. Readmissions
    e. Emergency department utilization
    f. Inter-rater reliability
H. Compliance with evidence-based clinical guidelines
I. Language assistance

Reporting to the CMO, the Manager of Behavioral Health is involved in the behavioral aspects of the QI Program. The Manager of Behavioral Health is available to assist with member behavioral health complaints, development of behavioral health guidelines, recommendations on service and safety, providing behavioral health QI statistical data, and follow-up on identified issues.

XVII. Utilization Management

Please refer to the Utilization Management Program Description for Utilization Management activities and related UM activities including Case Management, and Population Health programs and processes.

XVIII. Population Health Management

The Population Health Management (PHM) program is developed, implemented and evaluated by the Health Services team with input and oversight by the QI Team and QIC. The QI Team annually conducts a population assessment to identify the needs and characteristics of SCFHP's member population. The Health Services team reviews the results of the assessment and identifies programs that would be beneficial to SCFHP's sub populations. The Population Health Program has four areas of focus:

- Keeping members healthy.
- Managing members with emerging risk.
- Patient safety or outcomes across settings.
- Managing multiple chronic illnesses.

The QI Team works with Health Services to identify and set goals as part of the PHM Strategy. The PHM Strategy is brought to the QIC for review and approval annually.

XIX. Care of Members with Complex Needs

Please refer to the Case Management program description and the Population Health Management Strategy document for complete details on care of members with complex needs. SCFHP is committed to serving the needs of all members assigned, and places additional emphasis on the management and coordination of care of the most vulnerable populations and members with complex health needs. Our goal is to promote the delivery of effective, quality health care to members with special health care needs, including, but not limited to, physical and developmental disabilities, multiple chronic conditions, and complex behavioral health and social issues through:

A. Providing case management teams focusing on members who have had an organ transplant, or are diagnosed with HIV/AIDS, progressive degenerative disorders and/or metastatic cancers.
B. Improving access to primary and specialty care to facilitate the receipt of appropriate services for members with complex health conditions.
C. Coordinating care for members who receive multiple services.
D. Identifying and reducing barriers to services for members with complex conditions.

XX. Cultural and Linguistics

SCFHP monitors that clinical and non-clinical services are provided in a culturally competent manner and are accessible to all members, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds.

SCFHP is committed to member centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population we serve. Identified population needs and planned interventions involve member input and are vetted through the Consumer Advisory Committee and Consumer Advisory Board prior to full implementation, as determined by the plan's Health Educator.

All individuals providing linguistic services to SCFHP members are adequately proficient in the required language to both accurately convey and understand the information being communicated. This policy applies to SCFHP staff, providers, provider staff, and professional translators or interpreters. Monitoring of staff ability to serve as an interpreter is maintained by the Plan.

Interpreter services are provided to the member at no charge.

SCFHP monitors programs and services that are culturally and linguistically appropriate by:

A. Using practitioner and provider chart reviews and interviews to understand the differences in care provided and outcomes achieved to reduce health care disparities in clinical areas.
B. Conducting member-focused interventions using culturally competent education materials that focus on race, ethnicity and language specific risks.
C. Conducting focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs and how to improve the cultural competency of communications, as determined by the plan's Health Educator
D. Providing information, training and tools to staff and practitioners to support culturally competent communication to improve network adequacy, and to meet the needs of underserved groups.

SCFHP has designated the Director of Quality and Process Improvement to provide oversight for meeting the objectives of service to a culturally and linguistically diverse population through the following:

A. Translation services
B. Interpretation services
C. Proficiency testing for bilingual staff
D. Cultural competency trainings such as:
    a. Cultural Competency annual online training for plan staff and contracted providers
E. Provider newsletter articles on a variety of cultural and linguistic issues
F. Health education materials in different languages and appropriate reading levels
G. Provider office signage on the availability of interpretation services

XXI. Credentialing Processes

SCFHP conducts a credentialing process that is in compliance with the National Committee for Quality Assurance (NCQA), the Department of Health Care Services (DHCS), the Department of Managed Health

Care (DMHC), and the Centers for Medicaid and Medicare Services (CMS). SCFHP contracts with a Credentials Verification Organization (CVO) who performs primary source verification. The Plan credentials new applicants prior to the effective date of the practitioner's agreement and in advance of the practitioner delivering care to members, and re-credentials network practitioners at least every 36 months.

The comprehensive credentialing process is designed to provide on-going verification of the practitioner's ability to render specific patient care and treatment within limits defined by licensure, education, experience, health status, and judgment, thus ensuring the competency of practitioners working within the SCFHP contracted delivery system. The scope of the credentialing program includes all licensed Physicians (MD), Oral Surgeons, Dentists (DDS), Podiatrists (DPM), Doctors of Osteopathy (DO), Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Mid-Wife (CNM), Clinical Nurse Specialists (CNS), Chiropractors (DC), Optometrists (OD), Clinical Psychologists (Ph.D.), Behavioral Health Practitioners such as Marriage Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), and other ancillary, allied health professionals or mid-level practitioners, as applicable, both in the delegated and direct contracts.

Healthcare Delivery Organizations

SCFHP performs credentialing and re-credentialing of ancillary providers and health care delivery organizations (these include, but are not limited to, hospitals, home health and hospice agencies, skilled nursing facilities, free standing surgical centers, behavioral healthcare providers that provide mental health or substance abuse services in inpatient residential or ambulatory settings, and other medical providers such as FQHCs, laboratories, outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, end stage renal disease (ESRD) providers, and similar providers as applicable) upon initial contracting, and every 36 months thereafter. The intent of this process is to assess whether these entities meet standards for quality of care and are in good standing with State and Federal regulatory agencies and are maintaining their accreditation status as applicable.

Use of Quality Improvement Activities in the Re-credentialing Process

Findings from quality improvement activities are included in the Re-credentialing process. Should an instance of poor quality of care issue be identified mid-cycle, the Credentialing and Peer Review Committee may select to review the practitioner between routine re-credentialing cycles.

Monitoring for Sanctions and Complaints

SCFHP has adopted policies and procedures for ongoing monitoring of sanctions, which include, but are not limited to, state or federal sanctions, sanctions or limitations on licensure, Medicare and Medicaid sanctions, CMS preclusion list, potential quality issues (PQI), and member complaints between re-credentialing periods.

XXII. Facility Site Review, Medical Record and Physical Accessibility Review

SCFHP does not delegate Primary Care Provider (PCP) site and medical records review to its contracted groups. SCFHP assumes responsibility and conducts and coordinates Facility Site Review (FSR) and Medical Record Review (MRR) in accordance with standards set forth by MMCD Policy Letter 14-004.

SCFHP collaborates with other health plan partners to coordinate the FSR/MRR process, minimize the duplication of site reviews, and support consistency in PCP site reviews for PCPs contracted with health plan partners. Site reviews are completed as part of the initial credentialing process, except in those cases where the requirement is waived because the provider received a passing score on another full scope site review performed by another health plan in the last three years, in accordance with MMCD Policy Letter 14-004 and SCFHP policies.

DHCS requires that medical records of new providers are reviewed within ninety (90) calendar days of the date on which members are first assigned to the provider. An additional extension of ninety (90) calendar days may be allowed only if the provider does not have sufficient assigned members to complete review of the required number of medical records.

Physical Accessibility Review Survey for Seniors and Persons with Disabilities (SPD)

SCFHP conducts an additional DHCS-required facility audit for American with Disabilities Act for compliance of Seniors and Persons with Disabilities (SPD) members, which includes access evaluation criteria to determine compliance with ADA requirements.

Medical Record Documentation Standards

SCFHP requires that its contracted practitioners maintain medical records in an accurate and timely manner that is current, detailed, organized, and easily accessible to treating practitioners. All member data should be filed in the medical record in a timely manner (i.e., lab, x-ray, consultation notes, etc.). The medical record should also indicate timely access by members to information that is pertinent to them, such as health education materials.

The medical record should provide appropriate documentation of the member's medical care, in such a way that it facilitates communication, coordination, and continuity of care, and promotes efficiency and effectiveness of treatment. All medical records should, at a minimum, include all information required by state and federal laws and regulations, and the requirements of the Plan's contracts with CMS and DHCS.

The medical record should be protected, in that medical information is released only in accordance with applicable Federal and/or state law.

XXIII. Member Safety

The monitoring, assessment, analysis and promotion of member safety matters are integrated into all components of member enrollment and health care delivery organization continuum oversight and are a significant part the Plan's quality and risk management functions. Member safety efforts are clearly

articulated both internally and externally, via newsletter, email, fax, web and verbal communications. Member safety efforts include:

A. Identification and prioritization of patient safety-related risks for all SCFHP members, regardless of line of business and contracted health care delivery organizations
B. Operational objectives, roles and responsibilities
C. Ensuring appropriate patient safety training and education are available to members, families, and health care personnel/physicians
D. Health Education
E. Population Needs Assessment
F. Over- and Under- Utilization monitoring
G. Medication Management
H. Case Management and Population Health Management outcomes
I. Operational Aspects of Care and Service

Member Safety prevention, monitoring and evaluation include:

A. Alerting the pharmacy to potential drug interactions and/or duplicate therapies, and discussing these potential problems with the prescribing physician(s), to allow the practitioner to correct the issue
B. Ensuring timely and accurate communication between sites of care, such as hospitals and skilled nursing facilities, to improve coordination and continuity of care Utilizing facility site review, Physical Accessibility Review Survey (PARS), and medical record review results from practitioner and healthcare delivery organizations at the time of credentialing to improve safe practices, and incorporating ADA (Americans with Disabilities Act), and SPD (Seniors and Persons with Disabilities) site review audits into the general facility site review process
C. Tracking and trending of adverse event reporting to identify system issues that contribute to poor safety

Elements of the safety program address the environment of care and the safety of members, staff, and others in a variety of settings. The focus of the program is to identify and remediate potential and actual safety issues, and to monitor ongoing staff education.

A. Ambulatory setting
    a. Adherence to ADA standards, including provisions for access and assistance in procuring appropriate equipment, such as electric exam tables
    b. Annual blood-borne pathogen and hazardous material training
    c. Preventative maintenance contracts to promote that equipment is kept in good working order
    d. Fire, disaster, and evacuation plan, testing, and annual training
B. Institutional settings (including Long-Term Care (LTC) and Long-Term Services and Supports (LTSS)
    a. Falls and other prevention programs
    b. Identification and corrective action implemented to address post-operative complications

c. Sentinel events identification and appropriate investigation and remedial action
d. Administration of Flu/Pneumonia vaccine

C. Administrative offices
a. Fire, disaster, and evacuation plan, testing, and annual training

XXIV. Member Experience and Satisfaction

SCFHP conducts ongoing review of clinical and non-clinical effectiveness and member satisfaction by monitoring member and provider complaints, member and provider surveys, and customer service call center performance. The plan collects and analyzes data at least annually to measure its performance against established benchmarks or standards and identifies and prioritizes improvement opportunities. Specific interventions are developed and implemented to improve performance, and the effectiveness of each intervention is measured at specific intervals.

SCFHP solicits feedback from members, medical centers, and caregivers to assess satisfaction using a range of approaches, such as NCQA's Consumer Assessment of Healthcare Providers, HOS and member satisfaction survey, monitoring member complaints and direct feedback from grievances and appeals. The Quality Department is responsible for coordinating the HOS and CAHPS surveys, aggregating and analyzing the findings and reporting the results. Survey results are reviewed by the QIC with specific recommendations for performance improvement interventions or actions.

Provider satisfaction is assessed annually using a valid survey methodology and a standardized comprehensive survey tool. The survey tool is designed to assess provider satisfaction with the network, claims, quality, utilization management, and other administrative services.

Member Grievances and Provider Complaints

The QI Department investigates and resolves potential quality of care concerns and grievances. All grievances related to quality of care and service are tracked, classified according to severity, reviewed by Plan Medical Directors, categorized by the QI Department, and analyzed and reported on a routine basis to Plan's QIC. The QIC recommends specific physician/provider improvement activities.

All administrative member grievances are tracked and resolution is facilitated by the Grievance and Appeals and/or Customer Service teams. Data is analyzed and reported to the QIC on a regular basis to identify trends and to recommend performance improvement activities, as appropriate. Grievance reports are submitted to the QIC at least quarterly, along with recommendations for QI activities based on results.

Data is reported to and analyzed by the QIC on a regular basis to identify trends and to recommend performance improvement activities, as appropriate. Provider complaint reports are submitted to the QI Committee at least quarterly, along with recommendations for QI activities based on results.

XXV. Delegation Oversight

The Delegation Oversight process and Delegation Oversight Committee are overseen by the Plan's Compliance Committee. The Delegation Oversight Committee reports to the Compliance department. Delegation Oversight activities that are specific to the QI Program include reports submitted by

delegated entities and the functional operational area that has responsibility for overseeing corrective action plans.

Through Delegation Oversight, Plan monitoring includes, but is not limited to, the following:

A. On-going monitoring via quarterly, semi-annual, and annual reports
B. Focus reviews conducted when applicable
C. Annual site visits
D. Annual review of the delegates' policies and procedures
E. Annual review, feedback and approval of the delegates' Quality and Utilization Management Program Plans and Work Plans
F. Review and approval, by Compliance Committee, of sub-delegate's delegation agreement(s) prior to implementation of such an agreement
G. Sub-delegation reports
H. Review of case management program and processes
I. Review of quality of care monitoring processes, results of QI Activities, and peer review processes
J. Review of credentialing and re-credentialing processes, working collaboratively with the delegates' staffs to review performance and develop strategies for improvement
K. Providing educational sessions
L. Evaluating and monitoring improvement
    a. Communication of monthly and quarterly analysis of reports and utilization benchmarks to delegates

The Plans' audit procedures drive the process with delegates with the following:

A. Evaluation, oversight, and monitoring of the delegation agreement to determine what services may be delegated and how they can be delegated or not delegated
B. Providing input into contractual language necessary for delegation
C. Providing tools and designating appropriate measurement and reporting requirements for monitoring of delegated activities
D. Providing support in the analysis of data obtained from reporting and other oversight activities
E. Assisting in the development of corrective action plans and tracking of their effectiveness
F. Providing structure and methodology in the development and administration of incentives and sanction for delegate's performance.

When a delegate is determined to be deficient in an area or areas, the issue is referred to the Delegation Oversight Committee, which reports to the Compliance Committee, for review and discussion, with recommendations to the Compliance Department for action.

The Compliance Department presents the issue to the Plan's Compliance Committee for decisions and final recommendations, which could include de-delegation.

XXVI. Data Integrity/Analytics

The clinical data warehouse aggregates data from SCFHP's core business systems and processes, such as member eligibility, provider data, encounters, claims, and pharmacy data. The data warehouse is maintained by the Information Systems (IS) Department. The data warehouse allows IS to provide analytic support to the QI Program. The data warehouse allows staff to apply evidence-based clinical practice guidelines to analyze data for quality purposes, such as the identification of members eligible for specific population health management programs, risk stratification, process measures, and outcomes measures. SCFHP staff create and maintain the data base with quarterly data updates.

Based upon evidence-based practice guidelines built into the system, the clinical data warehouse can:

A. Identify and stratify members with certain disease states
B. Identify over/under utilization of services
C. Identify missing preventive care services
D. Identify members for targeted interventions

Identification and Stratification of Members

Using clinical business rules, the database can identify members with a specific chronic disease condition, such as asthma, diabetes, mental health issues or congestive heart failure. It then can identify the acuity of the member based on their emergency department (ED) and inpatient utilization data. . Once the member has been identified with a specific disease condition and acuity, the Case Management team works with the member to further identify treatment failure, complications and co-morbidities, noncompliance, or exacerbation of illness to determine if the member requires medical care, and recommends an appropriate level of intervention.

Identify Potential of Over- and Under- Utilization of Services

Using clinical business rules, the database can identify if a member or provider is over or under utilizing medical services. In analyzing claims and pharmacy data, the data warehouse can identify if a member did not refill their prescription for maintenance medication, such as high blood pressure medicines. The database can also identify over utilization or poor management by providers. For example, the system can list all members who have exceeded the specified timeframe for using a certain medication, such as persistent use of antibiotics greater than 61 days. Additional data is available through UM metrics, including hospital bed days, length of stays, Emergency Department utilization, readmissions, and UM referrals.

Identify Missing Preventive Care Services

The data warehouse can identify members who are missing preventive care services, such as an annual exam, an influenza vaccination for members over 65, a mammogram for women for over 50, or a retinal eye exam for a member with diabetes. This information is called a gap in care. This information is then disseminated to the Population Health Management and Case Management teams to address with the member.

Identify Members for Targeted Interventions

The rules for identifying members and initiating the intervention are customizable to SCFHP to fit our unique needs. By using the standard clinical rules and customizing SCFHP specific rules, the database is the primary conduit for targeting and prioritizing heath education, population health management, and HEDIS- related interventions.

By analyzing data that SCFHP currently receives (i.e. claims data, pharmacy data, and encounter data), the data warehouse identifies the members for quality improvement and access to care interventions, which supports us in improving our HEDIS measures. This information guides SCFHP in not only targeting members, but also delegated entities and providers who need additional assistance.

Medical Record Review

Wherever possible, administrative data is utilized to obtain measurement for some or all project quality indicators. Medical record review may be utilized as appropriate to augment administrative data findings. In cases where medical record abstraction is used, appropriately trained and qualified individuals are utilized. Training for each data element (quality indicator) is accompanied by clear guidelines for interpretation. Validation is done through a minimum 10% sampling of abstracted data for rate to standard reliability, and is coordinated by the Director of Quality and Process Improvement, or designee. If validation is not achieved on all records samples, a further 25% sample is reviewed. If validation is not achieved, all records completed by the individual are re-abstracted by another staff member.

Where medical record review is utilized, the abstractor obtains copies of the relevant section of the record. Medical record copies, as well as completed data abstraction tools, are maintained for a minimum period, in accordance with applicable law and contractual requirements.

Interventions

For each QI Project, specific interventions to achieve stated goals and objectives are developed and implemented. Interventions for each project must:

A. Be clearly defined and outlined
B. Have specific objectives and timelines
C. Specify responsible departments and individuals
D. Be evaluated for effectiveness
E. Be tracked through the QI Program

For each project, there are specific system interventions that have a reasonable expectation of effecting long-term or permanent performance improvement. System interventions include education efforts, policy changes, development of practice guidelines (with appropriate dissemination and monitoring), and other plan-wide initiatives. In addition, provider and member specific interventions, such as reminder notices and informational communication, are developed and implemented.

Improvement Standards

A. Demonstrating Improvement

a. Each project is expected to demonstrate improvement over baseline measurement on the specific quality indicators selected. In subsequent measurements, evidence of significant improvement over the initial performance to the indicator(s) must be sustained over time.

B. Sustaining Improvement
   a. Sustained improvement is documented through the continued re-measurement of quality indicators for at least one year after the improved performance has been achieved.

Once the requirement has been met for both significant and sustained improvement on any given project; there is no other regulatory (CMS, DHCS, DMHC) reporting requirement related to that project. SCFHP may internally choose to continue the project or to go on to another topic.

Documentation of QI Projects

Documentation of all aspects of each QI Project is required. Documentation includes (but is not limited to):

A. Project description, including relevance, literature review (as appropriate), source, and overall project goal.
B. Description of target population.
C. Description of data sources and evaluation of their accuracy and completeness.
D. Description of sampling methodology and methods for obtaining data.
E. List of data elements (quality indicators). Where data elements are process indicators, there must be documentation that the process indication is a valid proxy for the desired clinical outcome.
F. Baseline data collection and analysis timelines.
G. Data abstraction tools and guidelines.
H. Documentation of training for chart abstraction.
I. Rater to standard validation review results.
J. Measurable objectives for each quality indicator.
K. Description of all interventions including timelines and responsibility.
L. Description of benchmarks.
M. Re-measurement sampling, data sources, data collection, and analysis timelines.
N. Evaluation of re-measurement performance on each quality indicator.

Key Business Processes, Functions, Important Aspects of Care and Service

SCFHP provides comprehensive acute and preventive care services, which are based on the philosophy of a medical “home” for each member. The primary care practitioner is this medical “home” for members who previously found it difficult to access services within their community. The Institute of Medicine describes the concepts of primary care and community oriented primary care, which apply to the SCFHP model:

- Primary care, by definition, is accessible, comprehensive, coordinated, and continual care delivered by accountable providers of personal health services.

- Community oriented primary care is the provision of primary care to a defined community, coupled with systematic efforts to identify and address the major health problems of that community.

The important aspects of care and service around which key business processes are designed include:

A. Clinical care and service
B. Access and availability
C. Continuity and coordination of care
D. Preventive care, including:
    a. Initial risk assessment (IHA)
    b. Behavioral assessment
E. Patient diagnosis, care, and treatment of acute and chronic conditions
F. Complex case management:
    a. SCFHP coordinates services for members with multiple and/or complex conditions to obtain access to care and services via the utilization and case management department, which details this process in its utilization management and case management programs and other related policies and procedures
G. Drug Utilization
H. Health Education
I. Over- and Under- Utilization monitoring
J. Population health program outcomes and performance against program goals

Administrative Oversight:

A. Delegation oversight
B. Member rights and responsibilities
C. Organizational ethics
D. Effective utilization of resources
E. Management of information
F. Financial management
G. Management of human resources
H. Regulatory and contract compliance
I. Customer satisfaction
J. Fraud and abuse* as it relates to quality of care

* SCFHP has adopted a zero tolerance policy for fraud and abuse, as required by applicable laws and its regulatory contracts. The detection of fraud and abuse is a key function of the SCFHP Compliance Program.

XXVII. Conflict of Interest

Network practitioners serving on any QI program-related committee, who are or were involved in the care of a member under review by the committee, are not allowed to participate in discussions and

determinations regarding the case. Committee members cannot review cases involving family members, providers, or suppliers with whom they have a financial or contractual affiliation or other similar conflict of interest issues.

All employees and committee participants sign a Conflict of Interest statement on an annual basis.

Fiscal and clinical interests are separated. SCFHP and its delegates do not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage, services, or care. There are no financial incentives for UM decision-makers that could encourage decisions that result in under-utilization.

XXVIII. Confidentiality

SCFHP maintains policies and procedures to protect and promote the proper handling of confidential and privileged member information. Upon employment, all SCFHP employees, including contracted professionals who have access to confidential or member information, sign a written statement delineating responsibility for maintaining confidentiality.

In addition, all committee and subcommittee members are required to sign a confidentiality agreement on an annual basis. Invited guests must sign a confidentiality agreement at the time of committee attendance. Agreement requires the member to maintain confidentiality of any and all information discussed during the meeting.

All records and proceedings of the QIC and other QI program-related committees, which involve member- or practitioner-specific information are confidential, and are subject to applicable laws regarding confidentiality of medical and peer review information, including Welfare and Institutions Code section 14087.58, which exempts the records of QI proceedings from the California Public Records Act.

This

XXIX. Communication of QI Activities

Results of performance improvement activities are communicated to the appropriate department, and/or multidisciplinary committee as determined by the nature of the activity. The QI subcommittees report their summarized information to the QIC quarterly in order to facilitate communication along the continuum of care. The QIC reports activities to the Governing Board, through the CMO or designee, on a quarterly basis. QIC participants are responsible for communicating pertinent, non-confidential QI issues to all members of SCFHP staff.

Communication of QI trends to SCFHP's contracted entities, members, practitioners and providers is through the following:

A. Practitioner participation in the QIC and its subcommittees
B. Health Network Forums, Medical Director meeting, and other ongoing ad-hoc meetings
C. Practitioner and member newsletters regarding relevant QI program topics

D. The QI Program description, available to providers and members on the SCFHP website. This includes QI program goals, processes and outcomes as they relate to member care and service. Members and/or providers may obtain a paper copy by contacting Customer Service.
E. Included in annual practitioner education through provider relations and the Provider Manual

XXX. Annual Evaluation

The QIC conducts an annual written evaluation of the QI program and makes information about the QI program available to members and practitioners. Applicable QI related committees contribute to the annual evaluation which is ultimately reviewed and approved by the Governing Board.

The Plan conducts an annual written evaluation of the QI program and activities that include the following information:

A. A description of completed and ongoing QI activities that address quality of care, safety of clinical care, quality of service and members' experience
B. Trending and monitoring of measures and previously identified issues to assess performance in the quality and safety of clinical care and quality of services
C. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices
D. Barrier analysis

The evaluation addresses the overall effectiveness of the QI program, including progress that was made toward influencing network-wide safe clinical practices and includes assessment of:

A. The adequacy of QI program resources
B. The QIC structure
C. Amount of practitioner participation in the QI program, policy setting, and review process
D. Leadership involvement in the QI program and review process
E. Identification of needs to restructure or revise the QI program for the subsequent year

Health Education

Santa Clara Family Health Plan

2019 Program Evaluation

Library & Resource Page

- Internal library of approved Health Ed resources created for staff to mail to members.
- Intranet page created for staff for access to job aids, FAQs

Contracts

- 1 renewed (Healthier Kids Foundation)
- 1 new (Customer Motivators)

Class Audits

- YMCA Camp
- Healthier Kids Foundation
- ACT for Mental Health

Member Incentives

Concluded 3 programs and evals submitted to DHCS

- Comprehensive Diabetes Care –Nephropathy
- Controlling Blood Pressure (CBP)
- Childhood Immunizations (CIS-3)

Launched Wellness Rewards Program (Q2)

Health improvement program for Medi-Cal members offering gift cards for completing health screenings/visits

Focusing on 8 HEDIS measures:

1. Prenatal Care – 3 tier ($30, car seat, sleep pod)
2. Breast Cancer Screening - $20
3. Cervical Cancer Screening- $30
4. Asthma Medication Ratio - $15/quarter
5. Adolescent Well-Care Visit - $30
6. Comprehensive Diabetes Screening – $25
7. Well-Child Visits in the first 15 months – $30
8. Well-Child Visits 3-6 year old - $30

2020 Program Description

What's changed?

Updated description to add DHCS Population Needs Assessment (PNA) – annual version of Group Needs Assessment. GNA is no longer required every 3 years.

- Goal of PNA is to improve health outcomes and ensure Plan is meeting needs of all Medi-Cal members.

2020 Work Plan

Health Education Programs

- Renewing contracts
- Launch Texting Campaign to MC members
- Focus on marketing strategies for current programs
- Ongoing trainings with member-facing staff

Member Incentives

- Discussing plans for 2020 incentives
- Continue to partner for clinic days
- Launch 2 new Process Improvement Projects (PIPS)
  - AWC – narrowed focus on VHP network, ages 19-21
  - W15 – narrowed focus PMG network

Cultural & Linguistics

2019 Program Evaluation

QNXT Language Attribute
- Developed process for capturing alternate language/format requests
- Completed training to staff December 2019

Staff Language Proficiency
- Developed process with HR for ongoing monitoring of staff language proficiency

DMHC Enrollee Assessment
- DMHC requirement every 3 years to better understand the communication and language preferences of members.
- Kicked off Oct 2019, Completed January 2020

2020 Program Description

What's Changed?

Updated description to add DHCS Population Needs Assessment (PNA) – annual version of Group Needs Assessment. GNA is no longer required every 3 years.
- Goal of PNA is to improve health outcomes and ensure Plan is meeting needs of all Medi-Cal members.

2020 Work Plan

Population Needs Assessment (PNA)
- Due annually
- Analyze CAHPs results
- First submission due to DHCS June 30th 2020

Staff Language Proficiency
- Testing to be implemented July 2020 annually

Cultural and Linguistics Program 2020

Updated 02.03.2020

2020 CULTURAL & LINGUISTICS PROGRAM
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CULTURAL AND LINGUISTIC SERVICES PROGRAM 2020

I. INTRODUCTION

The Santa Clara County Health Authority, dba Santa Clara Family Health Plan (SCFHP), is a county public agency. SCFHP's primary mission is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

SCFHP is a fully licensed health care service plan, which began operations in February 1997. SCFHP initially served the County's Medi-Cal population, as a Medi-Cal managed care plan in the State's "Two Plan Model Program". SCFHP continues to serve as the county local initiative in that program. In 2015, SCFHP contracted with Centers for Medicare and Medicaid Services (CMS) for the Cal MediConnect (CMC) Duals Demonstration Project.

Through dedication to integrity, outstanding service, and care for our community, SCFHP works to ensure that everyone in our county can receive the care they need for themselves and their families.

II. STATEMENT OF PURPOSE

The Cultural and Linguistic (C&L) Services Program is designed to improve access and eliminate disparities in quality of care for individuals with limited English proficiency (LEP), diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity. It also ensures that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and that all covered services are provided in a culturally and linguistically appropriate manner. (DHCS Medi-Cal Contract Exhibit A, Attachment 4, 7.F)

SCFHP is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries with LEP or sensory impairment. SCFHP's Cultural and Linguistic Services comply with 42, C.F. R. Section 440.262; Title VI of the Civil Rights Act of 1964; (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and the Cultural and Linguistic Services requirements in accordance to the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and CMS. The goal of the C&L Services Program is to ensure that SCFHP beneficiaries, especially LEP and sensory impaired beneficiaries receive equal access to health care services that are culturally and linguistically appropriate.

III. METHODOLOGY

Culturally and Linguistically Appropriate Services (CLAS) Standards

The Office of Minority Health (OMH) in the U.S. Department of Health & Human Services (DHHS) require that health care professionals and organizations take responsibility for providing culturally and linguistically appropriate services (CLAS) as a means to improve health care access, quality of care and health outcomes. Defining CLAS as "health care services that are respectful of and responsive to cultural and linguistic needs," the OMH has issued a set of 14 CLAS standards that include "mandates, guidelines and recommendation intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate services." [1]

SCFHP has chosen the 14 National CLAS Standards as the guiding principles of our C&L Services Program.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (4-7) and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: federal mandates, guidelines (recommended by OMH to be federal mandates) and recommendations. Standards 4-7 are mandates, Standards 1-3 and 8-13 are guidelines and Standard 14 is a recommendation. The CLAS standards are:

Culturally Competent Care

1. Health care organizations should ensure that patients/consumers receive from all staff effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

[1] DHHS, OMH, National Standards for CLAS, 2001.

2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate services delivery.

Language Access Services

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence

8. Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity and spoken and written language are collected in health records, integrated into the organization's management information systems and periodically updated.
11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to

accurately plan for and implement services that respond to the cultural and linguistic characteristics of the area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

IV. GOALS, STRATEGIES AND OBJECTIVES

The goal of the SCFHP C&L Services Program is to promote access and delivery of services in a culturally competent manner to all beneficiaries, including those with LEP, sensory impairment, diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity.

The Program ensures that beneficiaries have access to covered services delivered in a manner that meets their needs. It also ensures processes and procedures are designed to ensure that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. The program formalizes ongoing efforts to provide CLAS at all clinical and administrative points of contact in a consistent and measurable fashion. Since the effort to provide culturally and linguistically competent care is an on-going process, the C&L Services staff periodically identifies new objectives and activities based on the findings of the Health Education and C&L Population Needs Assessment (PNA) which is administered annually. SCFHP also incorporates beneficiary, provider and staff feedback expressed at Consumer Advisory Committee (CAC), Consumer Advisory Board (CAB), Provider Advisory Committee (PAC), and Quality Improvement Committee (QIC) meetings, area demographic research and organizational priorities into the development of its C&L Services Program.

An illustration of the reporting relationships for SCFHP identifies key staff with overall responsibility for the operation of the C&L Services Program (Appendix A).

SCFHP's Executive Team and Compliance Departments are responsible for promoting a culturally competent health care and work environment for SCFHP. They ensure that all Plan policies and procedures for eligible beneficiaries or potential beneficiaries do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. They also ensure SCFHP's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services.

The Quality Improvement Department is responsible for developing, implementing and evaluating SCFHP's C&L Services Program in coordination with the Provider Network Management, Customer Services, Marketing and Communications, Health Services and Compliance Departments.

The Provider Network Management Department is responsible for ensuring that the composition of the provider network continuously meets beneficiaries' ethnic, cultural and linguistic needs of its beneficiaries on an ongoing basis (DHCS Medi-Cal Contract, Exhibit A, Attachment 6, 13). Language capabilities of clinicians and other provider office staff are identified during the credentialing process and through periodic surveys to update SCFHP's provider directory. Provider Network Management is also responsible for conducting initial and periodic provider network C&L training, as well as the PAC.

The Customer Service Department records updates to beneficiaries' cultural and linguistic capabilities and preferences, including standing requests for material in alternate languages and formats. Beneficiaries are informed they have access to no cost oral interpretation in their language and written materials translated into SCFHP's threshold languages or provided in alternative formats. Written materials translation is available in non-threshold languages upon request.

Marketing and Communications is also responsible for supporting SCFHP's CAC in accordance with Title 22, CCR, Section 53876 (c). The purpose of the CAC is to provide a link between SCFHP and the community. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. The CAC advises SCFHP on the development and implementation of its cultural and linguistic accessibility standards and procedures. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAC reports directly to the SCFHP Governing Board.

Quality Improvement is responsible for supporting SCFHP's CAB in accordance with the DHCS Coordinated Care Initiative (CCI). The purpose of CAB is to provide a link between SCFHP and the Cal MediConnect population. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAB is a subcommittee of the QIC.

Health Services (including Case Management, Managed Long Term Support Services, Behavioral Health, Utilization Management, Quality Improvement and Pharmacy) is responsible for ensuring cultural competent care coordination for all beneficiaries.

V. PROGRAM SCOPE

The C&L Services Program is comprehensive, systematic and ongoing. It includes assessment, monitoring and enhancement of all services provided directly by SCFHP, as well as all services provided by contracted providers, including pharmacies and ancillary services.

Assessment of Beneficiary Cultural and Linguistic Needs

SCFHP regularly assesses beneficiary cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. Specifically, SCFHP:

- Documents in the Health Plan's Information System the reported ethnicity and preferred language of eligible beneficiaries provided by DHCS/CMS for Medi-Cal or Cal Mediconnect beneficiaries.
- Documents beneficiary requests to change their reported ethnicity or preferred language.
- Documents a beneficiary's standing request for materials in another language or in an alternate format in the Health Plan's Information Systems.
- Instructs providers to offer no cost interpreter services and document the beneficiary's preferred language in addition to requests for, and refusals of, interpreter services in the patient chart.
- Tracks and analyzes utilization of telephone and face-to-face interpreter services at all points of contact.
- Conducts a Cultural & Linguistic and Health Education PNA annually to identify C&L needs, and periodically update the assessment based on additional beneficiary input through beneficiary surveys, focus groups and grievances.

- Elicits and documents input from the CAC regarding beneficiaries' C&L needs (for details see Consumer Advisory Committee Charter).
- Elicits and documents input from the CAB regarding beneficiaries' C&L needs (for details see Consumer Advisory Board Charter).
- SCFHP makes reasonable changes to policies, procedures, and practices to provide equal access for individuals with disabilities.

Assessment of linguistic capabilities of SCFHP employees, providers, and subcontractors

SCFHP continuously assesses the linguistic capabilities of its employees, providers and subcontractors to reduce language barriers increase the quality of care LEP beneficiaries receive, and ensure the plan's ability to meet beneficiaries' ethnic, cultural and linguistic needs. SCFHP makes every effort to ensure that providers are assigned with the ability to meet beneficiaries' C&L needs. Activities that contribute to the assessment process include:

- Employees
    - Hire staff that demonstrates appropriate bilingual proficiency as needed for their role by passing a language professional test at time of hire.
    - Maintain Human Resource records on staff linguistic skills and relevant training, certification and/or proficiency results.
    - Assess the performance of employees who provide linguistic services.
- Providers
    - PCP and Specialists are required to ensure access to care for LEP speaking beneficiaries through the provider's own multilingual staff or through cultural and linguistic services facilitated by SCFHP.
    - Identify language proficiency of bilingual providers and office staff through documentation of certification of proficiency.
    - Report provider and office staff language capabilities for inclusion in the Provider Directory.
- Subcontractors
    - Execute agreements with subcontractors that are in compliance with the business requirements for all lines of business.
    - Execute agreements with contracted translators and interpreters that require staff to be tested for proficiency and experience.
- Maintain records in the Health Education Program of community health resources throughout the counties we serve, including the language in which the programs are offered.

Access to Interpreter Services and Availability of Translated Materials
Linguistic services are provided by SCFHP to non-English speaking or LEP beneficiaries for population groups. Services include, but are not limited to, the following:

- No cost linguistic services are provided to beneficiaries accurately and timely and protect the privacy and independence of the individual with LEP.
    - Oral interpreters, signers or bilingual providers and provider staff at all key points of contact are available in languages spoken by beneficiaries. Linguistic services are provided in all languages spoken by beneficiaries, not just the threshold or concentration standards languages. Key points of contact include:
        - Medical care settings
        - Telephone, Nurse Advice Line, urgent care transactions, and outpatient encounters with healthcare providers, including: pharmacists.
        - Non-medical care settings: Customer Services, orientations, and appointment scheduling.
    - Written informational materials are fully translated into all threshold languages within 90 days after the English version is approved by the state. Materials in non-threshold languages are made available upon request within 21 days of the request. (Refer to Policy QI.08.02 for more information on translation into non-threshold languages) Materials include:
        - Evidence of Coverage Booklet and/or Beneficiary Handbook and Disclosure Forms. The contents of these documents includes:
            - Enrollment and disenrollment information
            - Information regarding the use of health plan services, including access to screening and triage, after-hours emergency, and urgent care services
            - Access and availability of linguistic services
            - Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
            - Process for accessing covered services requiring prior authorizations
            - Process for filing grievances and fair hearing requests
        - Provider listings or directories

- Formulary/Prescription Drug List
- Marketing materials
- Form letters (i.e. authorization notice of action letters, grievance and appeals, including resolution letters)
- Plan-generated preventive health reminders (i.e. appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)
- Beneficiary surveys
- Newsletters

o California Relay Services for hearing impaired.

SCFHP ensures access to interpreter services for all LEP beneficiaries. SCFHP provides 24-hour access to telephonic interpreter services for all medical and non-medical points of contact. SCFHP beneficiaries can, with advance notice, utilize in-person language and sign language interpreter services. All interpreter services are provided at no charge to beneficiaries. SCFHP requires, through contractual agreement, that contracted interpreters are tested for proficiency and experience. (For more detail please refer to Procedure QI.08.02 Language Assistance Program). SCFHP ensures access to interpreter services for all LEP and sensory impaired beneficiaries through several mechanisms:

- Inform new beneficiaries of available linguistic services in welcome packets.
- Provide an Interpreter Reference Guide to providers about accessing SCFHP's interpreter services.
- Provide an interpreter for scheduled appointments when requested by the provider or beneficiary.
- Ensure beneficiaries can use face-to-face language and sign language interpreters with advance notice.
- Make 24-hour/7 days a week access to telephonic interpreter services available for all medical and non-medical points of contact as defined in the contract or regulations.
- Monitor the interpreter request process to avoid unreasonable or unnecessary delays when the service is requested by the beneficiary or provider.
- Encourage the use of qualified interpreters rather than family beneficiaries or friends. The beneficiary may choose an alternative interpreter at his/her cost after being informed of the no cost service.
- Discouraging the use of minors as interpreters except in extraordinary circumstances.

- Maintain records in the Marketing and Communications Department of translated beneficiary informational materials. SCFHP translates beneficiary informing materials into all threshold languages identified by the Department of Health Care Services (DHCS). Translation into non-threshold languages is available upon request. Alternate formats, such as braille, large print, and audio are available upon request.
- Ensure beneficiaries are made aware they have the right to file a complaint or grievance if their linguistic needs are not met.

SCFHP complies with the non-discrimination requirement set forth under Section 1557 of the Affordable Care Act (ACA). SCFHP does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (APL 17-011). This includes:

- Posting of the Notice of Non-Discrimination, including Non-Discrimination Statements, in all beneficiary communications and publications, including written notices requiring a response from an individual and written notices to an individual such as those pertaining to rights or benefits.
- Posting the Notice on-site at SCFHP and on the SCFHP website in a conspicuous location and conspicuously visible font size.
- Posting taglines in a conspicuously visible font size in English and at least the top 16 non-English languages spoken by individuals with LEP in California. These taglines inform individuals with LEP of the availability of language assistance services in all beneficiary communications and publications.
    - Languages include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

Staff and Provider Cultural Competency and Diversity Training

SCFHP provides cultural competency, sensitivity, or diversity training for staff, Network Providers, and First Tier, Downstream and Related Entities with direct beneficiary interaction. SCFHP conducts annual cultural competency trainings for SCFHP employees. Network providers receive C&L training as part of Provider Orientation. SCFHP also provides regular training and information sessions to ensure employees and providers are informed and aware of SCFHP's policies and procedures regarding the provision of CLAS. Training includes DHCS-developed cultural awareness and sensitivity instruction for Seniors and Persons with Disabilities or chronic conditions. (DHCS Medi-Cal Contract, Exhibit A, Attachment 7, 5.B). Training on culturally and linguistically appropriate care and care coordination is made available to SCFHP staff. Specifically, SCFHP offers:

- Department-specific periodic trainings on C&L issues on topics such as health literacy, utilization of interpreter services, identifying and handling C&L grievances, customer service to a diverse membership, etc.
- New provider orientations that cover the Culturally Competency Toolkit and SCFHP C&L policies and procedures, specifically addressing provider responsibilities for providing CLAS and utilization of interpreter services.
- One-on-one provider and provider office staff training on C&L issues when a need is identified to improve provider effectiveness in meeting beneficiaries' C&L needs.
- Training, educational materials and tools regarding various cultures and CLAS are made available to SCFHP staff and network providers.

VI. PROGRAM EFFECTIVENESS AND ACCOUNTABILITY

Monitoring, Evaluation and Enforcement

To ensure that SCFHP employees and providers adhere to its C&L services policies and procedures, and that these policies and procedures result in services that are effective in providing CLAS, SCFHP conducts regular monitoring and enforcement activities regarding staff, provider, and interpreter performance that include, but are not limited to:

- Consumer/beneficiary satisfaction surveys
- Review of beneficiary grievances
- Provider assessments and provider site reviews
- Provider satisfaction surveys
- Feedback on services from CAC, CAB, the Provider Advisory Council and Provider Office Staff Committee, QIC, SCFHP staff and network providers, community-based organization partners, and other focus group reports
- Audits of delegated provider groups
- Data from utilization reports
- Analysis of health outcomes

Health disparities and utilization patterns by race, ethnicity, and language are investigated by SCFHP's Quality Improvement Department and appropriate interventions are implemented as needed.

APPENDIX A

Santa Clara Family Health Plan- Cultural and Linguistic Oversight and Staff:

Christine Tomcala, Chief Executive Officer

Laurie Nakahira, DO, Chief Medical Officer

Chris Turner, Chief Operating Officer

Robin Larmer, Chief Compliance and Regulatory Affairs Officer

Laura Watkins, Vice President, Marketing and Enrollment

Johanna Liu, Quality and Process Improvement Director

Chelsea Byom, Director of Marketing and Communications

Janet Gambatese, Director of Provider Network Management

Tanya Nguyen, Director of Customer Service

Mai Chang, Quality Improvement Manager

Jamie Enke, Process Improvement Manager

Mansur Zahir, Process Improvement Project Manager

Divya Shah, Health Educator

Zara Hernandez, Health Educator

Patricia Smith, Quality Improvement Nurse

Neha Patel, Quality Improvement Nurse

The Quality Department staff is responsible for developing, implementing and evaluating SCFHP's Cultural and Linguistic Services in coordination with Provider Network Management, Customer Service, Compliance, and Health Services Departments.

The Director of Marketing and Communications has oversight of the Consumer Advisory Committee.

The Director of Quality and Process Improvement has oversight of the Consumer Advisory Board.

CULTURAL AND LINGUISTICS WORK PLAN 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Continuous	
	2.9.7.4.	Distribute "Reference Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Continuous	
	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Continuous	
	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Continuous	
	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Continuous	
	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually	
	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Continuous	
	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	
	DHCS APL	Implement Farsi as new threshold language	Update all vital documents, E-mails informing all staff	Health Educator, QI	Ongoing	3 Months after APL is released	
	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Promote a culturally competent health care and work environement for the SCFHP	28 CCR 1300.67.04(d)(9)	Bilingual staff completed language proficiency test	Log of staff that complete language proficiency test	Health Educator, QI, HR	Ongoing	Jul-20	
	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Sep-20	
	Exhibit A, Attachment 9,13.E	Health Plan activities to raise cultural awareness	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly	
	Exhibit A, Attachment 9,13.E	Implement All Staff Cultural Competency Training	Staff attestations	Health Educator, QI	Ongoing	Annually	
	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Continuous	
Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas		Health Educator, QI	Ongoing	Continuous	
	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency		Health Educator, QI	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN 2020

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Continuous	
	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	
	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Management to analyze languages spoken by contracted providers	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly	
	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly	
	Exhibit A, Attachment 9,13.F	Review Language Line Portal for appropriate turnarond times for translated materials.	Report from Langauge Line Translations Portal	Health Educator, QI	Ongoing	Continuous	

CULTURAL AND LINGUISTICS WORK PLAN-EVALUATION 2019

Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion	Completed
Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	Pg. 61, Exhibit A, Attachment 9 13.C.3 DHCS APL 17-002	GNA Update for DHCS	- See QI Work Plan for projects focusing on priorities areas	Health Educator, QI Dept.	Ongoing	Annually	Included in QI Work Plan
	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Continuous	Policies updated Q1 2019 and approved by QIC 4/10/19 Enrollee assessment implemented in Dec. 2019.
Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	2.9.7.4.	Distribute "Quick Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Continuous	Pending approval of Cultural Competency Toolkit.
	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Continuous	Ongoing
	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Continuous	Ongoing
	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Continuous	Ongoing
	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Continuous	Completed Q1 and Q2 2019.
		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually	Ongoing

Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Continuous	Ongoing
	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	Provided training for BH, LTSS, CM Managers in April 2019. Customer Services provided training for their team in April 2019. Provided training for member-facing teams in Dec. 2019
Promote a culturally competent health care and work environement for the SCFHP	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Continuous	Ongoing
	28 CCR 1300.67.04(d)(9)	Bilingual staff completed language proficiency test	Log of staff that complete language proficiency test	Health Educator, QI, HR	Ongoing	Continuous	Established a monitoring process in Oct. 2019. HR to implement annual testing starting July 2020.
	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Annually	Completed January 2019.

	Exhibit A, Attachment 9,13.E	Send All Staff Quarterly e-mail about various C&L topics	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly	Not completed
	Exhibit A, Attachment 9,13.E	Implement All Staff Cultural Competency Training	Staff attestations	Health Educator, QI	Ongoing	Annually	Completed September 2019.
Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Continuous	Participation in HECLW meetings and ICE calls in 2019
	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas		Health Educator, QI	Ongoing	Continuous	Developed process for logging alternate formats/langauge requests Q1/Q2 2019. Implemented pilot to determine volume of requests for alternate written language - Q2 2019.
	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency		Health Educator, QI	Ongoing	Continuous	Ongoing
	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Continuous	Ongoing

Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	Distributed desktop procedure to all Managers in Q2 2019. Training for member-facing teams Dec. 2019.
	2.17.5.9.4.	Monitor QNXT process for logging alternate language and format request monthly for 3 months	IT report	Health Educator, QI	Ongoing	Monthly	Pilot implemented for 1 month to determine volume of requests in Q2 2019.
	2.17.5.9.4.	Work with IT to update QNXT alternate language and format report	IT report	Health Educator, QI, IT	Ongoing	Apr-19	Completed Feb. 2019
	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Management to analyze languages spoken by contracted providers	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly	Ongoing
	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly	Ongoing
	Exhibit A, Attachment 9,13.F	Maintain log of all materials translaton request	Translation services log	Health Educator, QI	Ongoing	Continuous	Implemented Language Line Portal for translation requests to streamline process - Dec. 2019

Santa Clara Family Health Plan™

Provider Satisfaction Survey Assessment-MY2019

Prepared by: Carmen Switzer, Provider Network Access Manager

For review by the Quality Improvement Committee

February 12, 2020

INTRODUCTION

- Santa Clara Family Health Plan (SCFHP) contracted with Center for the Study of Services (CSS) to administer the MY2019 Provider Satisfaction Survey (PSS).

- The following provider types, groups/delegates were targeted to participate in the survey:

  - ❑ Direct (Individually Contracted Providers)
  - ❑ Palo Alto Medical Foundation (PAMF)
  - ❑ Physicians Medical Group (PMG)
  - ❑ Premier Care (PC)

  - ❑ Primary Care Providers (PCP)
  - ❑ Specialists (SPC)
  - ❑ Behavioral Health Providers (BH)

- Valley Health Plan (VHP) and Kaiser administer their own annual provider satisfaction surveys. VHP serves approximately 50% of SCFHPs members, therefore a summary of their PSS report is included in this presentation.

METHODOLOGY

- There were 3,545 providers in the SCFHP network to be surveyed using a fax-only methodology.
- To reduce the burden on offices where multiple providers share a single fax number, a sample was generated of all unique fax numbers (716) associated with providers in the SCFHP provider network.
- Each fax number was assigned a unique 8-digit identification number to track responses.
- The fax methodology consisted of four (4) fax waves:
  - ❑ Wave 1: July 11, 2019
  - ❑ Wave 2: July 17, 2019
  - ❑ Wave 3: July 23, 2019
  - ❑ Wave 4: July 29, 2019

GOALS AND OBJECTIVES

Goals:

- To ensure that SCFHP providers have a positive experience with health plan services.

Objectives:

- Measure provider experience (satisfaction) at least annually.
- Evaluate provider's satisfaction with performance measures.
- Identify any areas to improve contracted provider's experience with the health plan.
- Develop interventions as appropriate to address gaps in service.

Standards for Provider Satisfaction:

- Eighty percent (80%) of provider's will be satisfied (Q1-7 & 9)
- One hundred percent (100%) of provider's will be satisfied (Q8)

Provider Satisfaction Survey

SURVEY UPDATES - MY2018 vs MY2019

- **Interpreter Questions** -- SCFHP followed DMHC's updated guidelines to include interpreter questions on the Provider Satisfaction Survey in MY2019.

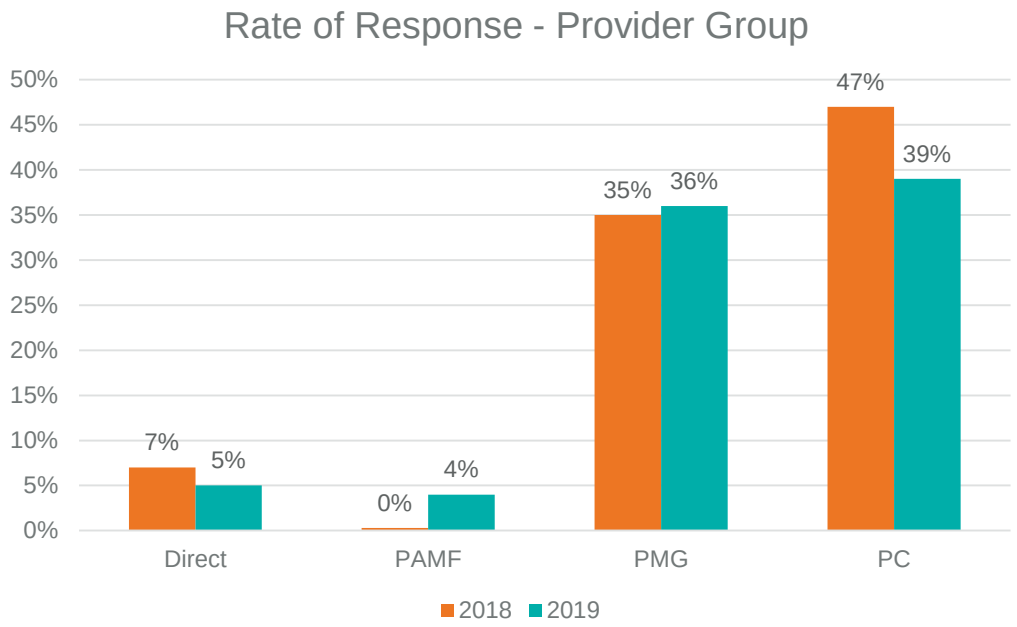
- **Not Applicable/No Experience** -- To ensure results are accurately presented, results as shown in the assessment do not include providers who responded with "not applicable/no experience". However, not applicable/no experience ratings were assessed and are noted throughout the report. This change was applied in 2019; therefore 2018 satisfaction ratings were adjusted accordingly to accurately report changes from previous year.

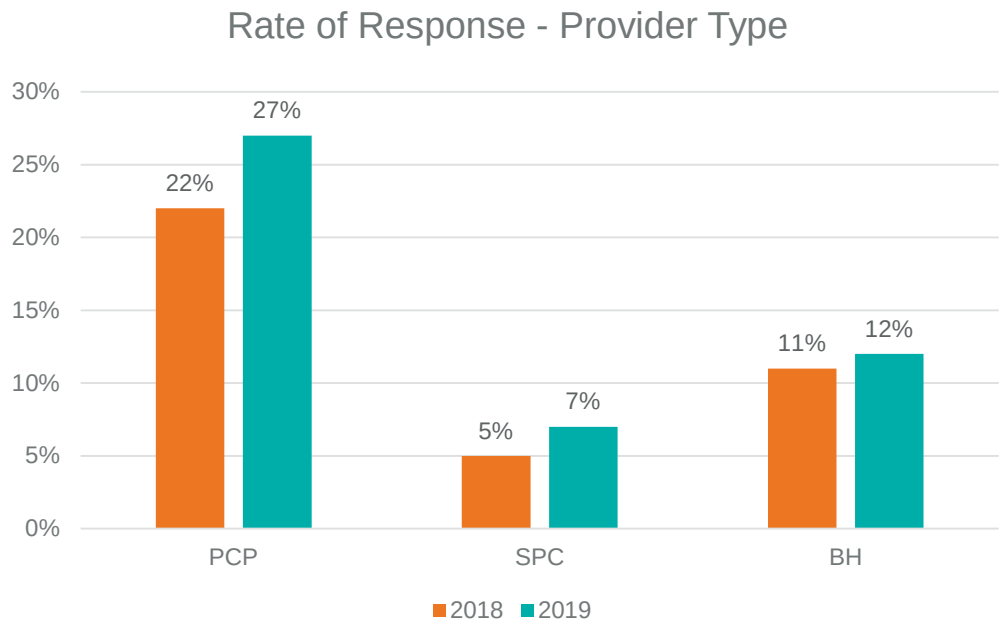
- Attachments include the survey instruments for 2018 and 2019:

Note: SCFHP uses one survey instrument to conduct the survey and a full census approach, which includes providers types and groups listed on slide 2. SCFHP acknowledges that to some extent the survey instrument may not be designed to reach meaningful conclusions. For example, some provider groups process most of their medical claims for the Medi-Cal line of business. Therefore, it is possible that some of those providers groups will rate satisfaction on claims processing and appeals that do not involve SCFHP operations.

Provider Satisfaction Survey

Rate of Response – 2 year comparison

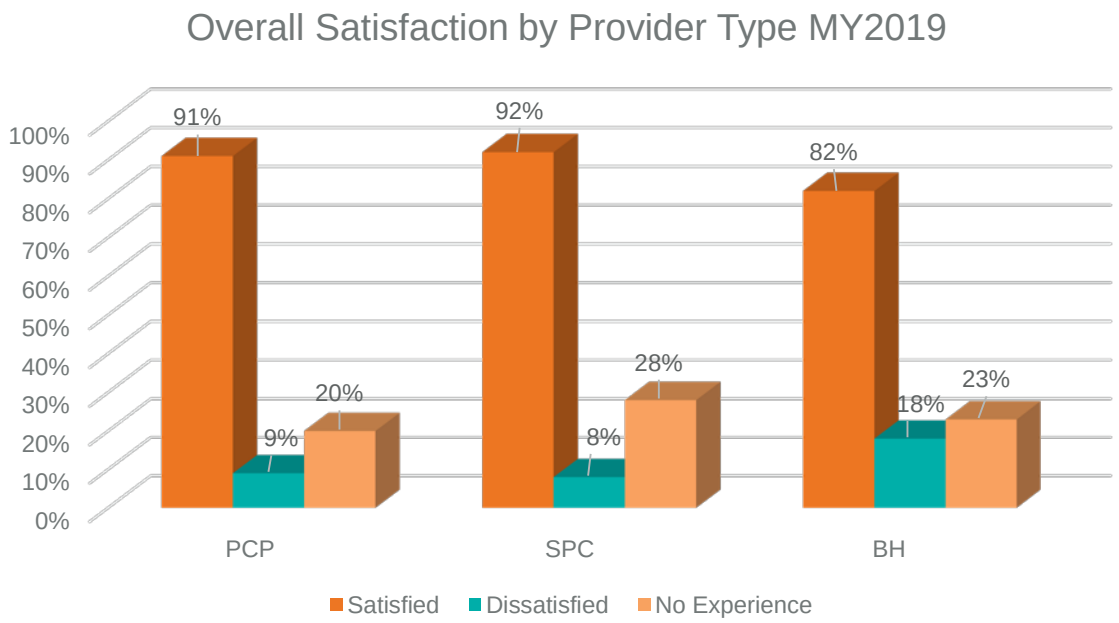


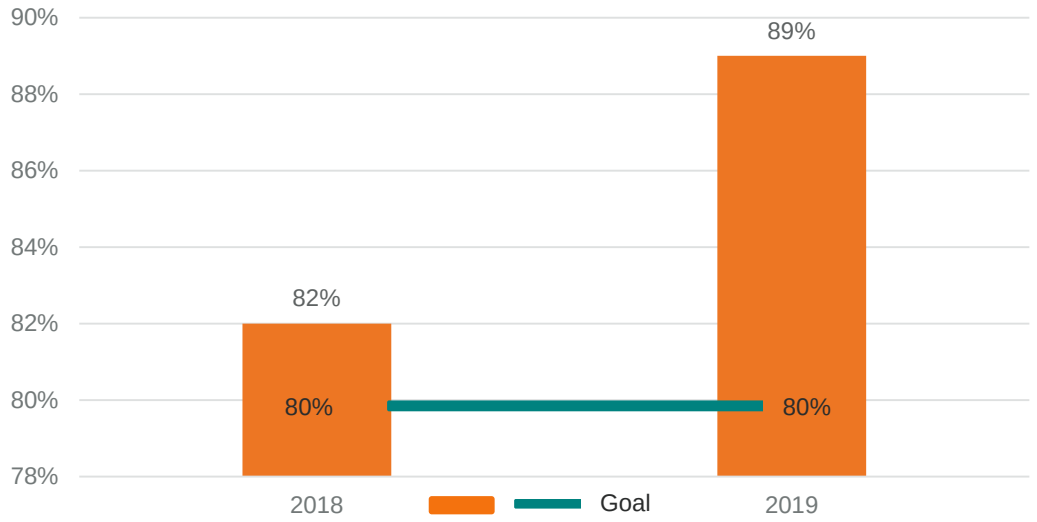


- With the exception of Direct providers, response rates in 2019 showed an increase across all groups and provider types.
- Premier Care (PC) participation increased from 39% to 47%.
- PAMF showed participation in 2019 at 4%.
- PCP participation increased from 22% to 27%.

Provider Satisfaction Survey

Overall Provider Satisfaction





- Specialist providers rated satisfaction the highest at 92%.
- PCP providers rated satisfaction at 91%.
- BH providers rated satisfaction at 82%.

- Overall satisfaction in MY2018 and MY2019 met and exceeded goal.
- The aggregated satisfaction rate across all provider types was met at 89%, which yields 9 percentage points above goal.

Provider Satisfaction Survey

Santa Clara Family Health Plan

RESULTS – All Respondents (PCP, SPC, BH)

Table I: Utilization Management

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q1a: timeliness of prior authorization process (N=248)	80%	Y	85%	15%	+2	8%
Q1b: timeliness of referral process (N=225)	80%	Y	94%	6%	+5	16%
Q1c: friendliness/helpfulness of UM staff (N=244)	80%	Y	95%	5%	+7	11%

- Provider satisfaction increased across all UM measures in 2019.
- SPC satisfaction rated the highest on measure Q1a-91%
- PCP satisfaction rated the highest on measures Q1b-97% and Q1c-99%.
- BH rated satisfaction the lowest on measure Q1a-81%.

Provider Satisfaction Survey

Santa Clara Family Health Plan

Table II: Claims

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q2a: timeliness of clean claims processing (N=209)	80%	N	77%	23%	+3	25%
Q2b: promptness to answer claims inquiries (N=206)	80%	Y	83%	17%	+4	25%
Q2c: timeliness/efficiency of dispute process (N=192)	80%	N	78%	22%	NA	34%

- While provider satisfaction did not meet goal on measures Q2a and Q2c, satisfaction increased by 3 percentage points and 4 percentage points in 2019.
- PCP's rated satisfaction the highest on all 3 measures Q2a-88%, Q2b-85% and Q2c-86%.
- BH rated satisfaction the lowest on measures Q2a & Q2c, and Specialists rated the lowest on measure Q2b.
- Measure Q2c is new in 2019; thus, there is no previous year (PY) data available.

Provider Satisfaction Survey

Table III: Appeals

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q3a: timeliness/efficiency of UM appeals process (N=176)	80%	N	72%	27%	-3	39%
Q3b: timeliness/efficiency of claims appeals process (N=172)	80%	N	72%	28%	-9	40%

- Results showed a decrease in provider satisfaction in 2019.
- Specialist providers rated satisfaction the highest on measures Q3a-86% and Q3b-87%.
- BH provider rated satisfaction the lowest on both measures.

Provider Satisfaction Survey

Santa Clara Family Health Plan

Table IV: Patient Timely Access

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q4a: urgent care (N=163)	80%	Y	97%	3%	+11	36%
Q4b: non-urgent primary care (N=168)	80%	Y	98%	2%	+7	35%
Q4c: non-urgent specialist care (N=206)	80%	Y	95%	6%	+5	25%
Q4d: non-urgent ancillary (N=173)	80%	Y	89%	11%	+10	33%
Q4e: non-urgent behavioral health (N=162)	80%	Y	87%	12%	+5	39%

- Provider satisfaction with patient access to care increased across all measures in 2019.
- All provider types rated satisfaction above goal on all measures.
- BH providers rated satisfaction the highest on measures Q4a-b at 100%, and the lowest on measures Q4c-92%, Q4d-84% and Q4e-83%.

Provider Satisfaction Survey

Santa Clara Family Health Plan

Table V: Customer Service

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q5a: ability to answer calls promptly (N=245)	80%	Y	91%	9%	+9	11%
Q5b. ability to resolve concerns/issues (N=243)	80%	Y	90%	10%	+7	11%
Q5c. friendliness/helpfulness of staff (N=243)	80%	Y	98%	2%	+10	11%

- Goal was met on all measures, and provider satisfaction with the CS team increased across all measures in 2019.
- BH rated the highest on measure Q5c-100%, and the lowest on measures Q5a-b at 84%.

Provider Satisfaction Survey

Santa Clara Family Health Plan

Table VI: Provider Relations

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q6a: ability to answer calls promptly (N=250)	80%	Y	93%	7%	+6	8%
Q6b. ability to resolve concerns/issues (N=248)	80%	Y	91%	9%	+7	9%
Q6c. friendliness/helpfulness of staff (N=246)	80%	Y	96%	4%	+8	9%

- Goal was met on all measures, and provider satisfaction with the PR team increased across all measures in 2019.
- PCP rated the highest on measure Q6c-99%, and BH rated the lowest on measures Q5a-b at 85%.

Provider Satisfaction Survey

Table VII: SCFHP Provider Network

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q7a: quality of SCFHP's provider network (N=242)	80%	Y	88%	12%	+8	8%
Q7b: availability of medical providers (N=223)	80%	Y	92%	8%	+8	19%
Q7c: availability of behavioral health providers (N=211)	80%	Y	81%	24%	+9	17%

- Goal was met on all measures and provider satisfaction with SCFHP's provider network increased across all measures in 2019.
- PCP rated satisfaction the lowest on measure Q7c at 73%, followed by BH at 74%.

Provider Satisfaction Survey

Santa Clara Family Health Plan

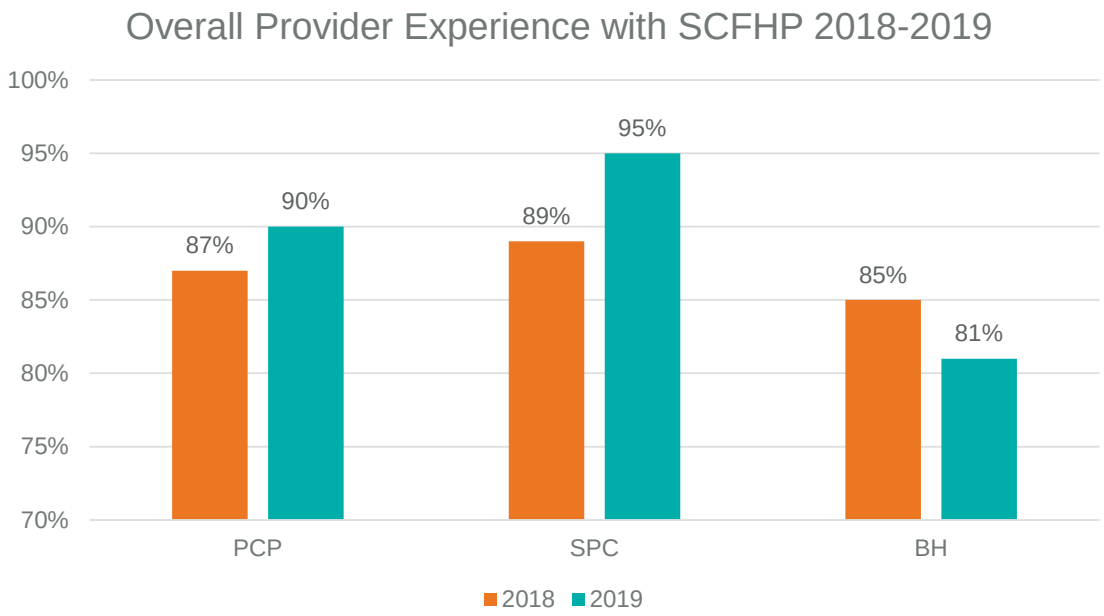
Table VIII: SCFHP's Language Assistance Program

Survey Question / # of Respondents	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Q8a: coordination of appointments (N=128)	100%	N	97%	3%	NA	47%
Q8b: availability of interpreters (N=125)	100%	N	97%	3%	NA	47%
Q8c: competency of interpreters (N=124)	100%	N	96%	4%	NA	48%

- This survey section is a new measure 2019; thus, there is no previous year (PY) data available.
- SPC rated satisfaction the lowest on measure Q8c-89%, and BH providers rated satisfaction in all measures at 100%.

Provider Satisfaction Survey

Table IX: Overall Experience with SCFHP - Comparison Chart (2018-2019)



Q9a: Overall experience with Santa Clara Family Health Plan.

- The total number of providers that answered question Q9a = 217 – 76%.
- Provider satisfaction with SCFHP services increased across all providers types in 2019 by 4 percentage points.
- Overall provider experience with SCFHP rated at 89%, dissatisfaction at 11%, and 4% responded with “not applicable/no experience”.

Conclusion

While the Plan is pleased that most measures met SCFHP's performance goals, and overall results indicate strengths in most operational areas, the survey results revealed a need for improvement in the following areas:

- Timeliness of clean claims processing
- Timeliness/efficiency of claims disputes
- Timeliness/efficiency of claims appeals
- Timeliness/efficiency of UM appeals
- Availability of Behavioral Health Providers

SCFHP department leadership and staff will collaborate internally on the areas above, and if operational issues are identified, a correction plan will be established.

SCFHP values its network providers and will continue to improve operations to satisfy and meet provider needs and expectations.

VHP Provider Satisfaction Survey

Valley Health Plan (VHP) contracted with Center for the Study of Services (CSS) to administer the MY2018 Provider Satisfaction Survey (PSS) and uses a similar methodology as SCFHP.

- Overall Performance Goal: 80%
- PCP Satisfaction with Auth/Ref: 70%

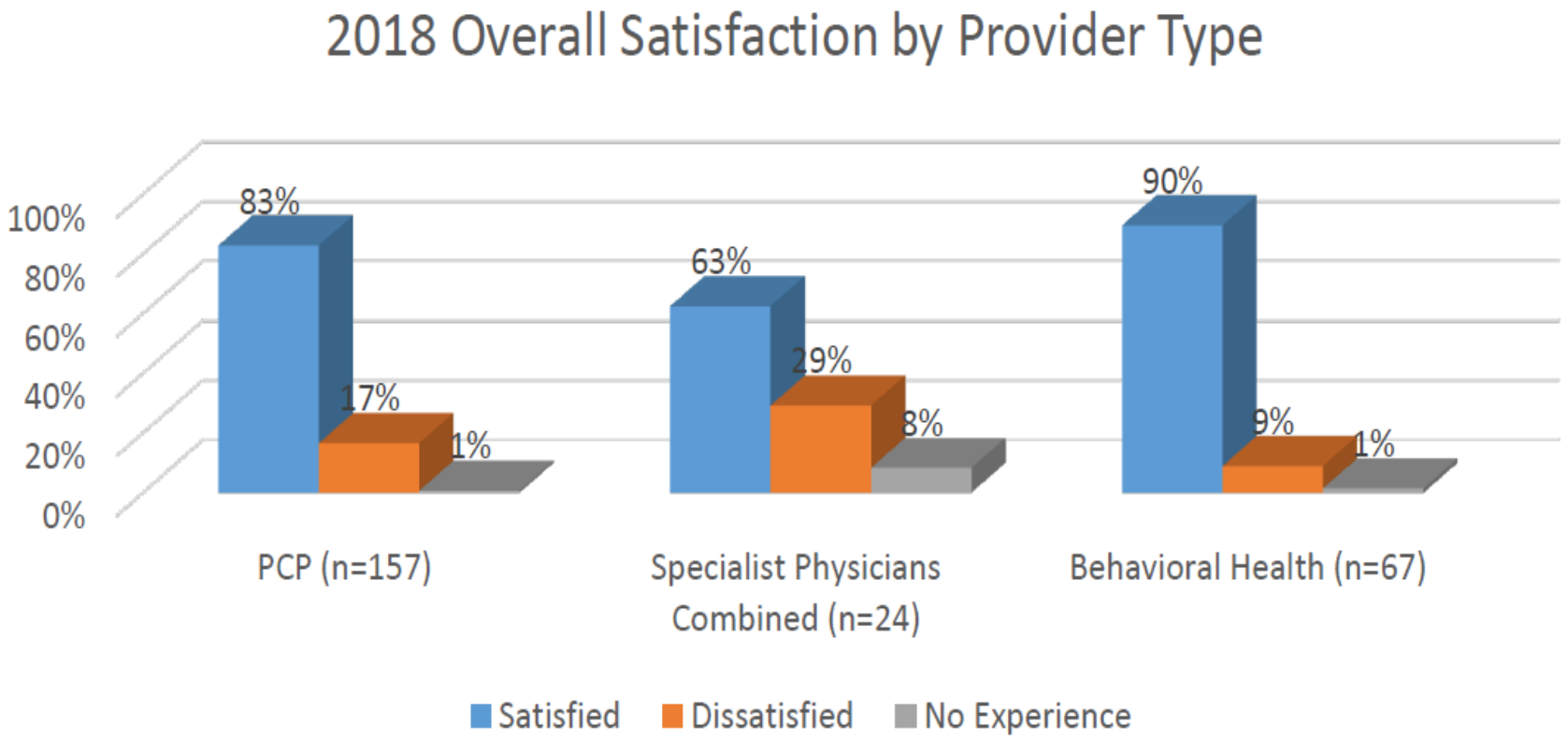
Response Rate:

- VHP reported that there are a total of 1,457 providers in their "database", all of which were targeted to participate in the survey.
- Total Surveys Completed = 253 (response rate at 26%)
  - PCP (N=162)
  - SPC (N=24)
  - BH (N=67)

Response Rate 2017/2018 Comparison:

Provider Type	2018	2017	Change
PCP	35%	18%	+17
SPC	9%	6%	+3
BH	26%	36%	-10

VHP Provider Satisfaction Survey



VHP Provider Satisfaction Survey

Rate Scores by departments w/ (2 years comparison)	Current 2018 253 Total Respondents (all provider type)			MY 2017			Satisfaction Rate Change from 2017
	Satisfied	Dissatisfied	No Experience	Satisfied	Dissatisfied	No Experience	↑↓
Utilization Management							
1a) Utilization Management Clarity (n=253)	63%	19%	18%	79%	3%	18%	↓
1b) Utilization Management Efficiency (n=248)	45%	17%	38%	100%	0%	0%	↓
Authorization Process/Treatment plan							
2a) Inpatient Authorization (n=250)	39%	7%	54%	31%	3%	66%	↑
2b) Outpatient Authorization (n=250)	70%	17%	13%	84%	3%	13%	↓
2c) Outpatient Treatment Plans (n=248)	61%	18%	21%	68%	3%	29%	↓
Complaints/Claims							
3a) Claims Processing (n=245)	60%	10%	29%	37%	43%	21%	↑
3b) Complaint Resolution (n=242)	51%	9%	40%	28%	25%	47%	↑
Health Education Materials							
4) Health Promotion and Patient Education (n=244)	43%	5%	52%	37%	7%	56%	↑

VHP Provider Satisfaction Survey

Rate Scores by departments w/ (2 years comparison)	Current 2018 253 Total Respondents (all provider type)			MY 2017			Satisfaction Rate Change from 2017
	Satisfied	Dissatisfied	No Experience	Satisfied	Dissatisfied	No Experience	↑↓
Customer Service Staff's							
5b) Customer Service- knowledge (n=251)	63%	12%	24%	68%	13%	19%	↓
5a) Customer Service- promptness (n=252)	64%	10%	26%	57%	24%	19%	↑
5c) Customer Service- get answers (n=251)	62%	12%	25%	56%	25%	19%	↑
Utilization Management Staff's							
6a) Utilization Management- promptness (n=251)	55%	22%	12%	81%	3%	16%	↓
6b) Utilization Management- knowledge (n=251)	60%	16%	25%	81%	3%	16%	↓
6c) Utilization Management- get answers (n=251)	57%	66%	25%	81%	3%	16%	↓
Provider Relations Staff's							
7a) Provider Relations- promptness (n=252)	60%	12%	29%	57%	29%	13%	↑
7b) Provider Relations- knowledge (n=252)	61%	10%	29%	60%	26%	13%	↑
7c) Provider Relations- get answers (n=252)	60%	10%	29%	57%	29%	13%	↑

VHP Provider Satisfaction Survey

VHP reported —

Provider satisfaction improved in the following areas:

- Inpatient Authorization
- Claims Processing, Complaint Resolution
- Health Provider and Patient Education
- Customer service-promptness and get answers
- Provider Relations- promptness, knowledge, and get answers

Opportunities for improvement remain in the following areas:

- Utilization Management
- Utilization Management Staffs
- Authorization Process/Treatment plan

VHP Provider Satisfaction Survey

VHP also reported the following:

Opportunities for Improvement:

- Upcoming measurement year will be focusing on working collaboratively with all operational departments to review and re-assess the survey questionnaires to ensure a well-designed tool is able to capture the data based on provider feedback and also serve as a tool for improving communication between providers and organization.

VHP Conclusion:

- VHP will focus on the functional area of dissatisfaction and will work collaboratively within department to improve the satisfaction experience from our providers.

- VHP values our providers and is adhered to creating the most positive provider satisfaction experience as much as possible. The intervention above will be the main focus for VHP to work on for MY 2019.

Santa Clara Family Health Plan™

Population Assessment 2020

Population Assessment Overview

- Comprehensive assessment of SCFHP's Cal MediConnect (CMC) population
  - Analyzes data from county and plan-specific resources
  - Takes into account key factors such as age, gender, ethnicity and social determinants of health
- Overall goal of the report is to identify the needs of the CMC population and use this information to strengthen existing interventions and identify other areas of improvement.

Assessment Data Sources

Health Plan Data Sources:

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Health Outcomes Survey(HOS)
- Health Risk Assessment (HRA)
- Member demographic and claims data

Other Data Sources:

- 2017 Cal Medi Connect Rapid Polling Project
- Healthy People 2020

CMC Member Demographics

- Over 9,663 members
  - Gender: 58% women, 42% men
  - Ethnicity: 38% Asians, 26% Hispanics, 17% Caucasians
  - Disability: 89% disabled
  - LTC: 3%
  - SMI:14%
  - LTSS: 29%

Social Determinants of Health(SDOH)

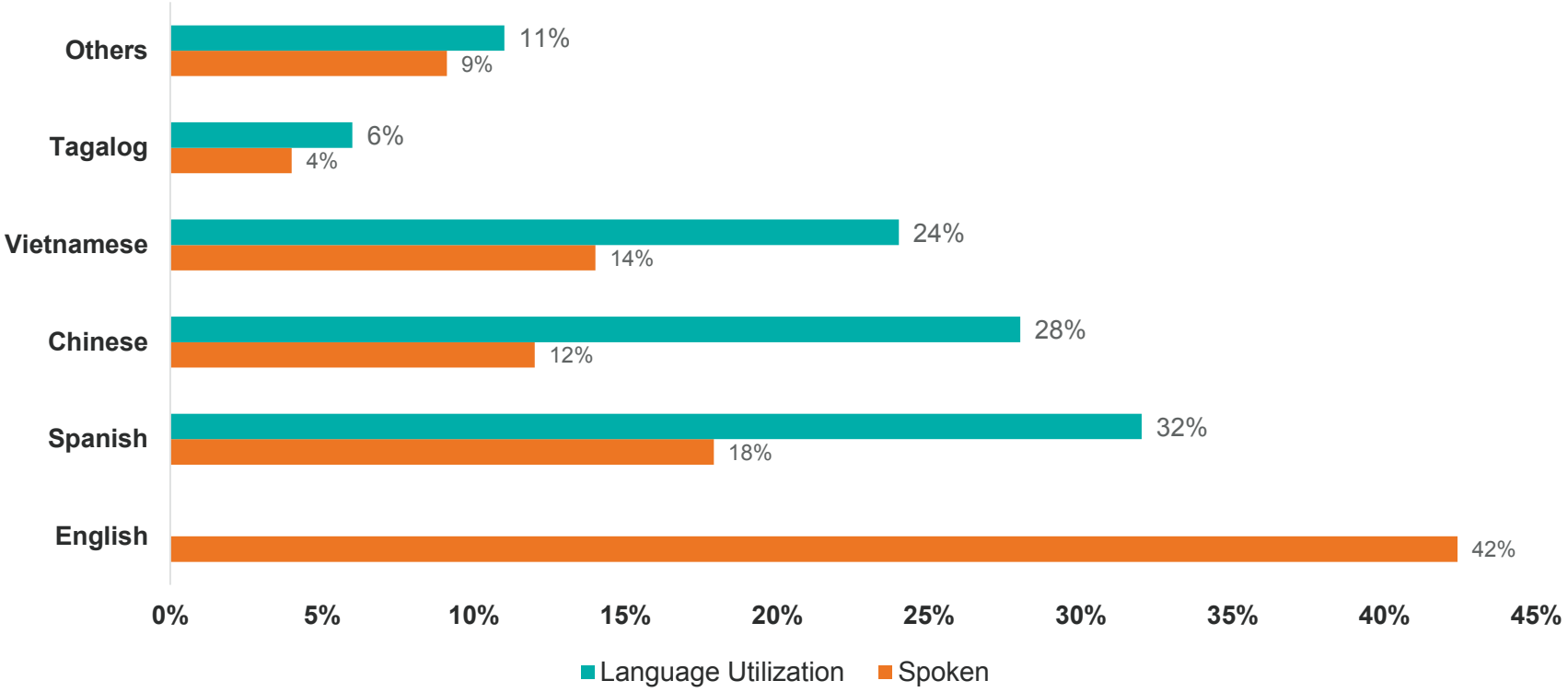
Opted to review SDOH outlined by Healthy People 2020

- Economic Stability
- Education
- Social & Community Context
- Health and Health Care
- Neighborhood and built environment

Health Risk Assessment- 2019

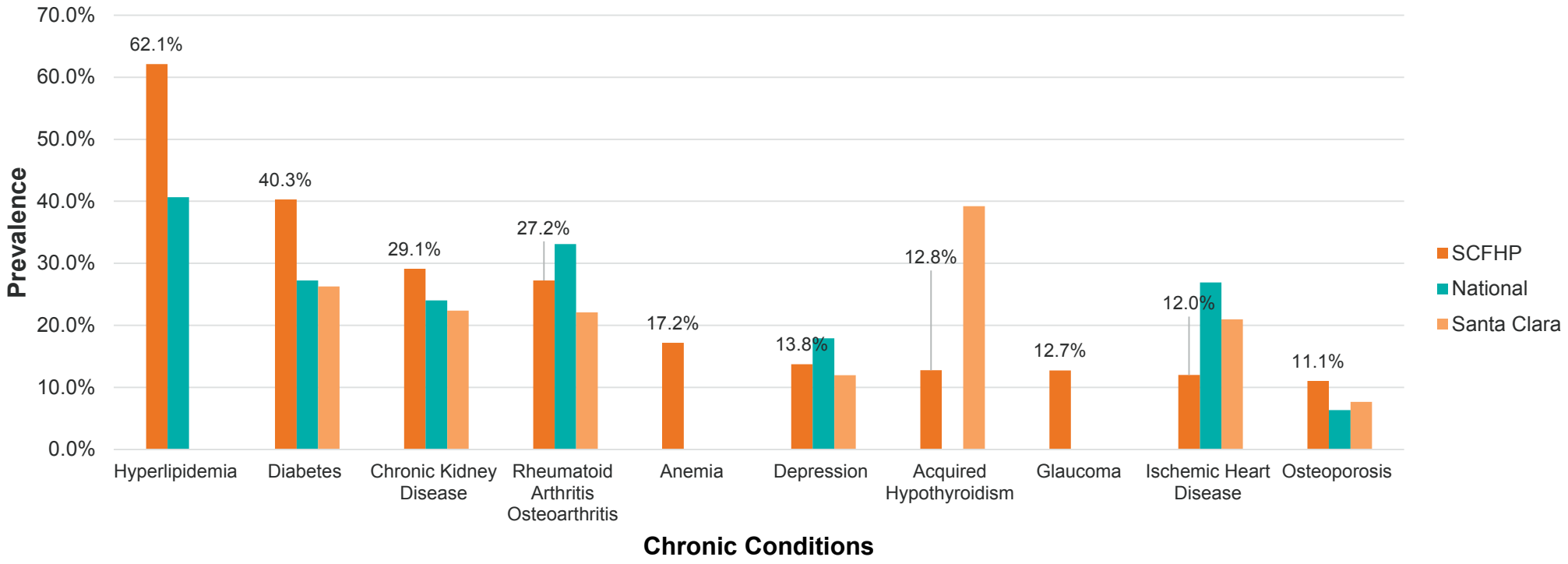
Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate
Respondents who run out of money to pay for food, rent, bills, or medicine	29.80%	9.00%	32.30%	32.40%
Respondents with problems writing checks or keeping track of money	22.80%	69.70%	37.90%	44.40%
Respondents without family members or others willing and able to help when needed	16.10%	15.70%	18.10%	16.40%
Respondents in need of a ride to see the doctor or friends	49.00%	80.60%	60.40%	80.60%
Respondents in need of assistance to see family or friends	40.10%	65.60%	49.50%	72.50%
Respondents who have no one to assist them if their primary caregiver is unavailable	39.80%	28.80%	39.40%	38.30%
Living alone	20.30%	18.10%	24.90%	27.90%

Languages Spoken vs. Utilization of Telephonic Interpreter Services



*Chinese includes Mandarin and Cantonese speakers

Health Status

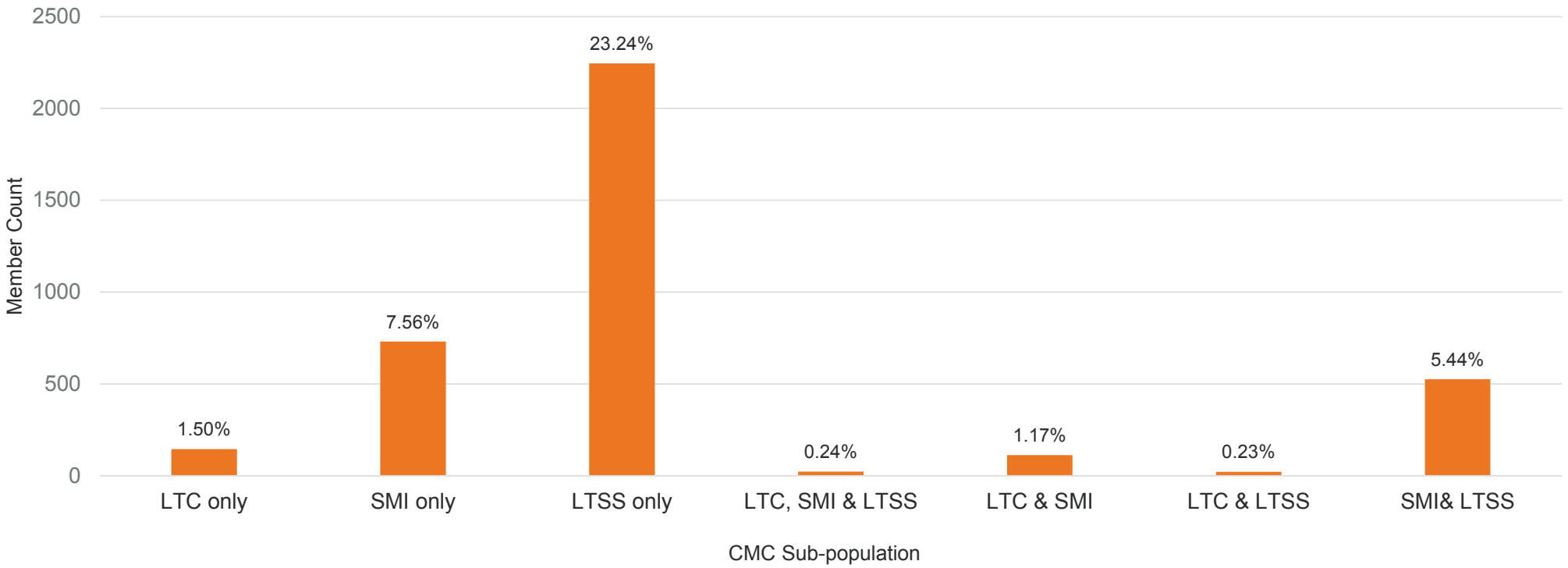


Santa Clara Family Health Plan

HEDIS Data 2019

Measure	Sub measure	SCFHP Rate/Score	2020 MPL
BCS: Breast Cancer Screening		63.2%	73.3%
COL: Colorectal Cancer Screening		51.3%	72.4%
CDC: Comprehensive Diabetes Care	Eye Exam	60.0%	74.1%
	HbA1c Testing	82.9%	94.4%
	Medical Attention for Nephropathy	88.4%	96.2%
OMW: Osteoporosis Management in Women Who Had a Fracture		29.4%	46.3%
MRP: Medication Reconciliation Post-Discharge		3.4%	54.0%
PBH: Persistence of Beta-Blocker Treatment After a Heart Attack		81.8%	90.4%
Pharmacotherapy Management of COPD Exacerbation		57.1%	71.4%
Statin Therapy for Patients with Cardiovascular Disease	Statin Adherence 80% - Total	55.9%	76.5%
Statin Therapy for Patients with Diabetes	Statin Adherence 80% - Total	41.0%	74.6%

Sub-populations



Subpopulations – Behavioral Health Diagnoses

Most Common Discharge Diagnosis from Inpatient Hospitalization

1. Sepsis, unspecified organism
2. Hypertensive heart disorder with heart failure
3. Acute kidney failure, unspecified
4. Hypertensive heart & chronic kidney disease with heart failure & stage 1-4, unspecified
5. Chronic obstructive pulmonary disorder with (acute) exacerbation
6. Schizoaffective disorder, bipolar type

Most Common Discharge Diagnosis from ER Visit

1. Chest pain, unspecified
2. Urinary tract infection, site not specified
3. Dizziness and giddiness
4. Unspecified abdominal pain
5. Other chest pain
6. Schizoaffective disorder, bipolar type

Areas of Need

- Improve connections with financial resources available to sub-populations
- Improve access to language services and promote health literacy
- Improve SDOH indicators such as education, employment and income
- Identify the contributing factors for ER and inpatient hospitalization for LTSS sub-population
- Improve post ER follow up care among SMI sub-population

2020 Clinical and Preventive Guidelines Update

Agency	Guideline	Update	Change
American College of Chest Physicians	Antithrombotic Guidelines	N	
National Institute of Health	Asthma Clinical Guidelines	N	
American Diabetes Association	Diabetes Clinical Guidelines	Y	updated to 2019 guidelines - add CME training
American College of Cardiology/American Heart Association	Hyperlipidemia Guidelines	N	
Joint National Committee Treatment of Hypertension [JNC 8]	Hypertension Clinical Guidelines	N	
Institute for Clinical Systems Improvement	Adult Depression Clinical Guidelines	N	
American Academy of Pediatrics	Childred and Adolescents with ADHD Guidelines	N	
American Academy Of Child and Adolescent Psychiatry Guidelines	Children and Adoelscents with Depressive Disorder Clinical Guidelines	N	
American Association of Family Physicians	Adult (22-64) Preventive Guidelines	N	
CDC's Advisory Committeee of Immunization Practices	Adult (22-64) Preventive Guidelines	N	
US Preventive Screening Health Services Task Force	Adult (22-64) Preventive Guidelines "A" and "B" Recommendations	N	
American Association of Pediatrics	Child and Adolescents (0 months to 21 years) Preventive Guidelines	N	
Child Health and Disability Prevention (CHDP)	Health Assessment Guidelines	N	
American Association of Family Physicians	Child and Adolescents (0 months to 21 years) Preventive Guidelines	N	
CDC's Advisory Committeee of Immunization Practices	Child and Adolescents (0 months to 21 years) Preventive Guidelines	N	
US Preventive Screening Health Services Task Force	Child and Adolescents (0 months to 21 years) Preventive Guidelines	N	
American College of Obstetricians and Gynecology	Prenatal Preventive Guidelines	N	
Child Health and Disability Prevention (CHDP) - CPSP	Prenatal Preventive Guidelines	N	
CDC's Advisory Committeee of Immunization Practices	Seniors (65+ Years) Preventive Guidelines	N	
US Preventive Screening Health Services Task Force	Seniors (65+ Years) Preventive Guidelines	N	
US Preventive Screening Health Services Task Force	Treating Tobacco Use and Dependence Guidelines - A and B Recommendations	N	

SCFHP Americans with Disabilities Act Workplan

SCFHP maintains a robust Americans with Disabilities Act (ADA) Workplan. The plan is comprised of different metrics measuring patient safety, access, health education, grievance monitoring, and delivery of preventive care

Domain	Measure	Reporting Frequency	Target Completion	Completed	Findings
Workplan	ADA Workplan is reviewed and evaluated on an annual basis	Annual	February 2020		
Responsible Party	Identify responsible individual for ADA Compliance	Annual	February 2020	February 2020	Director of Quality and Pharmacy has oversight for ADA Compliance.
Patient Safety	Number of Critical Incidents reported in an MLTSS Setting: CBAS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of Critical Incidents reported in an MLTSS Setting: LTSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of Critical Incidents reported in an MLTSS Setting: Nursing Home	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of Critical Incidents reported in an MLTSS Setting: IHSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Potential* Quality of Care Issues identified by: CBAS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		

Domain	Measure	Reporting Frequency	Target Completion	Completed	Findings
Patient Safety	Number of *Potential* Quality of Care Issues identified at: IHSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Potential* Quality of Care Issues identified at: LTSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Potential* Quality of Care Issues identified at: Nursing Home	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Validated* Quality of Care Issues identified by: CBAS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Validated* Quality of Care Issues identified by: LTSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Validated* Quality of Care Issues identified by: Nursing Home	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Number of *Validated* Quality of Care Issues identified by: IHSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	PAR Site Identification: Plan refreshes claims history to identify new high volume specialists and ancillary providers for review	Annual	1/31/2020	1/31/2020	
Access	Physical Accessibility Review: Number of LTSS sites reviewed	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		

Domain	Measure	Reporting Frequency	Target Completion	Completed	Findings
Access	Physical Accessibility Review: Number of CBAS sites reviewed	Quarterly (only required once every three years)			
Access	Number of referrals to: CBAS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	Number of referrals to: MSSP	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	Number of referrals to: Nursing Home	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	Number of referrals to: IHSS	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	Physical Accessibility Review: Number of High Volume Specialists	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Access	Physical Accessibility Review: Number of Ancillary sites reviewed	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Preventive Care	HEDIS: Care of Older Adults - Functional Status Assessment	Annual	6/30/2020		
Preventive Care	Medication Reconciliation Post-Discharge	Annual	6/30/2020		
Population Needs Assessment	Population Needs Assessment Report shared at: Consumer Advisory Committee Quality Improvement Committee	Annual	8/31/2020		

Domain	Measure	Reporting Frequency	Target Completion	Completed	Findings
Health Education	Plan monitors health education referrals for CMC members: Number of referrals from members who are also in CBAS, LTSS, IHSS or Nursing Homes	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Patient Safety	Plan monitors grievances for reasonable accommodations and access to services under ADA	Quarterly	3/31/2020 6/30/2020 9/30/2020 12/31/2020		
Workplan	Plan will identify issues within its system that require improvement to promote access and ADA compliance	Annual	12/31/2020		

Santa Clara Family Health Plan™

NCQA – Continuity and Coordination Between Medical Care and Behavioral Healthcare Analysis

Calendar Year 2018 Review

Overview

Overview of SCFHP's analysis of the continuity and coordination between medical and behavioral healthcare - National Committee for Quality Assurance (NCQA)

- Review of Factors:
  1. Exchange of information between behavioral and medical care
  2. Diagnosis, treatment and referral of behavioral disorders commonly seen in primary care
  3. Appropriate use of psychotropic medications
  4. Management of co-existing medical and behavioral disorders (Intervention completed)
  5. Prevention programs for behavioral health
  6. Special needs of members with severe and persistent mental illness (Intervention completed)

The analysis reviewed data for CY 2018 – this will serve as our baseline year for comparison.

Factor 1 – Exchange of Information

SCFHP collects data on the exchange of information between Behavioral Health Specialists and relevant medical delivery systems by conducting a medical record review.

- Reviewed medical records as requested through Santa Clara County Behavioral Health for CMC Members connected to county behavioral health services
- Review for timeliness: Did Behavioral Health Providers provide prescribed medication lists to Primary Care Physicians (PCPs) at minimum once per year, with updates provided within one month of a medication change?
- Goal: 80% of the total number of samples meet the timeliness standard.

Factor 1 – Exchange of Information

SCFHP collects data on the exchange of information between Behavioral Health Specialists and relevant medical delivery systems by conducting a medical record review.

- EMR for Members connected to VHC clinics for both PCP and BH services auto-passed as both providers have access to medication lists
- Barrier to complete data collection: SCCBH Department recently changed processes for data requests/information; the process was in progress through 2019.
- SCFHP did not receive the requested data in time & could not determine timeliness for 39 of our 60 Members (65%)
- We did not meet our goal at this time as Pass Rate = 35%. SCFHP to explore additional information requests through PCPs for next year review.
- We did not choose this Factor for implementation of an intervention at this time.

Factor 2 – Appropriate diagnosis, treatment, & referral of behavioral disorders commonly seen in primary care

The SCFHP looks at the results of the HEDIS measure Antidepressant Medication Management (AMM) to monitor that members with a behavioral health diagnosis of depression are being appropriately treated.

- Reviewed HEDIS AMM measure for CY 2018
- Goal: To maintain a rate in the HEDIS 75th percentile for both the Effective Acute Phase Treatment and Effective Continuation Phase Treatment measures.

CY 2018 RESULTS (Quantitative):
In CY 2018 our data shows:

- SCFHP scored in the 50th HEDIS percentile for the AMM Effective Acute Phase Rate. (132/187 = 70.6%)
- SCFHP scored in the 50th HEDIS percentile for the AMM Effective Continuation Phase. (110/187 = 58.8%)

Factor 2 – Appropriate diagnosis, treatment, & referral of behavioral disorders commonly seen in primary care

Rate Description	Mean	P10	P25	P50	P75	P90	Rate
AMM-Rate- Effect Acute Phase Treatment	70.02	60	64.63	70.2	75.26	79.94	70.59%
AMM-Rate- Effect Continuation Phase Treatment	55.22	43.89	49.1	54.63	60.94	67.87	58.82%
Eligible Population per 1000 MY	26.66	15.49	19.41	25.01	31.79	41.06	24.49

The suggested goal was to achieve 75th percentile for both rates. At this time, we did not meet either goal for the continuation phase nor for the acute phase.

For the Acute Phase, we were 5.08 percentage points behind the 75th percentile.
For the Continuation Phase, we were 6.31 percentage points behind the 75th percentile.

We did not meet our goal at this time. We did not choose this Factor for the implementation of an intervention at this time.

Factor 3 – Appropriate Use of Psychotropic Medications

The SCFHP collects data on Behavioral Health and Primary Care Practitioner adherence to prescribing guidelines concerning antidepressant medication prescriptions.

Two main avenues for obtaining antidepressant medications:

- Behavioral Health Provider/Psychiatrist prescription (typically as connected through the county mental health system)
- Access through Primary Care/Internal Medicine Doctor prescription.

There are a limited number of psychiatrists available to members throughout the county, many only available through SCCBH Department assignment.
Primary Care Practitioner (PCP) comfort in using their medical credentials to prescribe antidepressants is a consideration to be addressed.

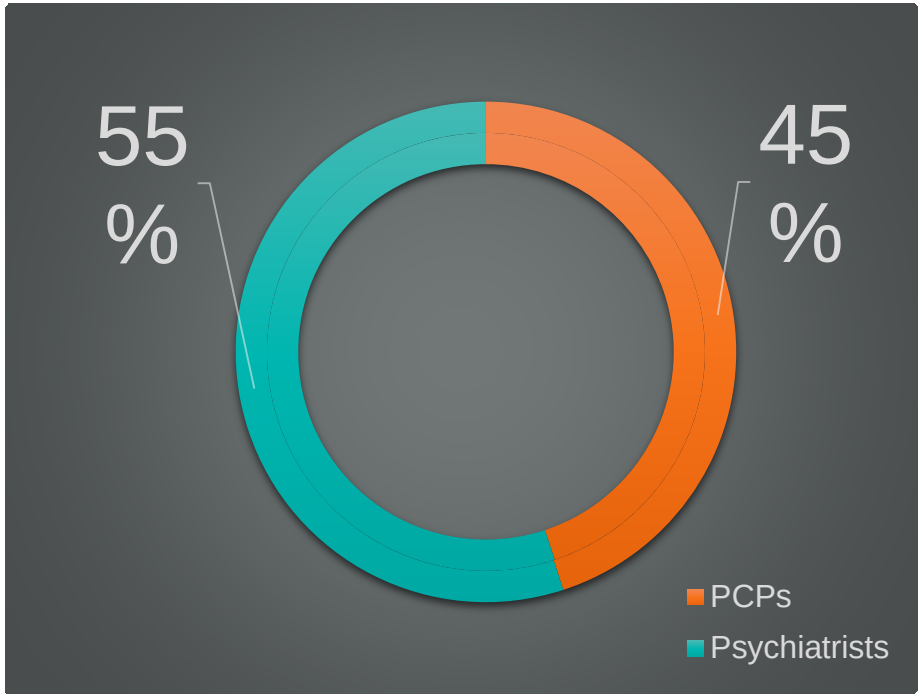
Goal:

To have 75% of antidepressant medication prescriptions through Primary Care Practitioners (PCP) and 25% of antidepressant medication prescriptions through Behavioral Health Providers/Psychiatrists in CY 2018.

Factor 3 – Appropriate Use of Psychotropic Medications

RESULTS:
Of the total number of antidepressant medications prescribed (N = 2596):

- 45% were prescribed by Primary Care Physicians
- 55% were prescribed by Psychiatrists



CY 2018 Data

Of the Total Number of individual prescriptions (N = 2596)

- 1430 were prescribed by psychiatrists
- 1166 were prescribed by PCPs (Internal Medicine, Family Practice, General Practice, Geriatric Medicine)
- Of the total, 262 were prescribed by other types of medical professional (e.g. Neurologists, Cardiologists, Urologists, etc).

For the purposes of analyses we will not include practitioners which do not fit into the PCP or Psychiatrist categories.

N = 1430 + 1166 = 2596.

PCPs prescribing antidepressants for M2M (Mild to Moderate) Members = 45%

(Total Number of PCP antidepressant prescriptions / total number of prescriptions for antidepressant medications = 1166 / 2596 = 45%)

Psychiatrists prescribing antidepressants for M2M (Mild to Moderate) Members = 55%

(Total Number of Psychiatrist antidepressant prescriptions / total number of prescriptions for antidepressant medications = 1430 / 2596 = 55%)

Factor 3 – Appropriate Use of Psychotropic Medications

We did not meet our goal (75% prescriptions for antidepressants through PCP and 25% through Psychiatrists). We chose not to implement an intervention for this factor at this time, but will modify our goal moving forward to:

Our suggested goal to pursue is:
To increase the ratio of Primary Care Practitioner (PCP) antidepressant medication prescriptions by 5 percentage points in CY 2019 compared to antidepressant medication prescribed by Behavioral Health Specialists/Psychiatrists.

Of the scripts written, there were *348 unique PCPs* identified and *98 unique BH Practitioners* identified.

It should be noted that access to medications through Psychiatrists is largely limited by county assignment and community organization availability; many psychiatrists through the County are connected to specific organizations, many of which serving Members with Severe Mental Illness as opposed to Mild to Moderate illnesses. Members going to see PCPs for medications may likely to be seen and receive a script more promptly.

Factor 4 – Management of treatment access and follow-up for members with coexisting medical and behavioral health disorders

The SCFHP collects data on Members identified as having dual diagnoses of Schizophrenia as well as Diabetes Mellitus II (DM2).

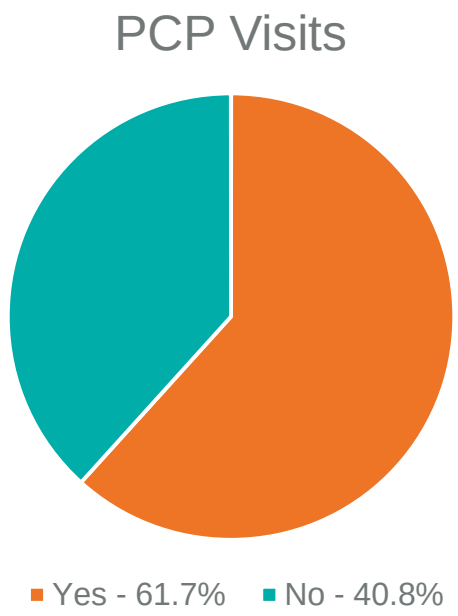
Goal:
Of our unique CMC members with diagnoses of Schizophrenia and Diabetes Mellitus II, 75% will have had at minimum one visit with their Primary Care Provider within the Calendar Year 2018.

Total number of Members with diagnoses of Schizophrenia and Diabetes Mellitus Type II were identified through claims data in Calendar Year 2018
(N = 94).

Of these Members, 58 were identified as having had a Primary Care Practitioner (PCP) annual visit (61.7%) and 36 were identified as not having has a Primary Care Practitioner (PCP) visit (38.3%)

The goal of 75% was not met by 13.3 percentage points.

The next slide reviews our intervention to address this factor.



Factor 4 – Management of treatment access and follow-up for members with coexisting medical and behavioral health disorders

Barrier	Opportunity	Intervention	Selected for 2019?	Date Initiated
Members of this subpopulation may not prioritize health care/annual PCP visits. (Deficit of Knowledge)	Provide outreach and education to remind all Members of the importance of Health Care provider follow up appointments	3 outgoing calls to connect with Member and remind to: Schedule PCP Annual Wellness exam + Have A1c blood testing completed	N	n/a
Communication between PCP and Psychiatrists often limited due to consent forms and misunderstanding of HIPPA	Member education regarding benefits of permitting certain data to be shared across multiple providers	Article within SCFHP Newsletter stating importance and benefits of signing a release of information to allow sharing of medical record information between member providers	N	n/a
Many Members diagnosed with SMI meet with BH Providers more often than PCP or Specialists – lack of BH Provider awareness to necessary medical care	Information to Member and Providers to educate on need for DM2 follow up and potential medication influence on blood sugar (medical discussion)	Letter to BH and PCP Providers to Promote overall Health of Members – encourage Member to have follow up completed	Y	12/2019

- Workgroup to review Barriers and Discuss Interventions was conducted 10/2019

- An intervention to increase Provider awareness to support Members who are remiss in completing health care treatment recommendations was implemented December 2019; secure fax (using Right Fax) to each Member's Behavioral Health Provider as well as established PCP to promote outreach to Member for completing A1C testing for the monitoring of Diabetes Mellitus Type II.

The SCFHP benefit of case management and care coordination was mentioned as part of the A1C testing reminder memo, along with a phone number to CMC Customer Service to promote connection of Members with additional support.

Factor 5 – Secondary preventative behavioral healthcare program implementation (background/quick review)

The SCFHP collects data on Members identified as having a diagnosis of depression and/or depressive symptoms for the purpose of follow up regarding necessary interventions.

Data pulled from the Health Plans annual Health Risk Assessment (HRA) identified Members who have self-reported a diagnosis of depression and/or depressive symptoms as present within the previous CY 2018.

Rationale for Program:
In the US, Major Depression affects 6.7% of the Adult population, or more than 16 million people per year [1]. Within Santa Clara County, the average of those diagnosed with depression is 14% [2].

The program is based on data collected on PHQ-9 assessments completed CY 2018. The Health Plan identified the need for PHQ-9 (Patient Health Questionnaire) assessment completion and score based care considerations / follow up care monitoring.

[1] Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[2] Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey (Use through 2016 - survey conducted every 3-4 years)

Factor 5 – Secondary preventative behavioral healthcare program implementation

Goal:
For 80-100% of CMC Members with a depression indicator found within the HRA to be provided with a PHQ-9 assessment to help identify/direct options for symptom management;

Need being addressed:
- Identify who is experiencing depressive symptoms via Health Risk Assessment responses,
- Use of a reliable, valid and empirically tested tool (PHQ-9) to identify severity of symptoms,
- PHQ-9 Score communication to PCP and BH Provider (if Member is connected)
- Triage resources and referrals to connect Member to supportive treatment, &
- Reassessment opportunity offered to Members (6 month follow up) to verify intervention effectiveness and potential modifications/opportunities for improvement.

Clinician completes PHQ-9 and reviews scoring.
Score of:
- 10-14 Mild/Moderate Depression (Recommend: PCP for antidepressant + therapy)
- 15-19 Moderate/Severe Depression (Recommend: PCP for antidepressant + therapy)
- 20-27 Severe Depression (Recommend: PCP for antidepressant + therapy + complete mini Suicide questionnaire)

Watch for any signs/symptoms which may indicate Severe Mental Illness as well as depression; likely referral needed for County to assess for SMH treatment (psychiatry and case management provided through county/community based organizations)

Factor 5 – Secondary preventative behavioral healthcare program implementation

Within Calendar Year 2018:
- 4376 Unique Members had identified symptoms and/or a diagnosis of Depression on their Health Risk Assessment.

Of the 4376 Members, 328 Members had been offered to complete a PHQ-9:
- 142 Members declined to complete the assessment (43%)
- 186 Members agreed to complete the assessment (57%)

PHQ-9 offer rate for the overall population = 7.5% (328/4376)
PHQ-9 completion rate for offered = 57% (186/328)

Our goal was to have 80-100% of the unique Member population to have completed a PHQ-9; the total number of outreach for surveys is low (7.5%) and for PHQ-9 completion does not quite meet our goal (57%).

Two areas of improvement identified include:
- Increased outreach and offering of PHQ-9 to Members (staff interventions/trainings – increase outreach)
- Increased education of completing PHQ-9 Questionnaire and treatment options (member interventions – increase)

We did not meet our goal at this time. We did not choose to complete an official intervention for this Factor this year (trainings ongoing).

Factor 6 – Special needs of members with severe and persistent mental illness

The Santa Clara Family Health Plan (SCFHP) collects data based originally on the parameters of the HEDIS measure Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC); to increase number of Members addressed, increased the Severe Mental Illness diagnoses in our data pull.

Initial data showed a low total population for this data pull (N = 4) which is very low, thus for this factor we have expanded the HEDIS measure to include other Severe Mental Illness (SMI) diagnoses, including:

- Schizophrenia
- Schizoaffective Disorders
- Bipolar Disorders
- Unspecified Psychosis

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia: Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

After modifying the parameter, our population for this measure increased from 4 to 31 Members.

Factor 6 – Special needs of members with severe and persistent mental illness

Our suggested goal: to have 75% of Members completing follow-up treatment care with their providers.

RESULTS:

- Total Number of Members with SMI (as defined) and ICD-10 code indicating Cardiovascular Disease, N = 31.

- Of the 31 Members, 25.8% followed up for Cardiovascular care with their Provider in 2017.

The suggested goal was to achieve 75% follow-up treatment care as evidence by completion of LDL-C lab. The Santa Clara Family Health Plan did not meet this goal by 49.2 percentage points.

An intervention was completed to promote engagement in care considerations for this population.

Factor 6 – Special needs of members with severe and persistent mental illness

Barrier	Opportunity	Intervention	Selected for 2019?	Date Initiated
Many Members diagnosed with SMI meet with BH Providers more often than PCP or Specialists – lack of BH Provider awareness to necessary medical care	Letter to BH and PCP Providers to Promote overall Health of Members – encourage Member to have medical follow up completed	Fax letter to providers (BH & PCP) for medical follow up need (LDL-C lab order)	N	n/a
Lack of support – Member may have forgotten to follow up and complete necessary follow up for medical conditions	Notify Members of identified need (3 outbound calls to Members)	Notify Members of identified need (3 outbound calls to Members)	Y	10/2019

It was suggested within the BH Workgroup that many members with severe mental Illnesses may lack support for follow up treatment recommendations regarding their own medical care.

An intervention to increase Member support to complete LDL-C testing for Cardiovascular Health was implemented October 2019.

Three outbound calls were completed for the identified CMC Members to encourage them to connect with their PCP to complete LDL-C testing for Cardiovascular health monitoring and treatment recommendations. Assistance in completing this task was offered to Members who were reachable via telephone calls.

Santa Clara Family Health Plan™

Questions?

Contact Tiffany Franke, Behavioral Health Lead at tfranke@scfhp.com or Mansur Zahir, Process Improvement Project Manager at MZahir@scfhp.com

POLICY

Policy Title:	**Potential Quality of Care Issue (PQI)**	**Policy No.:**	QI.05
Replaces Policy Title (if applicable):	Potential Quality of Care Issues	**Replaces Policy No. (if applicable):**	QM002_02
Issuing Department:	Quality Improvement	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To define Santa Clara Family Health Plan's (SCFHP) policy to identify, address, and respond to Potential Quality of Care Issues (PQO).

II. Policy

Santa Clara Family Health Plan (SCFHP) monitors, evaluates, and takes actions to support the quality of care and services delivered to members. The plan identifies and addresses PQI's in order to address potential safety concerns and improve member outcomes.

Potential Quality of Care issues are considered for all providers and provider types such as individual practitioners, medical groups and facilities. All service types, such as preventive care, primary care, specialty care, emergency care, transportation and ancillary services are considered and subject to disciplinary action. Availability of care, including case management for the Seniors and Persons with Disabilities (SPD) population, continuity of care, and coordination of care are also considered. The Plan monitors and analyzes data to determine if services meet professionally recognized standards of practice. Any grievance or PQI referral that involves quality of care or potential adverse outcome to a member is referred to a Medical Director.

III. Responsibilities

PQIs may initially be identified by providers, members, and multiple departments within the plan: Health Services, Customer Service, Appeals and Grievances, Credentialing, Provider Services, Compliance, IT, QI, or Claims. All areas are responsible for reporting PQIs to the QI department.

IV. References

California Code and Regulations:

1. 28 CCR 1300.68(a)(e)
2. 28 CCR 1300.70(b)(2)(1)(2)
3. 28 CCR 1300.70(a)(1)
4. 28 CCR 1300.70(b)(2)(C) through (E)

California Health and Safety Code section 1367.1

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Laurie Nakahira, D.O.
Name Director, Quality and Process Improvement	Name Chief Medical Officer
Title 02/13/2019	Title 02/13/2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve 5/10/2016	
V1	Reviewed	Quality Improvement	Approve 5/10/2017	
V1	Reviewed	Quality Improvement	Approve 6/6/2018	
V1	Reviewed	Quality Improvement	Approve 2/13/2019	
V2	Revised	Quality Improvement		

POLICY

Policy Title:	**Physical Access Compliance**	**Policy No.:**	QI.07
Replaces Policy Title (if applicable):	Physical Access Compliance Policy	**Replaces Policy No. (if applicable):**	QM107
Issuing Department:	Quality Improvement	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To define the process Santa Clara Family Health Plan (SCFHP) follows to monitor ADA requirements are assessed and compliance is maintained at practice sites for Primary Care Practices, high volume specialists, Community-Based Adult Services (CBAS), and ancillary practices.

II. Policy

SCFHP conducts a physical accessibility review at every contracted Primary Care Physician (PCP) office, defined high volume specialist, CBAS, and ancillary practice site listed in the Plan's provider directory.

SCFHP drives corrective actions when needed, and monitor the results of the physical assessment review which are made available to SCFHP members following the Department of Healthcare Services (DHCS) requirements.

III. Responsibilities

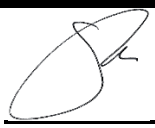
SCFHP Quality Improvement Department (QI) performs site reviews and reports to the Quality Improvement Committee (QIC). Complaints regarding related office accessibility issues are reported by QI to PR/Credentialing as appropriate. Customer Service/IT reports track/trend provider access complaints.

IV. References

1. Access to Medical Care for Individuals with Mobility Disabilities, July 2010, U.S. Department of Justice, Civil Rights Division, Disability Rights Section
2. DPL14-005 – Facility Site Reviews/Physical Accessibility Reviews
3. APL15-023 – Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers
4. PL 12-006 - Revised Facility Site Review Tool
5. Two questions in the FSR Attachment C were drawn from Title 24, Part 2 of the California Building Standards Code. These are 1133B.4.4 – Striping for the visually impaired (Rev.1-1-2009), and 1115B-1 – Bathing and Toilet Facilities, placement of toilet paper dispensers. These standards can be found in:
6. 2009 California Building Standards Code with California Errata and Amendments
7. State of California, Department of General Services, Division of the State Architect. Updated April 27, 2010
8. DHCS/SCFHP Contract:
   Exhibit A, Attachment 4 - QUALITY IMPROVEMENT SYSTEM
9. Quality Improvement Committee
10. Quality Improvement Annual Report
11. Site Review
12. Exhibit A, Attachment 7 – PROVIDER RELATIONS
13. Provider Training
14. Exhibit A, Attachment 9 – ACCESS AND AVAILABILITY

15. Access for Disabled Members

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Laurie Nakahira, D.O.
Name Director, Quality and Process Improvement	Name Chief Medical Officer
Title 02/13/2019	Title 02/13/2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve 11/9/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 02/13/2019	
V1	Review	Quality Improvement		

POLICY

Policy Title:	**Initial Health Assessments (IHA) and Staying Healthy Assessment (SHA)**	**Policy No.:**	QI.10
Replaces Policy Title (if applicable):	Quality Improvement	**Replaces Policy No. (if applicable):**	HE004 05
Issuing Department:	Quality Improvement	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

The purpose of this policy is to describe the required completion of the Initial Health Assessments (IHA) and the Staying Healthy Assessment (SHA) by contracted providers.

To define the process that Santa Clara Family Health Plan (SCFHP) will oversee the completion of IHAs and SHAs.

II. Policy

A. It is the policy of SCFHP to support the contracted network in the use and administration of the SHA to all Medi-Cal members as part of the IHA and to periodically re-administer the SHA according to contract requirements in a timely manner.

B. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) contractual requirements for an IHA and a SHA to be performed within 120 days of a member's enrollment in SCFHP and that the subsequent SHA is re-administered at appropriate age intervals.

III. Responsibilities

The Quality Improvement Department is responsible for monitoring compliance of the policy and to collaborate with the Health Education and Provider Services department to train/educate providers on IHA/SHA requirements.

IV. References

1. MMCD Policy Letter 13-001, DHCS Contract Exhibit A Attachment 10, Provisions 3, 4, 5 A and B, and 6. MMCD Policy Letter 08-003: Initial Comprehensive Health Assessment
2. Staying Healthy Assessment Questionnaires and Counseling and Resource Guide
3. American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care
4. Web site for SHA Questionnaires and Resources: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Laurie Nakahira, D.O.
Name Director, Quality and Process Improvement	Name Chief Medical Officer
Title 02/13/2019	Title 02/13/2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve 08/10/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 02/13/2019	
V1	Review	Quality Improvement		

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 12/20/2019

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	54	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	NA	
Number practitioners recredentialed within 36-month timeline	NA	
% recredentialed timely	NA	NA
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 11/30/2019	281	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1627	1559	793	810	408	139

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Actions Taken

1. All current network practitioners were monitored on an ongoing basis for licensing issues, sanctions, validated quality of care issues and opt-out exclusion. - # currently credentialed practitioner or provider had an identified issue on any of the exclusion lists or licensing boards.
2. Staff education conducted regarding the recredentialing of practitioners within the required 36-month timeframe. Procedure review of mailing pre-populated recredentialing applications six months prior to due date reviewed.

Outcomes & Re-measurement

Weekly re-measurement will be conducted on recredentialing applications to measure compliance

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, October 16, 2019, 6:30 PM - 8:00 PM
Santa Clara Family Health Plan, Redwood Conference Room
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Ali Alkoraishi, MD, Psychiatry Specialist
Dung Van Cai, MD, OB/GYN Specialist
Ngon Hoang Dinh, DO, Head & Neck Surgery
Jimmy Lin, MD, Internal Medicine, Chairperson
Habib Tobbagi, MD, PCP, Nephrology Specialist
Indira Vemuri, Pediatric Specialist

Staff Present
Lily Boris, MD, Medical Director
Angela Chen, Manager, Utilization Management
Dang Huynh, Director, Pharmacy
Natalie McKelvey, Manager, Behavioral Health
Amy O'Brien, Administrative Assistant
Luis Perez, Supervisor, Utilization Management
Divya Shah, Health Educator

Members Absent
Laurie Nakahira, DO, Chief Medical Officer

Staff Absent
Christine Tomcala, CEO

1. Introduction

Dr. Jimmy Lin, Chair, called the meeting to order at 6:33 pm. Roll call was taken and a quorum was established. Absent this evening were Laurie Nakahira, DO, Chief Medical Officer and Christine Tomcala, CEO.

Dr. Boris introduced Angela Chen, Manager of Utilization Management as a new member of the Committee. Dr. Boris also introduced Divya Shah, Health Educator, and Dang Huynh, Director of Pharmacy as guest speakers for this evening.

2. Review and Approval Meeting Minutes

The Minutes of the July 17, 2019 Utilization Management Committee meeting were reviewed.

> It was **moved, seconded, and** the Minutes of the July 17, 2019 Utilization Management Committee meeting were **unanimously approved.**

3. Public Comment

There were no public comments.

4. CEO Update

There was no CEO update, as Ms. Tomcala was absent this evening.

5. CMO Update

Dr. Boris gave the following CMO update on behalf of Dr. Nakahira:

a. General Update

Dr. Boris advised SCFHP has been in active participation with California Home Medical Equipment (CHME), and their contract with SCFHP will be terminated, effective December 31, 2019. SCFHP has been transitioning their services. A list of vendors will be uploaded to the website. Dr. Boris advised if there are specific Members that are of concern while the Plan transitions through this process, SCFHP will ensure our UM team reaches out to them. SCFHP has identified all the Members in need of vent and oxygen supplies, and enteral supplies, and most of those Members have already been transitioned to other vendors. Dr. Boris stated the biggest item will probably be in regards to DME repairs.

Dr. Vemuri expressed concerns specific to conflicting information between Shield and CHME. Dr. Boris confirmed SCFHP is using Shield at the present time, and, in an effort to make it seamless for Providers and patients, SCFHP has been transitioning members to Shield. Dr. Boris requested Dr. Vemuri forward her any cases where conflicts in services have occurred, and she is happy to follow-up on those cases.

As of October 1, 2019, Healthy Kids transitioned to Medi-Cal. At present, there are only 2 remaining Members in the Healthy Kids program. For those 2 Members, SCFHP is continuing coverage through the end of December 2019.

b. Update – Completion of CMS IVA Audit

SCFHP finished their audits with their regulators. One report is pending. The CMS IVA audit report came back with some corrective action plans (CAPs).

Dr. Boris opened the floor to questions. Dr. Alkaroishi asked for clarification on which agency is absorbing the Healthy Kids program. Dr. Boris reiterated that the Healthy Kids program is transitioning to Medi-Cal. Dr. Lin requested clarification on the demographics of the Healthy Kids population. Dr. Boris stated she does not have the appropriate data available on the demographics particular to this program.

Dr. Ngon Hoang Dinh and Dr. Ali Alkoraishi arrived at 6:50 p.m.

6. Old Business/Follow-Up Items

Presented by Dr. Boris.

b. Post Bariatric Surgery Update

Per the Committee's request, SCFHP looked at all the Members who had bariatric surgery during the period of 1/1/2017 – 8/1/2019. Medi-Cal had the highest number of Members who received bariatric surgery for a total of 126 Members. By network, Net 20, which is Valley Health Plan, had the most Members who received bariatric surgery, and Net 40, Palo Alto Medical Foundation, had the fewest. There were no bariatric surgeries for Net 6, which is Premier Care. In the Cal Medi-Connect program, only 6 Members received bariatric surgery, for a total number of 132 Members who received a bariatric surgery procedure.

The average age of the recipients is age 42. Of these 87% of the recipients were female, and 13% of the recipients were male. Dr. Boris also conducted a small sampling of pre-op and post-op BMIs. In the pre-op category, the highest BMI was 55, and the lowest BMI was 42. In the post-op category, the lowest BMI was 34, and the highest BMI was 55. It appears the most rapid weight loss occurred early on in the weight loss process.

c. Bariatric CME Request

A Bariatric CME request has been forwarded to the Provider Network Management Team.

d. MCG S-516: Gastric Restrictive Procedures, Sleeve Gastrectomy, by Laparoscopy

The MCG is provided to the committee. Dr. Boris included the most common procedure which is a restrictive laparoscopic sleeve gastrectomy, along with the MCG criteria.

e. How to Access Health Education Handout

Dr. Boris introduced Divya Shah to talk about health education. Ms. Shah summarized how members can enroll in our health education programs, and she provided an overview of the different health-related topics available to Members. Members can self-refer to all programs. They can enroll either via the Customer Service line; via an email to the Health Education department; through the online Member portal; and/or their physician(s) can refer them to health education programs.

f. Health Education Materials and Classes for Members

Ms. Shah summarized some of the classes and workshops available; such as, classes for chronic disease management; counseling for stress and anger management services; fitness membership programs; nutrition and weight management, which includes Weight Watchers; parenting education; prenatal education; our car seat safety program; and smoking cessation classes. For the Weight Watchers program, SCFHP asks Members to complete a trial period, and we provide them with 3 vouchers to try out 3 different sessions of the program. Members are asked for their weight loss tracking sheets to confirm their attendance. Additional vouchers are then sent to cover the next 10 weeks' worth of meetings. Dr. Vemuri inquired as to whether or not Providers can refer their patients to this program. Ms. Shah confirmed Providers just need to complete the 'Health Education Referral' form, available on our website under the Provider section. Once SCFHP receives the form, we follow-up with the Member.

g. Language Assistance Contact Information

Ms. Shah summarized SCFHP's draft of our 'Interpreting Services Reference Guide' which was compiled specifically for our Providers. Once this guide has been finalized, the information will be posted on the SCFHP website as part of our cultural competency toolkit. This information will also be fax blasted to all Providers. Ms. Shah then summarized how to use and access the California Relay services (CA/TTY). Ms. Shah also gave an overview on how to schedule an in-person interpreter. Dr. Lin inquired as to how many Providers use these services. Dr. Boris advised there are a significant number of Providers who request and use the in-person interpreting services. The usage of this particular service is across the board for all facilities; it is not specific to only one facility. Members can also request these services. Dr. Boris advised that if any of our Providers experience an issue with the telephone interpreting services, please send an email to 'quality@scfhp.com', and we will contact our vendor to request they provide their interpreters with additional training. This concluded Ms. Shah's health education presentation.

Divya Shah exited the meeting at 7:00 p.m.

7. Action items

Presented by Dr. Boris.

a. Policy Update: HS.01 Prior Authorization

Dr. Boris advised SCFHP was requested to update policy HS.01 Prior Authorization. Dr. Boris explained that SCFHP added some additional managed-care language which states that SCFHP will arrange for all medically necessary Medi-Cal and Medicare covered services, and to ensure these services are provided in an amount no less than what is offered to Members under fee-for-service. We also added verbiage that the Plan will establish procedures for authorization requirements respective to medically necessary enteral nutrition products or formulas.

b. Medical Covered Services Prior Authorization (PA) Grid and Medical Benefit PA Grid

Dr. Boris presented the 2020 'Medical Covered Services Prior Authorization Grid.' The Plan added some clarifying verbiage respective to hearing aids repairs, as well as requests over the benefit limit. In addition, reference to IMRT was removed, as it has now become the standard of care for most cancer treatments.

Dr. Boris then introduced Dang Huynh to discuss the 2020 'Medical Benefit Drug Prior Authorization Grid'. Dr. Huynh explained one of the main changes to this grid includes the change from 'MCG: MCG Health Care Guidelines', to 'PA: Prior Authorization'. The Plan still utilizes MCG; however, it is clearer to state 'Prior Authorization', as, when MCG is not available, there is a hierarchy of coverage determination criteria. Otherwise, items in yellow denote new verbiage or terms, and items in red denote deletions. Drugs that are not currently included on this grid, but recommended to add were Zolgensma for spinal muscular atrophy, and Xembify, an IVIG. This concludes Dr. Huynh's presentation.

Dr. Lin initiated a discussion regarding the cost of immunotherapy and asked how the State accounted for the costs of some of these drugs. Dr. Boris advised that if a child has a CCS-eligible condition, that cost is carved out to CCS, and the Plan does not see the cost. Dr. Boris reminded them that the medications on our 2020 grid are specific to medications submitted for prior authorization to the UM department, and not through pharmacy outpatient benefit.

A motion was called to approve the revised Policy HS.01 Prior Authorization, and the 'Medical Covered Services Prior Authorization Grid' along with the 'Medical Benefit Prior Authorization Grid'. **It was moved, seconded, and** the revised Policy HS.01 Prior Authorization, the Medical Covered Services Prior Authorization Grid, and the Medical Benefit Prior Authorization Grid were all **unanimously approved.**

8. Reports

Presented by Dr. Boris on behalf of Dr. Nakahira.

a. Membership Reports

Dr. Boris advised the Membership report covers April 2019 through September 2019. At that time, the Plan had 3,512 Healthy Kids Members; 234,478 Medi-Cal Members; and 8,194 Cal Medi-Connect Members. Our total membership as of September 2019 was 246,184 Members. As of October 1, 2019 there will only be 2 Healthy Kids Members, as the remainder will transition to Medi-Cal.

b. Standard Utilization Metrics

Dr. Boris next briefly summarized the Standard Utilization Metrics. Dr. Boris explained the Plan was unable to produce an inpatient readmission report, as the Medi-Cal formula utilized a tool called All Cause Readmissions, which is a different formula used to determine readmissions. Medi-Cal now uses Plan All-Cause Readmissions, and we are going through our data to align with Medi-Cal. We hope to have the report for the next UMC meeting in January. The plan will have the final HEDIS for the end of the year presented at the next UMC meeting in January.

c. Hospital Specific Metrics: Readmission

Dr. Boris next summarized the Hospital Specific Metrics. The Plan looked at Plan All-Cause Readmissions for Medi-Cal by network, by hospital from 1/1/2018-4/29/2019. Total numerator and denominator and percentage of readmissions were used to calculate the data. Zero represents people with MediCare primary and Medi-Cal secondary. 10 is what SCFHP maintains, which is about 19%; 20 represents Valley Health Plan at 18%; Kaiser is relatively low by comparison. Network 50 is PMG and Network 60 is Premier Care. The largest volume of admissions and readmissions was at Valley Health Plan; however, they also have the largest population.

For Medi-Cal and Medi-Care the hospital with the highest rate of readmissions is Santa Clara Valley Medical Center; Regional Medical Center has the second highest rate of readmissions. The numbers do differ from Medi-Cal versus Cal Medi-Connect. On the lower end of the readmissions spectrum is O'Connor Hospital.

By diagnoses, the number 1 diagnosis that leads to the highest number of Plan All-Cause Readmissions is Sepsis. The diseases with next highest number of Plan All-Cause Readmissions are Hypertensive Heart Disease with heart failure; Chronic Kidney Disease; Sepsis specific to E-coli; and a smaller number of Acute Respiratory Failure with Hypoxia cases.

The Plan also looked at Cal Medi-Connect, which is managed by the Plan. Their total Plan All-Cause Readmission rate is about 14% for that time period. There are a large number of Cal Medi-Connect patients who receive their services at Santa Clara Valley Medical Center. Santa Clara Valley Medical Center is the top re-admitter, with El Camino Hospital and Regional Medical Center second, and the Los Gatos campus of El Camino Hospital with the lowest rate of Cal Medi-Connect readmissions. By diagnoses, the number 1 diagnosis is Sepsis, with Hypertensive Heart Disease with heart failure second, and Alcoholic Cirrhosis third. Otherwise, the next most common diagnoses are the more age-related diseases such as COPD, Chronic Kidney Disease, and Diabetes Types I and II.

Part of the reason this analysis was done is to ensure our programs are focused on the patients on whom the Plan should direct their focus and provide support. Dr. Lin inquired about the Plan's case management program. Dr. Boris advised we provide case management via the telephone and in person. This includes behavioral health case managers; social workers; medical case managers; and non-clinical case coordinators. The majority of case management is conducted via telephone. Dr. Lin asked for the number of nurse case managers we have on staff. Ms. Chen advised we currently have 4 nurse Case Managers, and a couple of nurses with a home health background. Ms. McKelvey stated we currently have 4 Licensed Clinical Social Workers and 2 Personal Care Coordinators. Dr. Boris confirmed for Dr. Lin we manage groups 10 and group 40, and all of Cal Medi-Connect. Dr. Alkoraishi inquired as to how the admissions or profiles may have changed since our acquisitions of O'Connor Hospital and St. Louise Regional Hospital. Dr. Boris advised that since our purchases of these hospitals back in March of 2019 there has not been sufficient claims rollout to specifically target the timeframes. The Plan did include the claims data in their initial analysis; however, since the life of the claims has not completely run out, the numbers were too small upon which to draw conclusions. The Plan will continue to monitor.

d. Referral Tracking Quarterly Report – Q3 2019

Dr. Boris next discussed the 'Referral Tracking Report. The Plan does an annual rollup, with quarterly numbers. The report is specific to the number of authorizations and whether or not the Claim was paid. The Plan continues to stand at 50.4% because the claims run out. At the end of the year, the UM department will reach out to approximately 50 members to learn why they did not receive services.

e. Turn Around Time Report – Q3 2019

Next, Dr. Boris discussed the 'Turn-Around Time Report', which goes through August 2019. Dr. Boris advised the Plan did very well on the current CMS audit in terms of timeliness of authorizations. The timeliness of decisions was reviewed with the committee for the urgent, concurrent, retro, and standard authorizations.

f. UM Call Center Metrics – Q2 & Q3 2019

Dr. Boris next reported the UM Call Center metrics. The UM department, on average, takes approximately 2,000 inbound Medi-Cal calls per month. Their abandonment rate is consistently less than 5%. Their average hold time is very low at 30 seconds. For the most part, the UM department has met the standards, with the exception of Q2 and Q3. The UM department also takes approximately 1,000 Cal MediConnect calls, for a total of approximately 3,000 calls per month. Dr. Lin asked how many people in the UM department actually take calls. Dr. Boris and Mr. Perez advised there are 4 people in the UM department who take calls. Dr. Boris advised the UM department met the Provider service levels for Q1-Q4. 80% to 90% of the calls were answered, and the average abandonment rate is 1.7% to 3.9%. The UM department is definitely meeting their call stats.

g. HS.04.01 Quality Monitoring – Q3 2019

Dr. Boris next presented the standard quarterly report on Quality Monitoring, wherein the Plan reviews 30 total denial letters per quarter, and examines all the elements that the Plan is audited on. Half of the letters the Plan reviews are Medi-Cal, and the other half are Cal Medi-Connect, and 100% were denials. The Plan also looks at expedited, as well as standard, requests. They all met turnaround times. The only exception was the standard wherein 3 out of the 4 expedited Cal Medi-Connect authorizations required a phone call from the UM department to the Member, and only 1 Member received a phone call. Otherwise, all the standards were met. On September 8, 2019, the Plan did an update to the QNXT system, and the final quality check should be completed by October 31, 2019.

h. Inter-Rater Reliability (IRR) Report – 2019 2/2

Dr. Boris summarized the Inter-Rater Reliability findings for the UM department Dr. Boris advised all of the staff were tested. Care Coordinator and Nursing remediation was done concurrently; staff reviewed all of the case studies and remediation actions together, which was helpful for all staff involved. This concluded Dr. Boris's presentations for the evening.

9. Behavioral Health UM Reports

a. Early and Periodic Screening, Diagnostic & Treatment (EPSDT)

Ms. McKelvey presented the new APL on the EPSDT benefit for those under 21. For the most part there are no changes; however, there is no longer any capitation to services. Rather, services that are a part of EPSDT will be based on the individual child and what that child needs. The focus is really on prevention and 'Bright Futures'. Screening is a major priority, and the agency has a metric

for screening. Otherwise, any other changes were primarily to the grammar and style of the APL. There are not enough significant changes to warrant any policy changes as far as the Plan is concerned. A discussion ensued between Dr. Vemuri and Ms. McKelvey in regards to the Plan's procedures when a Provider makes a referral for therapy. Dr. Vemuri stated she has one child who was denied twice. It was determined that Dr. Vemuri actually received a "Void" notice which indicates that there was incomplete information. Dr. Boris advised Dr. Vemuri to forward them the information, which they will review in order to provide her with a response.

b. Metrics Reports

Ms. McKelvey went on to discuss the Behavioral Health Q3 metrics for Medi-Cal. Her YTD data shows that there are 175 Members receiving Behavioral Health treatment, with 197 Members receiving Behavioral Health treatment for Q3 2019. Unfortunately, the County has not released any data to the Plan on who receives mental health benefits. The last time the County released this data to the Plan was March 2019. Our mild-to-moderate referrals have slowed down. The number for those receiving Case Management does seem incorrect at 20 Members for Q3 2019. Dr. Lin asked if those in the mild-to-moderate category are taken care of by their primary care physicians. Ms. McKelvey and Dr. Boris agreed, although the low number might be attributed to the Plan being in the process of coordinating therapy referrals for Psychiatry, individual therapy, family therapy, etc. so the number might yet be correct. Dr. Lin also asked how Kaiser fits in to the picture. Kaiser is fully delegated for their behavioral health. Ms. McKelvey advised the Plan has a new MOU with substance abuse which will be presented at an upcoming meeting once she has more information. For Cal Medi-Connect, again, the County has not provided the Plan with any current data on how many Members are receiving behavioral health benefits. There are approximately 40 Cal Medi-Connect Members receiving intensive Case Management. In addition, there were 7 opt-outs in Q3 2019, and they have not received any recent mild-to-moderate referrals from the Call Center. This concluded Ms. McKelvey's presentation.

10. Adjournment

The meeting adjourned at 7:30 p.m.

The next UMC meeting is scheduled for Wednesday, January 15, 2020 at 6:30 p.m.

Minutes prepared by:
Amy O'Brien, Administrative Assistant

Jimmy Lin, MD, Utilization Management Committee Chairperson

1/15/2019
Date

Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council (PAC)

Tuesday, February 11, 2020, 12:15 – 1:45 PM
Santa Clara Family Health Plan, Boardroom
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Draft

Committee Members Present
Clara Adams, LCSW
Dolly Goel, MD
Michael Griffis, MD
Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Thad Padua, MD, Chair
Meg Tabaka, MD, Resident
Hien Truong, MD

Committee Members Absent
Bridget Harrison, MD
Sherri Sager

Staff Present
Angela Chen, Manager, UM
Brandon Engelbert, Manager, PNM
Janet Gambatese, Director, PNM
Dang Huynh, PharmD
Johanna Liu, Director, PharmD, Quality & Process Improvement
Laurie Nakahira, DO, CMO
Amy O'Brien, Administrative Assistant
Christine Tomcala, CEO

Staff Absent
Chris Turner, COO

1. **Roll Call/Establish Quorum**

   Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established.

   Ms. Angela Chen, Manager, Utilization Management, SCFHP, was introduced as a new committee member.

2. **Meeting Minutes**

   The previous minutes from November 13, 2019 were reviewed.

   Dr. Padua called for a motion to approve the minutes from the November 13, 2019 PAC committee meeting. Dr. Nguyen moved to approve the minutes from the November 13, 2019 PAC committee meeting. Mr. Mineta seconded the motion. The motion passed 8-8.

3. **Public Comment**

   There were no public comments.

4. Chief Executive Officer Update

Ms. Christine Tomcala, CEO, presented the January 2020 Enrollment Summary. She noted a total current enrollment of 239,836 members, with 8,490 members in the Cal MediConnect line of business and 231,346 members in the Medi-Cal line of business. Ms. Tomcala reported that the transition of Healthy Kids into the Medi-Cal program is complete, and there are no longer any members in the Healthy Kids program. Ms. Tomcala provided an update on the status of the new Community Resource Center (CRC), noting the official name of the CRC will be the Santa Clara Family Health Plan Blanca Alvarado Community Resource Center. The CRC will be located at N. Capitol Avenue and McKee Road. Community Health Partnership will sublease a portion of the space for their office. The target date for opening is July 2020. Ms. Tomcala also provided an update on the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

At this time, Dr. Nakahira provided a verbal update on Health Homes, and enhanced case management, gaps in care, homelessness, recuperative care, and medical respite and housing.

Ms. Tomcala confirmed for the Council that the new director of DHCS is Dr. Brad Gilbert.

5. Pharmacy

Mr. Huynh presented the drug utilization reports on the '2019 Q4 Top 10 Drugs by Total Cost' and 'Top 10 Drug Classes by Prior Authorization Volume' from October 1, 2019 through December 31, 2019. The total cost for the top 10 drugs is approximately $7,797,312.00, with the largest portion of the cost attributable to diabetic test strips. Otherwise, the data has not significantly changed since the last meeting. Mr. Huynh also noted that the Plan awaits further information from DHCS regarding the Governor's new legislation that requires that all managed care pharmacy services transition from managed care to fee for service, otherwise known as 'Medi-Cal Rx', by January 1, 2021. Dr. Goel inquired as to whom the DHCS awarded the contract to manage its pharmacy benefit services statewide. Mr. Huynh clarified the contract was awarded to a subsidiary of Magellan Health. Dr. Goel further inquired as to the file format that will be used for electronic submission of pharmacy claims, and Mr. Huynh advised the file format will be NCPDP. Dr. Goel expressed her concerns with the claims filing process. A discussion ensued among Dr. Goel, Mr. Huynh, and Ms. Gambatese as to how this transition will affect claims processing. Ms. Tomcala reiterated that the Plan understands their concerns and appreciates their feedback.

6. Proposition 56

Dr. Laurie Nakahira provided an overview on the impact of Proposition 56 and Developmental and Trauma Screening. Effective January 1, 2020, the Governor has allotted $60 million of funding to support developmental screenings for children up to age 30 months. Eligible supplemental funding for Medi-Cal Managed Care plans include physician services; developmental and trauma screenings; family planning and abortion services; and value-based programs. Dr.Nakahira discussed the developmental screening criteria, as well as developmental surveillance and screenings pertinent to AAP/Bright Futures recommendations. Dr. Nakahira outlined the provider documentation requirements and the proposed clinic workflow. Her overview also included the steps for claims processing and supplemental payments. Council members voiced their concerns with the proposed trauma screening tools and the potential for patient triggers. Dr. Nakahira explained the rationale behind the trauma screenings and the desired outcomes of the trauma screening process.

7. Utilization Management Revised Pre-Authorization Form

Ms. Angela Chen, Manager, Utilization Management, presented an overview of the finalized 2020 Medical Services Prior Authorization Request Form. Dr. Nguyen inquired as to whether or not the form can be completed online. Ms. Chen advised that, at this time, it is too cumbersome of a process to complete the form online. Dr. Goel inquired as to what the Plan uses to report, and Ms. Chen advised the Plan utilizes the QNXT program.

8. Quality

Ms. Johanna Liu, PharmD, Director of Quality & Process Improvement, presented the 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) results to the Council. Ms. Liu explained that CAHPS is a consumer satisfaction survey that is mandated by CMS and whose results impact NCQA accreditation and CMS Star ratings. Ms. Liu gave an overview of the methodology used to collect survey results, and she advised that the Plan's response rate was 28.8%, up 2.7% points from the 2018 response rate. The CA MMP average response rate in 2019 was 27.9%. Dr. Goel inquired as to how the Plan received such a high response rate. Ms. Liu advised the Plan conducted extensive marketing outreach. Ms. Liu went on to discuss SCFHP's overall performance, which was similar to 2018. Ms. Liu then presented the statistics for overall provider performance, as well as the overall CAHPS ratings from 2018 to 2019. Ms. Liu highlighted the opportunities for improvement and concluded by outlining the next steps for improving scores for 2020. Ms. Liu next gave an overview of the Provider Performance Program (PPP) for 2020. Ms. Liu detailed the goals for the PPP for 2020. Ms. Liu also presented details on the DHCS Quality Advancements from 2019.

In addition, Ms. Liu summarized the 36 measures for the DHCS Managed Care Accountability Set (MCAS) for Medi-Cal Managed Care Health Plans (MCPs) for measurement year 2020 and reporting year 2021.Her overview also included the MCAS for Population-Specific Health Plans (PSPs) for measurement year 2020, and reporting year 2021. Ms. Liu's overview also reviewed the Managed Long-Term Services and Supports Plans (MLTSSPs) for measurement year 2020 and reporting year 2021.

9. Provider Network Management Updates

Mr. Welch provided a verbal update on the new pay- for-performance report card.

10. Future Agenda Items

Ms. Gambatese suggested provider education as a topic for the next PAC meeting. Mr. Huynh will provide an update on the status of the Prior Authorization portal. Mr. Mineta would like to see the CMS Enterprise Portal as a topic for further discussion at the next meeting.

11. Adjournment

The meeting adjourned at 1:45 p.m. The next meeting is scheduled for May 13, 2020.

Dr. Thad Padua, Chair _____ Date _____

Santa Clara County Health Authority
Updates to Pay Schedule
March 26, 2020

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Compliance Officer	Annually	171,805	223,346	274,887
Director, Case Management	Annually	143,171	186,122	229,073
Director, Human Resources	Annually	143,171	186,122	229,073
Director, Utilization Management	Annually	143,171	186,122	229,073
Provider Contracting Manager	Annually	89,986	114,732	139,478
Vice President, Strategies and Analytics	Annually	206,166	268,015	329,865

Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
March 26, 2020

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Chief Compliance and Regulatory Affairs Officer	Annually	$242,731	$321,618	$400,506

Santa Clara County Health Authority

(dba Santa Clara Family Health Plan)

Conflict of Interest Code

RESOLUTION OF
THE SANTA CLARA COUNTY HEALTH
AUTHORITY TO ADOPT AN AMENDED
CONFLICT OF INTEREST
CODE

WHEREAS, the Political Reform Act (Government Code Section 81000, *et seq.)* requires state and local government agencies to adopt and promulgate conflict of interest codes; and

WHEREAS, the Fair Political Practices Commission ("FPPC") has adopted a regulation (2 Cal. Code of Regs. 18730) which contains the terms of a standard conflict of interest code and following public notice and hearing it may be amended by the Fair Political Practices Commission to conform to Amendments in the Political Reform Act; and

WHEREAS, the Santa Clara County Heath Authority ("the Health Authority") has recently reviewed its conflict of interest code, its positions, and the duties of each position, and has determined that changes to the current conflict of interest code are necessary; and

WHEREAS, any earlier resolution and/or appendices containing the Health Authority's conflict of interest code shall be rescinded and superseded by this resolution and Appendix;

NOW, THEREFORE BE IT RESOLVED THAT, the terms of 2 California Code of Regulations Section 18730 (available at http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/LegalDiv/Regulations/Index/Chapter7/Article2/18730.pdf) and any amendments to it duly adopted by the FPPC are hereby incorporated by reference and this regulation and the Appendices, attached hereto and incorporated herein, designating officials and employees, and establishing disclosure categories, shall constitute the Conflict of Interest Code of the Health Authority.

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IT IS **FURTHER RESOLVED THAT,** designated employees shall file their statements of economic Interests with the Health Authority's filing official. If a statement is received in signed paper format, the Health Authority's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-fling system, both the Health Authority's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. The Health authority shall make a copy of the statements available for public inspection and reproduction in accordance with Government Code section 81008.

PASSED AND ADOPTED by the Santa Clara County Health Authority of the County of Santa Clara, State of California on March 26, 2020 by the following vote:

AYES:

NOES:

ABSENT:

Signed: _____
Robert Brownstein, Chair

Attest: _____
~~Robin Larmer~~Sue Murphy, Secretary

Attachments to this Resolution:
Appendix A - Positions Required to File
Appendix B – Disclosure Categories

Appendix A – Amended
Santa Clara County Health Authority
Conflict of Interest Code
POSITIONS REQUIRED TO FILE

The following is a list of those positions that are required to submit Statements of Economic Interests (Form 700) pursuant to the Political Reform Act of 1974, as amended:

Required to File Form 700:

Position	Disclosure Category Number
Health Authority Board Member	1
Chief Executive Officer	1
Chief Financial Officer	2
Chief Operating Officer	2
Chief Medical Officer	2
Chief Information Officer	2
~~Chief Compliance and Regulatory Affairs Officer~~	~~2~~
Vice President, Strategies and Analytics	2
Vice President, Marketing and Enrollment	2
Director, Facilities	6
Director ~~of,~~ Provider Network Management	6
Director ~~of,~~ Infrastructure and System Support	~~4~~6
Director ~~of,~~ Pharmacy	6
Director ~~of,~~ Quality and Process Improvement	6
Medical Director	6
Consultant	7

*Newly Created Positions

A newly created position that makes or participates in the making of decisions that may foreseeably have a material effect on any financial interest of the position-holder, and which specific position title is not yet listed in the Health Authority ‘s conflict of interest code is included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The Chief Executive Officer may determine in writing that a particular newly created position, although a “designated position,” is hired to perform a range of duties that are limited in scope and thus is not required to fully

comply with the broadest disclosure requirements, but instead must comply with more tailored disclosure requirements specific to that newly created position. Such written determination shall include a description of the newly created position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Health Authority's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

As soon as the Health Authority has a newly created position that must file statements of economic interests, the Health Authority filing official shall contact the County of Santa Clara Clerk of the Board of Supervisors Form 700 division to notify it of the new position title to be added in the County's electronic Form 700 record management system, known as eDisclosure. Upon this notification, the Clerk's office shall enter the actual position title of the newly created position into eDisclosure and the Health Authority filing official shall ensure that the name of any individual(s) holding the newly created position is entered under that position title in eDisclosure.

Additionally, within 90 days of the creation of a newly created position that must file statements of economic interests, the Health Authority shall update this conflict-of-interest code to add the actual position title in its list of designated positions, and submit the amended conflict of interest code to the County of Santa Clara Office of the County Counsel for code-reviewing body approval by the County Board of Supervisors. (Gov. Code Sec. 87306.)

Appendix B - Amended
Santa Clara County Health Authority
Conflict of Interest Code
DISCLOSURE CATEGORIES

Category 1. Persons in this category shall disclose (1) all interests in real property in Santa Clara County located entirely or partly within the boundaries of the County, or within two miles of the County's boundaries, or of any land owned or used by the Authority; and (2) all investments, business positions, and income, including gifts, loans and travel payments, from all sources.

Category 2. Persons in this category shall disclose all investments, business positions, and income, including gifts, loans and travel payments, from all sources.

Category 3. Persons in this category shall disclose all interests in real property in Santa Clara County located entirely or partly within the boundaries of the County, or within two miles of the County's boundaries, or of any land owned or used by the Authority.

Category 4. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from all sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the Authority.

Category 5. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from all sources that either contract to provide education or training required by the Authority to qualify for or maintain a license, or that provide education or training services which courses or curricula are approved by the Authority.

Category 6. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from (1) all sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the Authority, and (2) all sources that are of the type to receive grants or other monies from or through the Authority, including, but not limited to, nonprofit organizations.

Category 7. Each Consultant, as defined for purposes of the Political Reform Act, shall disclose pursuant to the broadest disclosure category in the conflict of interest code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements of the broadest disclosure category, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. All such determinations are public records and shall be retained for public inspection along with this conflict of interest code.

RESOLUTION TO
NAME THE SANTA CLARA FAMILY HEALTH PLAN COMMUNITY RESOURCE CENTER
THE BLANCA ALVARADO COMMUNITY RESOURCE CENTER

WHEREAS, the Santa Clara County Health Authority dba Santa Clara Family Health Plan (the Plan) shall open a Community Resource Center (CRC) at 408 N. Capitol Avenue in San José, CA in 2020 in order to make the Plan's services more physically accessible to its members and to better serve the Santa Clara County community;

WHEREAS, the Plan wishes to name the CRC after a community leader who embodies the spirit of care that is central to the Plan's mission;

WHEREAS, Blanca Alvarado has dedicated her life and career to social advocacy and public service, and to making life better for the residents of Santa Clara County;

WHEREAS, Blanca Alvarado's career of public service includes fourteen years as San José's first East San José District 5 Councilmember including two terms as the city's first Latina vice mayor, followed by fourteen years representing District 2 on the Santa Clara County Board of Supervisors;

WHEREAS, Blanca Alvarado has played a significant role in championing solutions to health and social inequities in San José and Santa Clara County, including improving representation on decision-making bodies;

WHEREAS, Blanca Alvarado's many accomplishments include her advocacy, support and partnership with others to develop a new youth center, establish of an Office of Women's Advocacy for Santa Clara County, improve the Santa Clara Valley Medical Center and construct the Mexican Heritage Plaza;

WHEREAS, Blanca Alvarado has been a tireless advocate for children, making health care coverage and early childhood development a priority in Santa Clara County, initiating the formation of the Early Childhood Development Collaborative which drafted the first strategic plan for FIRST 5, and serving as the founding chair of FIRST 5 Santa Clara County;

WHEREAS, Blanca Alvarado has received countless awards and honors in recognition of her lifetime of public service and dedication to the children and families of Santa Clara County; and because of her persistent and articulate advocacy on behalf of those she served, became known simply and affectionately as "La Señora" by many in East San José;

WHEREAS, Blanca Alvarado truly embodies the spirit of care;

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NOW, **THEREFORE, BE IT RESOLVED THAT,** the Santa Clara Family Health Plan CRC shall be known as the Santa Clara Family Health Plan Blanca Alvarado Community Resource Center.

PASSED AND ADOPTED by the Governing Board of the Santa Clara County Health Authority this 26th day of March 2020 by the following vote:

AYES:

NOES:

ABSENT:

Signed: _____
Robert Brownstein, Chair

Attest: _____
Sue Murphy, Secretary

Santa Clara Family Health Plan™

Unaudited Financial Statements
For Seven Months Ended January 31, 2020

Agenda

Santa Clara Family Health Plan

Table of Contents	Page

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$94 M		$639 M	
Medical Expense (MLR)	$87 M	93.3%	$605 M	94.7%
Administrative Expense (% Rev)	$5.3 M	5.6%	$34.5 M	5.4%
Other Income/Expense	$333K		$2.8 M	
Net Surplus (Loss)	**$1.3 M**		**$2.4 M**	
Cash and Investments			$305 M	
Receivables			$584 M	
Total Current Assets			$899 M	
Current Liabilities			$727 M	
Current Ratio			1.24	
Tangible Net Equity			$205 M	
% of DMHC Requirement			**663.0%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Loss)	Month: Surplus of $1.3M is $834K or 185.5% favorable to budget of $450K. YTD: Surplus of $2.4M is $2.2M or 48.2% unfavorable to budget of $4.6M.
Enrollment	Month: Membership was 239,836 (1,601 or 0.7% unfavorable budget of 241,437). YTD: Membership was 1,712,604 (2,762 or 0.2% favorable budget of 1,709,842).
Revenue	Month: $93.7M ($4.9M or 5.6% favorable to budget of $88.7M). YTD: $639.2M ($15.6M or 2.5% favorable to budget of $623.7M).
Medical Expenses	Month: $87.4M ($4.4M or 5.4% unfavorable to budget of $83.0M). YTD: $605.2M ($21.1M or 3.6% unfavorable to budget of $584.1M).
Administrative Expenses	Month: $5.3M ($252K or 4.6% favorable to budget of $5.5M). YTD: $34.5M ($2.2M or 6.1% favorable to budget of $36.7M).
Tangible Net Equity	TNE was $204.5M (663.0% of minimum DMHC requirement of $30.8M).
Capital Expenditures	YTD Capital Investments of $1.3M vs. $4.8M annual budget, primarily building improvements and hardware.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 239,836 members is lower than budget by 1,601 or 0.7%. Since June 30, 2019, total enrollment has decreased by 9,369 members or 3.8%, close to budgeted expectations.
- Medi-Cal enrollment has declined since October 2016, predominately in the Non-Dual Adult Expansion, Child, & Adult categories of aid. Effective October 1st, 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal. Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has decreased 3.1%, Dual enrollment has grown 1.5%, and CMC enrollment has grown 4.7%, all in line with budgeted expectations.
- With the transfer of the Healthy Kids members, net Medi-Cal membership has decreased since the beginning of the fiscal year by 6,262 or 2.6%. CMC membership has increased since the beginning of the fiscal year by 379 or 4.7%.

	For the Month January 2020				For Seven Months Ending January 31, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY19 vs. FY20
Medi-Cal	231,435	233,122	(1,687)	-0.7%	1,644,321	1,642,514	1,807	0.1%	1,470,180	11.8%
Cal Medi-Connect	8,401	8,315	86	1.0%	57,755	57,284	471	0.8%	45,584	26.7%
Healthy Kids	0	0	0	0.0%	10,528	10,044	484	4.8%	19,650	(46.4%)
Total	**239,836**	**241,437**	**(1,601)**	**-0.7%**	**1,712,604**	**1,709,842**	**2,762**	**0.2%**	**1,535,414**	**11.5%**

Santa Clara Family Health Plan Enrollment By Network
January 2020

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,443	13%	8,401	100%	-	0%	38,844	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	114,408	49%	-	0%	-	0%	114,408	48%
Palo Alto Medical Foundation	6,536	3%	-	0%	-	0%	6,536	3%
Physicians Medical Group	40,820	18%	-	0%	-	0%	40,820	17%
Premier Care	14,485	6%	-	0%	-	0%	14,485	6%
Kaiser	24,743	11%	-	0%	-	0%	24,743	10%
Total	**231,435**	**100%**	**8,401**	**100%**	**-**	**0%**	**239,836**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(2.6%)		4.7%		(100.0%)		(3.8%)	

[1] *SCVHHS = Santa Clara Valley Health & Hospital System*
[2] *FQHC = Federally Qualified Health Center*

Enrollment By Aid Category

Santa Clara Family Health Plan

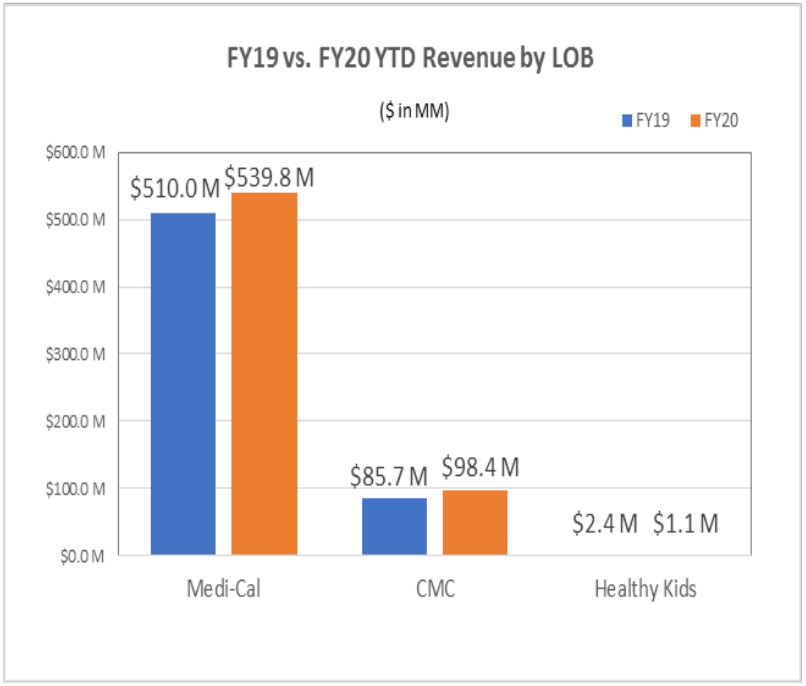
SCFHP TRENDED ENROLLMENT BY COA YTD JAN-2020

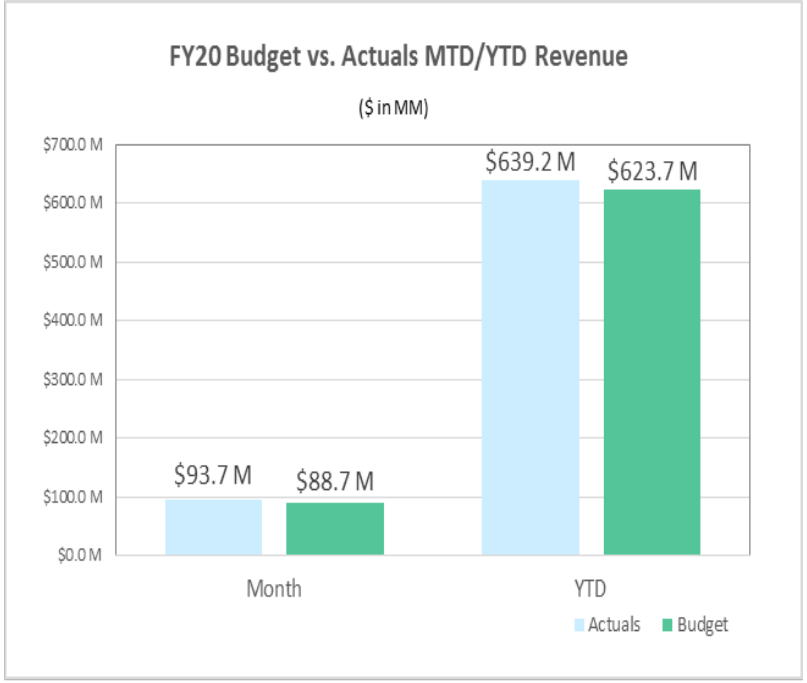
		2019-01	2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	FYTD var	%
NON DUAL	Adult (over 19)	25,954	25,846	25,779	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	23,999	23,620	(1,584)	(6.3%)
	Child (under 19)	95,155	95,177	95,229	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	93,477	92,339	(1,687)	(1.8%)
	Aged - Medi-Cal Only	10,901	10,963	10,934	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	10,903	10,904	(91)	(0.8%)
	Disabled - Medi-Cal Only	10,629	10,579	10,595	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	10,839	10,845	27	0.2%
	Adult Expansion	72,075	72,223	72,143	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	69,069	68,130	(3,335)	(4.7%)
	BCCTP	9	9	8	10	11	11	10	10	10	10	12	11	11	0	0.0%
	Long Term Care	371	376	375	375	370	372	372	364	366	372	371	373	379	7	1.9%
	Total Non-Duals	**215,093**	**215,173**	**215,063**	**214,644**	**212,848**	**212,891**	**211,711**	**210,356**	**209,244**	**211,845**	**210,070**	**208,671**	**206,228**	**(6,663)**	**(3.1%)**
DUAL	Adult (21 Over)	373	376	367	368	354	352	351	345	351	341	350	341	330	(22)	(6.3%)
	SPD (21 Over)	22,765	22,728	22,725	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,578	23,498	23,472	484	2.1%
	Adult Expansion	556	529	479	304	252	253	209	226	201	122	82	177	139	(114)	(45.1%)
	BCCTP	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,209	1,203	1,201	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	1,308	1,266	53	4.4%
	Total Duals	**24,905**	**24,837**	**24,773**	**24,800**	**24,807**	**24,806**	**24,867**	**25,033**	**25,234**	**25,250**	**25,281**	**25,324**	**25,207**	**401**	**1.5%**
	Total Medi-Cal	**239,998**	**240,010**	**239,836**	**239,444**	**237,655**	**237,697**	**236,578**	**235,389**	**234,478**	**237,095**	**235,351**	**233,995**	**231,435**	**(6,262)**	**(2.6%)**
	Healthy Kids	**3,252**	**3,375**	**3,348**	**3,465**	**3,507**	**3,486**	**3,501**	**3,509**	**3,512**	**2**	**2**	**2**	**0**	**(3,486)**	**(100.0%)**
CMC	CMC Non-Long Term Care	7,540	7,616	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	8,177	362	4.6%
	CMC - Long Term Care	210	198	204	208	209	207	207	213	212	217	220	222	224	17	8.2%
	Total CMC	**7,750**	**7,814**	**7,884**	**7,869**	**7,915**	**8,022**	**8,076**	**8,134**	**8,194**	**8,233**	**8,289**	**8,428**	**8,401**	**379**	**4.7%**
	Total Enrollment	**251,000**	**251,199**	**251,068**	**250,778**	**249,077**	**249,205**	**248,155**	**247,032**	**246,184**	**245,330**	**243,642**	**242,425**	**239,836**	**(9,369)**	**(3.8%)**

Revenue

Current month revenue of $93.7M is $4.9M or 5.6% favorable to budget of $88.7M. The current month variance was primarily due to the following:

- Higher retroactive member months than budget primarily in LTC, Non Dual Adult Expansion and SPD categories ($1.8M).
- Higher FY20 base rates in the Medi-Cal Non Dual categories of aid ($1.1M).
- Higher BHT utilization and retro Maternity rates than budget for CY19 ($1.6M).
- Increased Prop 56 revenue accrual of $867K due to rate increase (with an offsetting increase to medical expense).

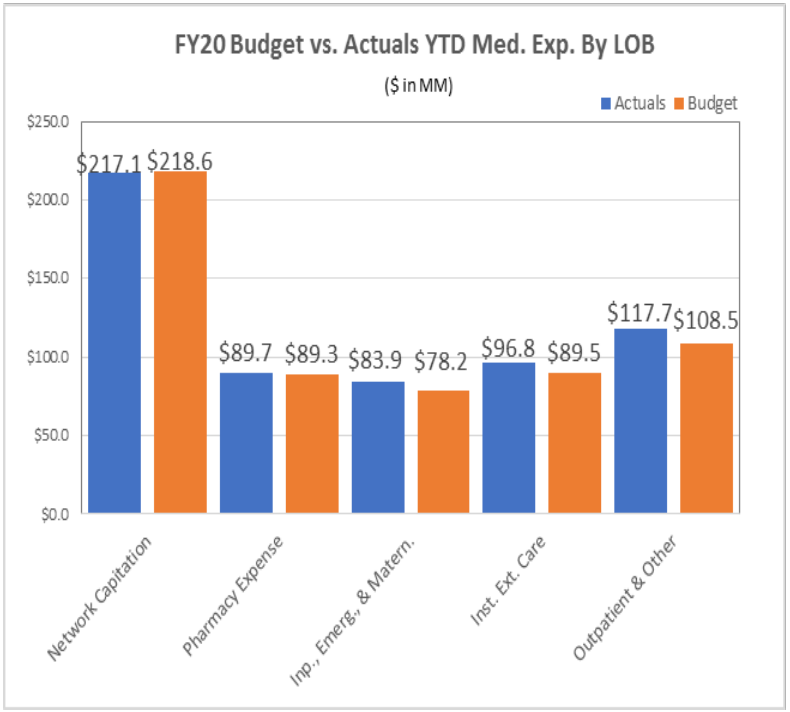


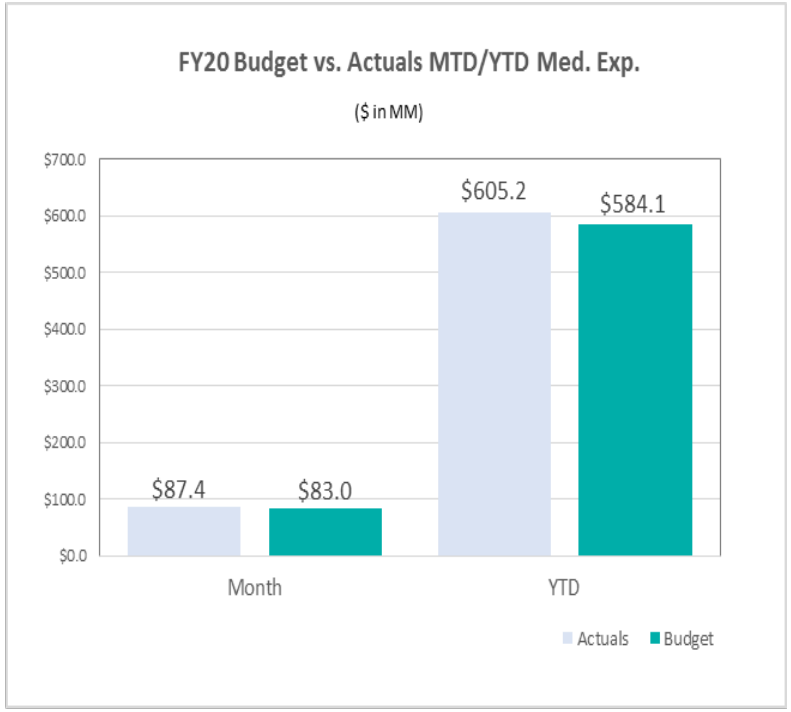


Medical Expense

Current month medical expense of $87.4M is $4.4M or 5.4% unfavorable to budget of $83.0M. The current month variance was due largely to:

- Medi-Cal and Cal MediConnect (CMC) Long Term Care (LTC) and Inpatient Hospital expenses in excess of budget yielded an unfavorable variance of $3.8M due to higher average cost per day versus budget.
- Increased FY20 Prop 56 accrued expense of $867K (with offsetting an increase to revenue).

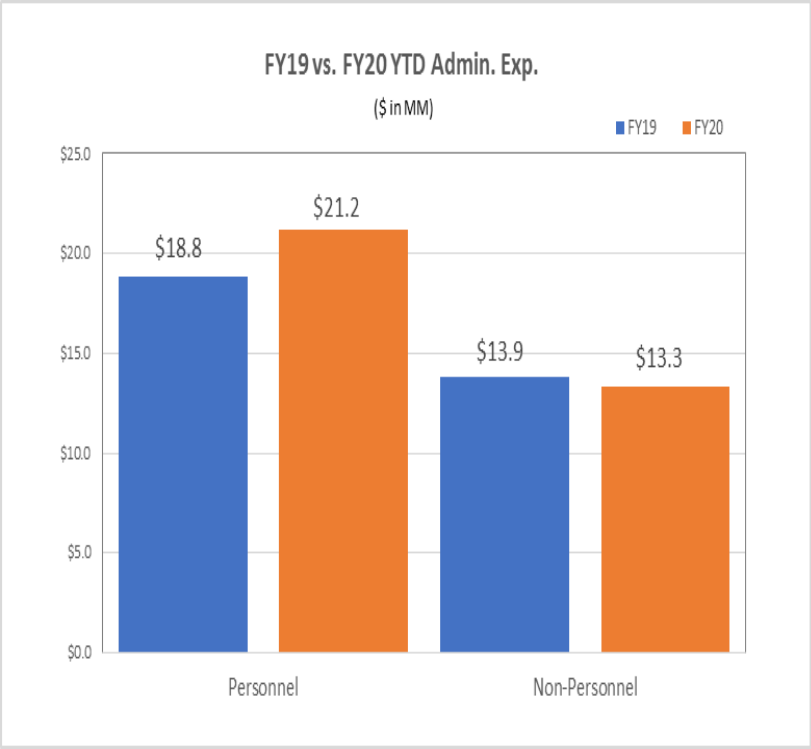


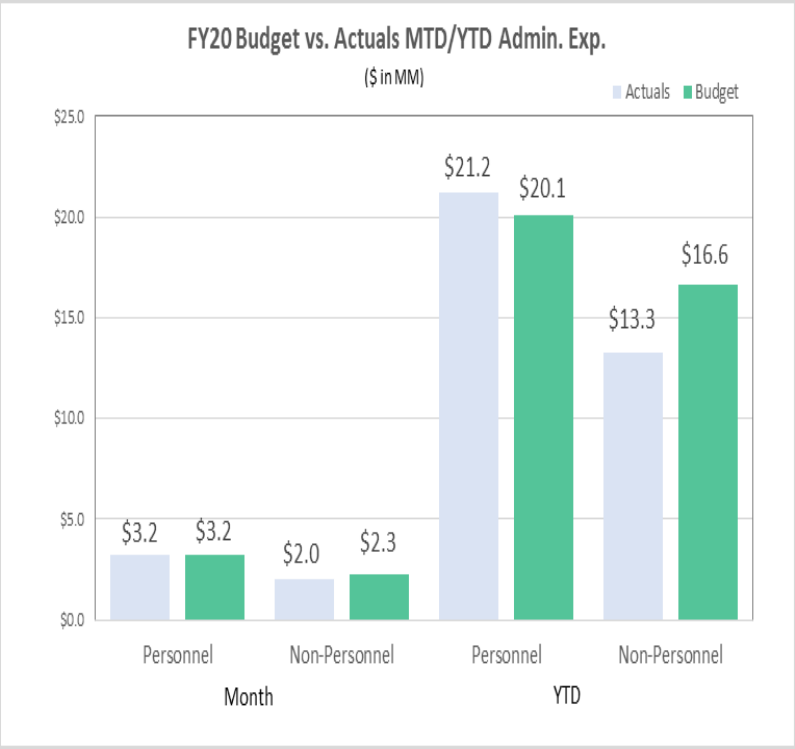


Administrative Expense

Current month admin expense of $5.3M is $252K or 4.6% favorable to budget of $5.5M. The current month variances were primarily due to the following:

- Personnel expenses were at budget due to slightly higher average salaries partially offset by a lower head count.
- Non-Personnel expenses were overall $249K or 10.8% favorable to budget due to timing of printing, advertising and postage expenses and reduced Quality Improvement spending versus budget.





Balance Sheet

- Current assets totaled $898.9M compared to current liabilities of $726.8M, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash balance increased by $5.3M compared to the cash balance as of year-end June 30, 2019 due to timing of payments received and paid.
- Current Cash & Equivalent components and yields were as follows:

Description	Cash & Investments	Gross Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$104,824,933	1.97%	$100,000	$834,050
Wells Fargo Investments	$168,946,613	1.73%	$299,502	$1,464,816
	$273,771,546		$399,502	$2,298,866
Cash & Equivalents				
Bank of the West Money Market	$126,114	0.70%	$1,474	$59,450
Wells Fargo Bank Accounts	$30,473,219	1.45%	$47,237	$1,260,497
	$30,599,333		$48,710	$1,319,947
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$1,020	$1,368
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$304,676,729**		**$449,233**	**$3,620,181**

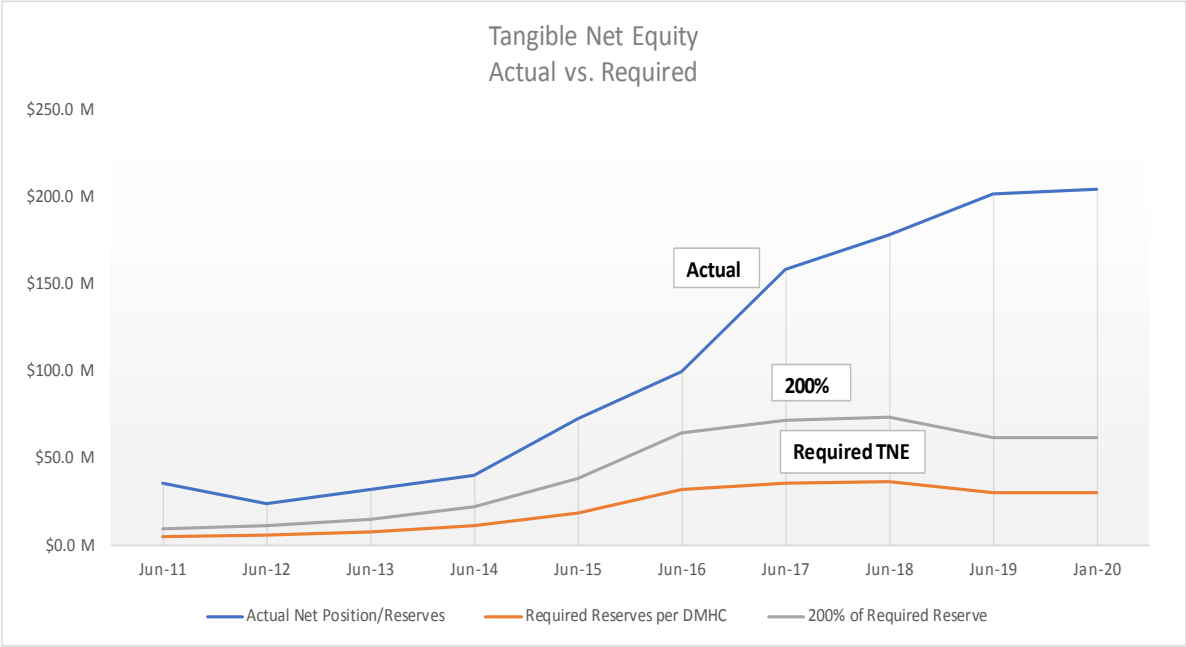
- Overall cash and investment yield favorably exceeds budget (1.8% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $204.5M or 663.0% of the most recent quarterly DMHC minimum requirement of $30.8M. TNE balance represents approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of January 31, 2020

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jan-20
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$204.5 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$30.8 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$61.7 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	663.0%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS JANUARY 2020

Financial Reserve Target #1: Tangible Net Equity	Approved	Balance
Board Designated Special Project Funding for CBOs	$4,000,000	$3,840,000
Board Designated Innovation Fund	16,000,000	16,000,000
Invested in fixed assets (NBV)		26,599,315
Restricted under Knox-Keene agreement		305,350
Unrestricted Net Equity		157,762,460
Total TNE		204,507,125
Current Required TNE		30,843,776
TNE %		663.0%
SCFHP Target TNE Range:		
350% of Required TNE (Low)		107,953,215
500% of Required TNE (High)		154,218,879
Total TNE Above/(Below) SCFHP Low Target		**96,553,909**
Total TNE Above/(Below) High Target		**$50,288,246**
Financial Reserve Target #2: Liquidity		
Cash & Investments		$304,676,729
Less Pass-Through Liabilities		
MCO Tax Payable to State of CA		(72,467,990)
Other Pass-Through Liabilities (Note 2)		(30,976,499)
Total Pass-Through Liabilities		**(103,444,489)**
Net Cash Available to SCFHP		201,232,240
SCFHP Target Liquidity (Note 3)		
45 Days of Total Operating Expense		(132,783,050)
60 Days of Total Operating Expense		(177,044,067)
Liquidity Above/(Below) SCFHP Low Target		**68,449,190**
Liquidity Above/(Below) High Target		**$24,188,173**

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 Fund.

Note 2: Other Pass-Through Liabilities include Prop 56 and other provider payables.

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

Capital Expenditures

Santa Clara Family Health Plan

Expenditure	YTD Actual	Annual Budget
Hardware	$314,857	$620,000
Software	$0	$1,029,000
Automobile	$0	$0
Building Improvements	$979,601	$3,149,500
TOTAL	**$1,294,458**	**$4,798,500**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Seven Months Ending January 31, 2020

	Jan-2020 Actuals	% of Rev	Jan-2020 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Jan-2020 Actuals	% of Rev	YTD Jan-2020 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 79,717,340	85.1%	$ 74,335,754	83.8%	$ 5,381,586	7.2%	$ 539,758,867	84.4%	$ 525,740,990	84.3%	$ 14,017,877	2.7%
CMC MEDI-CAL	2,608,779	2.8%	2,899,041	3.3%	(290,263)	-10.0%	21,558,261	3.4%	19,972,181	3.2%	1,586,080	7.9%
CMC MEDICARE	11,336,742	12.1%	11,492,827	13.0%	(156,085)	-1.4%	76,808,434	12.0%	76,925,205	12.3%	(116,770)	-0.2%
TOTAL CMC	13,945,521	14.9%	14,391,868	16.2%	(446,348)	-3.1%	98,366,695	15.4%	96,897,386	15.5%	1,469,310	1.5%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	1,123,789	0.2%	1,043,572	0.2%	80,218	7.7%
TOTAL REVENUE	**$ 93,662,861**	**100.0%**	**$ 88,727,622**	**100.0%**	**$ 4,935,239**	**5.6%**	**$ 639,249,351**	**100.0%**	**$ 623,681,947**	**100.0%**	**$ 15,567,404**	**2.5%**
MEDICAL EXPENSES												
MEDI-CAL	$ 73,075,122	78.0%	$ 69,679,857	78.5%	$ (3,395,265)	-4.9%	$ 512,499,956	80.2%	$ 491,299,696	78.8%	$ (21,200,260)	-4.3%
CMC MEDI-CAL	3,515,011	3.8%	3,055,800	3.4%	(459,211)	-15.0%	19,505,527	3.1%	21,058,223	3.4%	1,552,696	7.4%
CMC MEDICARE	10,823,893	11.6%	10,253,932	11.6%	(569,961)	-5.6%	72,340,176	11.3%	70,601,679	11.3%	(1,738,497)	-2.5%
TOTAL CMC	14,338,904	15.3%	13,309,732	15.0%	(1,029,172)	-7.7%	91,845,703	14.4%	91,659,901	14.7%	(185,801)	-0.2%
HEALTHY KIDS	16,588	0.0%	0	0.0%	(16,588)	0.0%	852,558	0.1%	1,123,405	0.2%	270,848	24.1%
TOTAL MEDICAL EXPENSES	**$ 87,430,614**	**93.3%**	**$ 82,989,589**	**93.5%**	**$ (4,441,025)**	**-5.4%**	**$ 605,198,216**	**94.7%**	**$ 584,083,003**	**93.7%**	**$ (21,115,213)**	**-3.6%**
MEDICAL OPERATING MARGIN	**$ 6,232,247**	**6.7%**	**$ 5,738,033**	**6.5%**	**$ 494,214**	**8.6%**	**$ 34,051,135**	**5.3%**	**$ 39,598,944**	**6.3%**	**$ (5,547,809)**	**-14.0%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,231,244	3.4%	$ 3,234,293	3.6%	$ 3,049	0.1%	$ 21,187,958	3.3%	$ 20,077,141	3.2%	$ (1,110,818)	-5.5%
RENTS AND UTILITIES	21,157	0.0%	2,383	0.0%	(18,774)	-787.8%	140,353	0.0%	99,485	0.0%	(40,868)	-41.1%
PRINTING AND ADVERTISING	7,089	0.0%	95,613	0.1%	88,524	92.6%	93,722	0.0%	514,291	0.1%	420,569	81.8%
INFORMATION SYSTEMS	219,016	0.2%	299,410	0.3%	80,394	26.9%	1,730,211	0.3%	2,152,870	0.3%	422,659	19.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,323,427	1.4%	1,191,735	1.3%	(131,692)	-11.1%	6,797,959	1.1%	8,401,314	1.3%	1,603,355	19.1%
DEPRECIATION/INSURANCE/EQUIPMENT	329,857	0.4%	361,304	0.4%	31,447	8.7%	2,427,558	0.4%	2,694,564	0.4%	267,006	9.9%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	42,600	0.0%	155,741	0.2%	113,141	72.6%	432,232	0.1%	636,587	0.1%	204,355	32.1%
MEETINGS/TRAVEL/DUES	80,174	0.1%	126,297	0.1%	46,123	36.5%	652,416	0.1%	875,044	0.1%	222,628	25.4%
OTHER	26,103	0.0%	65,667	0.1%	39,564	60.2%	1,023,238	0.2%	1,263,667	0.2%	240,429	19.0%
TOTAL ADMINISTRATIVE EXPENSES	**$ 5,280,668**	**5.6%**	**$ 5,532,444**	**6.2%**	**$ 251,776**	**4.6%**	**$ 34,485,647**	**5.4%**	**$ 36,714,963**	**5.9%**	**$ 2,229,316**	**6.1%**
OPERATING SURPLUS (LOSS)	**$ 951,579**	**1.0%**	**$ 205,589**	**0.2%**	**$ 745,990**	**362.9%**	**$ (434,512)**	**-0.1%**	**$ 2,883,982**	**0.5%**	**$ (3,318,493)**	**-115.1%**
ALLOWANCE FOR UNCOLLECTED PREMIUM	63	0.0%	0	0.0%	(63)	0.0%	42330	0.0%	0	0.0%	(42,330)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	134,780	0.1%	60,000	0.1%	(74,780)	-124.6%	493,458	0.1%	420,000	0.1%	(73,458)	-17.5%
GASB 68 - UNFUNDED PENSION LIABILITY	0	0.0%	75,000	0.1%	75,000	100.0%	450,000	0.1%	525,000	0.1%	75,000	14.3%
NON-OPERATING EXPENSES	**$ 134,843**	**0.1%**	**$ 135,000**	**0.2%**	**$ 157**	**0.1%**	**$ 985,788**	**0.2%**	**$ 945,000**	**0.2%**	**$ (40,788)**	**-4.3%**
INTEREST & OTHER INCOME	467,544	0.5%	379,225	0.4%	88,319	23.3%	3,801,671	0.6%	2,654,576	0.4%	1,147,096	43.2%
NET NON-OPERATING ACTIVITIES	**$ 332,702**	**0.4%**	**$ 244,225**	**0.3%**	**$ 88,477**	**36.2%**	**$ 2,815,884**	**0.4%**	**$ 1,709,576**	**0.3%**	**$ 1,106,308**	**64.7%**
NET SURPLUS (LOSS)	**$ 1,284,280**	**1.4%**	**$ 449,814**	**0.5%**	**$ 834,467**	**185.5%**	**$ 2,381,372**	**0.4%**	**$ 4,593,557**	**0.7%**	**$ (2,212,185)**	**-48.2%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
For Seven Months Ending January 31, 2020

	Jan-2020	Dec-2019	Nov-2019	Jan-2019
Assets				
Current Assets				
Cash and Investments	304,676,729	302,290,000	323,681,801	206,033,992
Receivables	583,760,271	564,782,828	545,738,541	550,721,223
Prepaid Expenses and Other Current Assets	10,492,241	9,966,417	11,776,164	8,678,892
Total Current Assets	**898,929,241**	**877,039,245**	**881,196,507**	**765,434,107**
Long Term Assets				
Property and Equipment	46,053,228	46,127,393	45,935,579	43,842,601
Accumulated Depreciation	(19,453,913)	(19,198,652)	(18,867,161)	(16,511,471)
Total Long Term Assets	26,599,315	26,928,742	27,068,418	27,331,130
Total Assets	**925,528,556**	**903,967,987**	**908,264,924**	**792,765,237**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**934,766,165**	**913,205,596**	**917,502,533**	**807,300,477**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	7,079,550	6,110,110	8,257,553	4,494,895
Employee Benefits	1,937,233	1,944,170	1,983,388	1,686,776
Retirement Obligation per GASB 75	3,108,894	3,049,114	4,242,184	3,969,253
Advance Premium - Healthy Kids	-	-	-	87,512
Deferred Revenue - Medicare	10,728,095	-	10,204,914	-
Whole Person Care / Prop 56	30,976,499	28,925,879	27,601,237	15,583,165
IGT, HQAF, Other Provider Payables	38,298,692	35,246,281	41,825,039	12,593,341
MCO Tax Payable - State Board of Equalization	72,467,990	62,115,420	51,762,850	8,784,630
Due to DHCS	39,317,050	42,054,661	31,562,982	57,457,558
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	416,092,526
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	98,462,988	102,726,060	106,775,698	83,918,727
Total Current Liabilities	**726,763,544**	**706,558,246**	**708,602,395**	**612,962,408**
Non-Current Liabilities				
Net Pension Liability GASB 68	500,948	429,956.95	358,966	2,349,796
Total Non-Current Liabilities	**500,948**	**429,957**	**358,966**	**2,349,796**
Total Liabilities	**727,264,492**	**706,988,203**	**708,961,361**	**615,312,204**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,840,000	3,840,000	2,040,000	-
Board Designated Fund: Innovation Fund	16,000,000	16,000,000	-	-
Invested in Capital Assets (NBV)	26,599,315	26,928,742	27,068,418	27,331,130
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	155,381,088	155,051,661	172,551,985	150,379,383
Current YTD Income (Loss)	2,381,372	1,097,091	3,580,872	9,937,770
Total Net Assets / Reserves	**204,507,125**	**203,222,844**	**205,546,625**	**187,953,633**
Total Liabilities, Deferred Inflows and Net Assets	**934,766,165**	**913,205,596**	**917,502,533**	**807,300,477**

Cash Flow Statement

Santa Clara Family Health Plan

	Jan-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$82,300,378	$865,197,159
Medical Expenses Paid	(88,641,275)	(855,173,161)
Adminstrative Expenses Paid	8,185,917	(7,276,985)
Net Cash from Operating Activities	**$1,845,019**	**$2,747,013**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	74,165	(1,294,458)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	467,544	3,801,671
Net Increase/(Decrease) in Cash & Cash Equivalents	**2,386,729**	**5,254,225**
Cash & Investments (Beginning)	302,290,000	299,422,504
Cash & Investments (Ending)	**$304,676,729**	**$304,676,729**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	$816,736	($1,420,299)
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	255,262	2,087,383
Changes in Operating Assets/Liabilities		
Premiums Receivable	(18,977,443)	167,305,855
Prepaids & Other Assets	(525,824)	1,647,846
Accounts Payable & Accrued Liabilities	13,800,999	23,958,272
State Payable	7,614,960	58,641,953
IGT, HQAF & Other Provider Payables	3,052,411	(260,582,916)
Net Pension Liability	70,991	500,948
Medical Cost Reserves & PDR	(4,263,072)	10,607,972
Total Adjustments	**1,028,283**	**4,167,312**
Net Cash from Operating Activities	**$1,845,019**	**$2,747,013**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Seven Months Ending January 31, 2020

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$539,758,867	$21,558,261	$76,808,434	$98,366,695	$1,123,789	**$639,249,351**
MEDICAL EXPENSE	$512,499,956	$19,505,527	$72,340,176	$91,845,703	$852,558	**$605,198,216**
(MLR)	94.9%	90.5%	94.2%	93.4%	75.9%	94.7%
GROSS MARGIN	$27,258,911	$2,052,734	$4,468,259	$6,520,992	$271,232	**$34,051,135**
ADMINISTRATIVE EXPENSE	$29,118,424	$1,163,006	$4,143,592	$5,306,598	$60,625	**$34,485,647**
(% of Revenue Allocation)						
OPERATING INCOME/(LOSS)	($1,859,513)	$889,728	$324,667	$1,214,395	$210,607	**-$434,512**
(% of Revenue Allocation)						
OTHER INCOME/(EXPENSE)	$2,377,629	$94,964	$338,340	$433,304	$4,950	**$2,815,884**
(% of Revenue Allocation)						
NET INCOME/(LOSS)	$518,116	$984,692	$663,006	$1,647,699	$215,557	**$2,381,372**
PMPM (ALLOCATED BASIS)						
REVENUE	$328.26	$373.27	$1,329.90	$1,703.17	$106.74	**$373.26**
MEDICAL EXPENSES	$311.68	$337.73	$1,252.54	$1,590.26	$80.98	**$353.38**
GROSS MARGIN	$16.58	$35.54	$77.37	$112.91	$25.76	**$19.88**
ADMINISTRATIVE EXPENSES	$17.71	$20.14	$71.74	$91.88	$5.76	**$20.14**
OPERATING INCOME/(LOSS)	($1.13)	$15.41	$5.62	$21.03	$20.00	**-$0.25**
OTHER INCOME/(EXPENSE)	$1.45	$1.64	$5.86	$7.50	$0.47	**$1.64**
NET INCOME/(LOSS)	$0.32	$17.05	$11.48	$28.53	$20.47	**$1.39**
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	1,644,321	57,755	57,755	57,755	10,528	1,712,604
REVENUE BY LOB	84.4%	3.4%	12.0%	15.4%	0.2%	100.0%

The Health Trust
Health Insurance Enrollment
Proposal Prepared for Santa Clara Family Health Plan
March 11, 2020

Overview

For more than 20 years, The Health Trust, the Santa Clara Family Health Plan, and other organizations have worked tirelessly to improve health access for community residents who are poor and disenfranchised, and we have seen much success. However challenges are ongoing: pressure and stress in the community caused housing instability, rise in chronic diseases, and fear of deportation make health insurance status and access to care an ongoing challenge. **The Health Trust respectfully requests $165,000 in financial support from Santa Clara Family Health Plan to continue our Health Insurance Enrollment program from July 2020 - June 2021**, addressing the barriers to health care and health equity in Silicon Valley. In partnership with the Health Plan, The Health Trust will strengthen access to health insurance and empower members of our community who are the most vulnerable to effectively navigate available health care services, in order to improve and maintain their health.

Enrollment Activities

Health Insurance Enrollment services take place at the Application Assistance Center inside Western Dental Kids (formerly the Children's Dental Center) in East San Jose, and are available in English and Spanish. When a new client walks into the Health Insurance Enrollment office, staff review family eligibility and confirm they brought the necessary documents in order to apply. Staff and families complete the application forms together, and clients are referred to appropriate community-based programs to meet their immediate health needs, including food access, housing support, vision screenings, and dental programs. The Health Trust staff follow up with new clients after one month to confirm they received all confirmation paperwork from their insurance plans and know how to navigate their new coverage.

The majority of new enrollees are recruited by word-of-mouth from current clients, as well as exterior signage, and staff place a strong emphasis on friendly and high-quality customer service. Through a partnership with the Mexican Consulate in San Jose, The Health Trust operates the Ventanilla de Salud, which caters to Mexican nationals living in the Bay Area. One Health Insurance Enrollment staff spends part of her time at Ventanilla de Salud, and refers qualified families to the Application Assistance Center.

Health Insurance Enrollment staff refer new clients to other programs provided by The Health Trust, such as evidence-based health education workshops or food access, and services offered by other community organizations. Once a month, in partnership with Second Harvest of Silicon Valley, The Health Trust distributes free produce, right outside the office.

The Santa Clara Family Health Plan Impact

With your support, since July 2019, The Health Trust Health Insurance Enrollment program has processed over 400 insurance renewals and enrolled over 278 new families into medical coverage, representing nearly 1133 children and 386 adults. Over our two year partnership, The Health Trust has enrolled or retained 3918 people into an insurance plan that addresses their needs.

Renewed funding from Santa Clara Family Health Plan will support staffing, supervision, and direct program expenses of the Health Insurance Enrollment program for one year. Staffing

needs consist of one full-time Enrollment Specialist, one part-time Program Associate, and a portion of the Program Manager's time to support monthly reporting and supervision. The Health Trust provides monthly quantitative and narrative reports to the Health Plan.

Santa Clara Family Health Plan Program Support - Fiscal Year 2021	
Program Staffing with program supervision, reporting, and contract compliance 1.75 FTE for 12 months	$130,000
Rent/copier/facility cost etc	$25,000
Operational Support for Health Education Programs taking place in the community classroom	$10,000
Total	$165,000

In addition, The Health Trust has leveraged your support of this program to secure additional funding for program expansion. Later this year, The Health Trust will partner with the California Department of Health Care Services to deepen our Insurance Navigation services and hire an additional enrollment counselor (prioritizing English/Vietnamese bilingual) to ensure that clients are equipped to maneuver through our complicated health care landscape. By adding a bilingual and bicultural staff member who can speak English/Vietnamese, The Health Trust will be better able to outreach and assist additional East San Jose communities currently underserved and less able to access and navigate health care. The Health Trust's enrollment specialists can spend some of their time working in the new Santa Clara Family Health Plan community resource center in East San Jose.

About The Health Trust

The Health Trust believes the overall well-being of every person is affected by the social determinants of health: their access to affordable health care, adequate income, food, social engagement, and safe housing. This belief underlies our services to address the health of people who are underserved - and is in direct alignment with the Health Plan's mission to provide high quality, comprehensive health care coverage for those who do not have access to, or are not able to purchase, good health care at an affordable price.

Founded in 1996 from the sale of three non-profit hospitals, The Health Trust serves Santa Clara and Northern San Benito Counties as a 501(c)(3) non-profit operating foundation with a mission to build health equity. The proceeds from the sale of the hospitals was put into a trust, restricted by the requirements of the California Attorney General. In addition, our Board of Trustees is committed to ensuring that The Health Trust will exist in perpetuity to improve the health of our community, limiting endowment spending to 5% per year. To abide by these guidelines, The Health Trust endowment provides funding for grant-making activities; we build partnerships and seek external funding to operate our direct service programs and policy/advocacy work. For over 20 years, we have ensured that our direct services, community grants, and policy advocacy efforts help give everyone the opportunity to be healthy - especially those in our community who are the most vulnerable.

Santa Clara Family Health Plan™

Fulfillment and Provider Directory Vendor Contract

Governing Board – March 26, 2020

Fulfillment and Provider Directory Vendor Selection

To ensure compliance with regulatory requirements, improve efficiency and expand capabilities

- Fulfillment – changing needs that current vendor cannot meet
  - Implement automation and self-service
  - Decrease time to in-home
  - Provide more robust auditing and reporting capabilities
  - Fulfill other types of mailings (e.g., direct mail campaigns)
- Provider Directory – new requirements that current vendor cannot meet
  - Create partial and full provider directories
  - Print and fulfill partial directories for Seniors and Persons with Disabilities (SPDs)

Santa Clara Family Health Plan

Vendors

RFP distributed via email and posted to scfhp.com and evaluated by Marketing & Communications, IT, Provider Network Management, Customer Service, Enrollment & Eligibility

Vendor	Submitted RFP Response	Invited to Present	Invited to Provide Pricing
Arvato Bertelsmann	Yes	Yes	Yes
Clarity Software Solutions, Inc.	Yes	Yes	No
Direct Media Communications, Inc.	No	No	No
Dome Printing	Yes	No	No
Exela Technologies	No	No	No
HealthLogix/Dialog Direct	Yes	No	No
K&H Integrity Communications	No	No	No
KP LLC	Yes	Yes	No
RR Donnelly	Yes	Yes	Yes
Toppan Merrill LLC	No	No	No

Evaluation Criteria

- Ability to support fulfillment components of RFP – member materials, direct mail campaigns, partial provider directories
- Established, comprehensive, and fully compliant Provider Directory generation solution to streamline internal processes and reduce workload
- Local (California) presence to improve ability to meet regulatory mailing timeframes
- Streamlined portal-based capabilities
  - Robust self-service option in support of ad hoc requests
  - Document archiving for regulatory compliance
  - Reporting for inventory and error management
- Services available to support department workflows and operation
  - Inventory management
  - Data management and processing
  - Expertise in planning and implementing required mailings and ad hoc initiatives

Cost Analysis

Based on pricing as presented in RFP responses, Arvato meets requirements and offers lowest overall cost

- Fulfillment
  - Arvato costs comparable to current fulfillment pricing, budgeted for current year at $570k
  - Offers additional functionality and ability to meet current regulatory requirements
  - California-based facility to reduce time to in-home
- Provider Directory
  - Arvato cost of $70k/year
  - Automates current manual, labor-intensive process, saving ~ 56 hours of SCFHP staff time/month
  - New ability to generate and fulfill partial as well as full provider directories
  - Improves compliance, reduces chance of error, and improves member experience
  - Cost may decrease based on efficiencies recommended by vendor
- One-time Implementation
  - Arvato cost of $63k

Vendor Selection

Possible Action

- Authorize Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Arvato Bertelsmann based on RFP pricing.

Santa Clara Family Health Plan™

Dear Community Partners,

As the situation continues to evolve with the coronavirus (COVID-19), similar to all of you, we are following the lead and guidance of the Santa Clara County Public Health Department (SCCPHD), the State of California, and the Centers for Disease Control and Prevention (CDC).

As a local public agency responsible for ensuring access to health care services for over 240,000 residents of our county, we will continue to adapt as the situation changes. Key steps we have already taken, and steps being implemented to support our staff, our members and the providers who partner with us include:

1. Closure of our office to in-person visitors. Members and other visitors should contact us via phone, visit our website (www.scfhp.com), or login to the mySCFHP member portal (member.scfhp.com) and Provider Link (providerportal.scfhp.com) for self-service.
2. Cessation of in-person visits to members, providers, and facilities, and suspension of marketing outreach activities.
3. Changing in-person meetings to virtual meetings or conference calls.

If your clients, customers, or patients are SCFHP members and need our assistance, we are here to help. Please encourage them to use services that are available via the phone or internet instead of visiting SCFHP in-person to stay healthy and prevent the spread of disease. The information below is also published on our website at www.scfhp.com.

5 p.m., Monday through Friday.
    - SCFHP Cal MediConnect members should call **1-877-723-4795**, 8 a.m. – 5 p.m., Monday through Friday.
- **Nurse Advice Line**
    - Our 24/7 Nurse Advice line is offered at no cost to SCFHP members and is an excellent resource for your clients/customers/patients who have questions about whether they should seek medical care:
        - Medi-Cal members can call **1-877-509-0294**.
        - Cal MediConnect members can call **1-844-803-6962**.
- **Mail-Order Prescriptions**
    - SCFHP members can get a 90-day supply of most prescription maintenance medications mailed to them through MedImpact Direct. Cal MediConnect members pay the same co-pay as a 30-day supply to get a 90-day supply. To find out more about our mail order services, visit www.medimpactdirect.com.

Provider Self-Service Tools

SCFHP is anticipating an increase in call volume and/or decline of available workforce due to the coronavirus. If you are a provider, we want to remind you of our self-service tools which are available to you and are not dependent on speaking to a customer service representative:

- **Provider Link**: providerportal.scfhp.com
    - Check authorizations and claims status
    - Verify member eligibility
    - Download your member rosters
- **Interactive Voice Response** (IVR) at **1-408-874-1473**
    - Verify member eligibility
    - Check claims status based on your TIN
    - Request fax confirmation of eligibility verification or claim(s) processed

If you are a provider and need assistance/training to access these tools, please contact SCFHP Provider Services at providerservices@scfhp.com.

We are grateful for the strength, resilience, and perseverance of Santa Clara County's safety net community, as we collectively work to support each other and the residents of Santa Clara County in the face of this unanticipated emergency. Thank you for all you do.

Christine M. Tomcala
Chief Executive Officer

Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name:	Santa Clara County Office of Education (SCCOE)
Project Name:	Child Health and Wellness Coordination
Contact Name and Title:	Mary Ann Dewan, Ph.D., County Superintendent of Schools
Requested Amount:	$515,000
Time Period for Project Expenditures:	April 2020 – June 2022
Proposal Submitted to:	Executive/Finance Committee
Date Proposal Submitted for Review:	February 27, 2020

Summary of Proposal:

SCCOE to develop and implement a service to support all school districts in coordinating care for students returning to schools after hospitalization or extended absence due to medical concerns. Provide a centralized place for hospitals, doctors, parents and schools to access information, coordinate care plans and implement best practices for students returning to school from home/hospital. Would assist with discharge planning; serve as liaison to hospitals, doctors, and schools to ensure that aftercare needed at schools is appropriately communicated; support continuity of education.

Summary of Projected Outcome/Impact:

Estimate 450 students in SCC would benefit each year. Expect reduction in overall countywide rates of chronic absenteeism and reduction in individual student absenteeism rates of those students supported by this program.

Santa Clara County Office of Education

PROPOSAL TO ESTABLISH A COORDINATOR OF CHILD HEALTH AND WELLNESS AT THE SANTA CLARA COUNTY OFFICE OF EDUCATION

February 18, 2020

Abstract/Summary

There is a strong correlation between children's health and their educational engagement and attainment. The ACES study found that young people with more ACES had health and behavioral issues throughout their life. Homelessness is on the rise, housing insecurity, and food insecurity are posing real barriers for children. Chronic absenteeism in Santa Clara County schools is increasing. In the school year 2018-2019 25,059 or one out of every 11 children missed 10% (more than 3.5 weeks of school) or more days of school.

The intersection of health and education is significant and schools have a significant role. The San Jose Unified School District (SJUSD) "Putting Healthcare Back into Schools" Nurse Demonstration Project, was developed as a six-year endeavor (2007-13) to expand school nursing and formally link school nurses to a school-based health clinic. This project demonstrated real and significant benefits for children's health and their educational outcomes. A description of the project and the outcomes can be found at http://med.stanford.edu/schoolhealtheval/nurse_demo_project.html.

The SCCOE desires to create a new service to implement a centralized approach to coordinating care for students returning to schools after hospitalization or extended absence due to medical concerns. The coordination service would include assistance with discharge planning; serving as a liaison to hospitals and doctors and the schools to ensure that aftercare needed at schools is appropriately communicated; and support the continuity of education for youth.

This coordinated service will ensure students have better transitions into school after illnesses, reduce chronic absenteeism, and improve communication amongst medical providers, schools, and families. It would primarily support k-12 students but also children 0 to 5 who are served in school district operated programs. There are about 275,000 youth in Santa Clara County in 31 school districts of varying sizes and grade spans.

The need for collaboration between health and education is well established. It is our hope that a partnership could lead to other areas for us to work together.

Statement of Need

Santa Clara County schools are seeing increasing numbers of children who are separated from school for health related reasons such as anxiety, suicide ideation, asthma, diabetes, and other chronic illnesses.

Hospitalizations and extended absences are on the rise. Students return to school without services and coordination leading to more absences and at times re-hospitalization or return visits to the emergency rooms.

As an example, in the San Jose Unified School District, there were 42 students last school year in the Home and Hospital program.

- 15/42 Home Hospital students came back directly from the hospital
    - 2 Students received transplants
    - 3 Students had scoliosis surgery
    - 2 students returned after cancer treatments
    - 4 students had bone fractures that required surgery
    - 1 student was hospitalized for anorexia

    - 1 student had surgery for a gunshot wound.
    - 1 student had heart surgery
    - 1 student had diabetes and complication
- The other 27 students who were not hospitalized but had Home and Hospital instruction for
    - 17 for psych therapies
    - 8 for pain symptoms
    - 1 for infection
    - 1 for outpatient cancer treatment

Given that there are approximately 31, 700 students in the district and that there are at least 3 times as many students who enter and exit medical care and return to school who are not served in the Home/Hospital Program and that San Jose Unified is an acceptable representative sample of the county as a PK through Grade 12 district serving a diverse student population; and that the SCCOE directly serves students who are identified as Medically Fragile, it is estimated that approximately **450** students or instances of support in Santa Clara County could benefit each year from the proposed program as structured here. Data will be collected on the need and as the program launches, it will become more clear as to the need and how to properly staff such a program in the future.

Project Activity, Methodology and Outcomes

School districts struggle to balance the need for health care services for increasing numbers of children with special health care needs with the current resources available to provide those services. Currently districts attempt to design their own health-related processes and doctors/medical care providers struggle with coordination efforts when students return to school.

Districts already reach out and to seek guidance from the SCCOE for health related protocols such as evidenced by the recent Novel Coronavirus. Local district nurses often seek out support from the SCCOE for school related legal guidance on implementing health related protocols and laws in schools.

A coordinated service at the COE with a focus on both the medical and educational needs of students would be an invaluable support to districts throughout the county. By building upon the level of trust that has been established and understanding the needs of districts, a focused on offering of support in the area of home/hospital would be welcomed. A coordinated service in that capacity will develop and implement the following:

- Develop uniform Home and Hospital Instruction protocols. Presently, each district has their own forms and different policies for when Home Hospital is appropriate and how long Home Hospital can last. As a result health care providers are confused and frustrated. A uniform protocol would expedite and clarify the process.
- Establish a policy statement and forms that are designed to guide prescribing health care professionals, school physicians, and school health councils on the administration of medications to children at school and concerning other health matters. All districts and schools need to have policies and plans in place for safe, effective, and efficient administration of medications at school and improve the process for getting medications on campus so parents and nurses won't have to go back to physicians for clarification of orders.

- Increase county-wide data points around health. Data and stats are the foundation for identifying needs and finding funding to meet the needs. Data from schools can help public health agencies conduct surveillance, intervention, and prevention activities. School-based data also helps in identifying specific needs, targeting health promotion and disease prevention activities, evaluating the effectiveness of public health programs, and tracking long-term health outcomes

The goal of this service would be to provide a centralized place for hospitals, doctors, parents, and schools to access information, coordinate care plans and implement best practices for students returning to school from home/hospital.

Evaluation

The effectiveness of this service will be considered through a review of data. Specifically, a reduction in chronic absenteeism would be a desired outcome. Consideration would also be given to how to monitor for rates of re-hospitalization and emergency room visits.

Metrics to include:

- an overall reduction in the countywide rates of chronic absenteeism
- reduction in individual student absenteeism rates of those students supported by this program

Other data to consider will be the types of medical needs that are contributing to the absences and the effectiveness of coordinated health and education planning.

A report would be produced annually to summarize the services, information learned, and impact.

Budget and Continuation Funding

Multi-year funding would be necessary to establish this service. The request is for initial funding for 2 years. Total Funding Request is $598,033.00.

Continuation Funding will be dependent upon several factors:

1. Availability of grants and donations
2. Fees for services provided such as trainings, materials, etc.
3. Ability to access MAA funds for reimbursable services
4. Identifying funding sources from special education
5. Incorporating the program into the ongoing budget of the SCCOE

Budget Summary Table

	2020 Spring/Summer **April 1 through June 30**	**Year 1 2020-2021 School Year** **July through June**	**Year 2 2021-2022 School Year** **July through June**
Coordination Services – Personnel Costs of Salary and Benefits for a full time Coordinator	$48,333.00	$145,000.00	$155,000.00
Mileage, Supplies, Other for meetings, outreach, etc. Higher in the first year full year for initial set up for the office to include technology	$3,000.00	$10,000.00	$8,000.00
Administrative, Reporting and Data Support – Part time staff – Administrative Assistant/Research/Data Analyst	$25,000.00	$75,000.00	$80,000.00
Indirect/Administrative Costs as described by the California Department of Education	$6,700.00	$20,000.00	$22,000.00
Total	$83,033.00	$250,000.00	$265,000.00

About the SCCOE

The Santa Clara County Office of Education (SCCOE) is a regional service agency that provides professional, instructional, business, technology services and other related services to the 31 school districts of Santa Clara County. The County Office of Education directly serves students through special education programs, alternative schools, Head Start and State Preschool programs, migrant education, and Opportunity Youth Academy. The SCCOE also provides academic and fiscal oversight and monitoring to all districts and to the 22 Santa Clara County Board of Education authorized charter schools.

The SCCOE receives limited funds from the state and federal government and relies heavily on grants, donations, partnerships, fees, local funding and contracts for services to sustain and expand the robust services needed by our public schools. While the SCCOE receives funds under the Local Control Funding Formula, this funding has been flat since 2014.

Contact Information

Dr. Mary Ann Dewan
County Superintendent of Schools
1290 Ridder Park Drive
San Jose, CA 94024
Maryann_dewan@sccoe.org
(317)964-1593

Santa Clara County Health Authority
Board Designated Innovation Fund Request

Organization Name: Santa Clara County Office of Education (SCCOE)
Project Name: Child Health and Wellness Coordination

On February 27, 2020, SCFHP's Executive/Finance Committee reviewed SCCOE's proposal. During that discussion, the Committee had several follow-up questions. The following are SCCOE's responses to those questions (provided by Dr. Mary Ann Dewan, County Superintendent of Schools):

1. **Question**: Santa Clara County Public Health Department (SCCPHD) had been engaged in work similar to what you are proposing. They were in the schools and working directly with school nurses to coordinate care and accommodations for students upon their return to school. Is this work no longer being performed by SCCPHD? If not, when did it end and why? If it is still occurring, please explain how SCCOE's service would complement SCCPHD's current role and/or seek to address an unmet need?

   Response: The SCCPHD is no longer performing this work and has not since the time that I have worked in SCC. It likely ceased many years ago. It is my understanding that it stopped because of changes in funding and priorities. The SCCPHD is a great partner and they do provide content for training and track epidemiology data that is helpful to us for planning.

2. **Question:** Your proposal states that the desired outcome is to reduce overall chronic absenteeism throughout the county, as well as individual student absenteeism rates among those students supported by this program. SCFHP is interested in understanding the direct impact of the program services on the participating students using tools that gauge the efficacy of coordinating subsequent care and/or making accommodations on students' improved health and well-being and/or performance in school (e.g., parent assessments conducted pre and post return to school, ongoing monitoring of progress made after accommodations are implemented). Can SCCOE modify the program evaluation model to include this element?

   Response: Yes. We can add tools to gauge the efficacy and assess the overall pre/post status for the youth. We can add a survey component and also track additional data elements such as social/emotional well-being, grades, and other indicators.

3. **Question:** Your proposal states that the continuation of the program is contingent on available grants, MAA funds, special education funding, service fees, and commitment from SCCOE to incorporate it in the budget year after year. Can you please elaborate on how SCCOE plans to sustain this program if some or all of these sources are not secured? What is SCCOE's sustainability plan to ensure that the program is financially sustainable after Year 2?

   Response: If some or all of the sources of funding are not secured, the sustainability plan would become dependent upon a fee for service model with a component of the cost shared amongst all school districts and/or building this service into our overall operations as an administrative function. I would also anticipate that if the program is benefiting the families in ways that are aligned to strategic goals of the governing board, additional funding or longer term funding might be offered by Santa Clara Family Health Plan to assist with sustainability beyond Year 2.

Santa Clara Family Health Plan

POLICY

Policy Title:	**Innovation Fund**	**Policy No.:**	GO.03 v1
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Governance & Org Structure	**Policy Review Frequency:**	Periodically as warranted
Lines of Business (check all that apply):	☐ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

To establish an innovation fund for strategic initiatives determined by SCFHP to be high priority investments.

II. Policy

SCFHP has established a Board Designated Fund to allow the Plan to identify and fund potential high value strategic investments. The amount of reserves available for this Designated Fund will be based on a portion of the amount available, if any, over the Board-designated maximum Tangible Net Equity (TNE), subject to the Plan exceeding the Board-established liquidity target range, determined annually after release of the audited financial statements and as recommended by management in consideration of current and anticipated financial challenges.

It is SCFHP's policy to make investments in keeping with the following principles:

1. Focus investments on identified gaps in serving our members, potential members and providers to better meet member health needs, consistent with SCFHP's mission.
2. Fund initiatives that enable SCFHP to address evolving state and federal health care policy and regulatory expectations.
3. Work in collaboration with organizations in the community, as appropriate for the initiative.
4. Strategic investments may span multiple years.

The Executive/Finance Committee may approve innovation fund investments up to $250,000. Project funding over $250,000 must be approved by the Governing Board.

III. References

1. Tangible Net Equity Policy
2. Liquidity Policy

IV. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
[Manager/Director Name] [Title]	[Compliance Name] Title]	[Executive Name] [Title]
Date	Date	Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
v1	Original			

Santa Clara Family Health Plan™

Quality Measure Review 2019

Laurie Nakahira, Chief Medical Officer

Presentation Agenda

- How is Quality Measured?
- SCFHP Quality Program Enhancements
- Medi-Cal HEDIS CY19 Status

How is Quality Measured by DHCS?

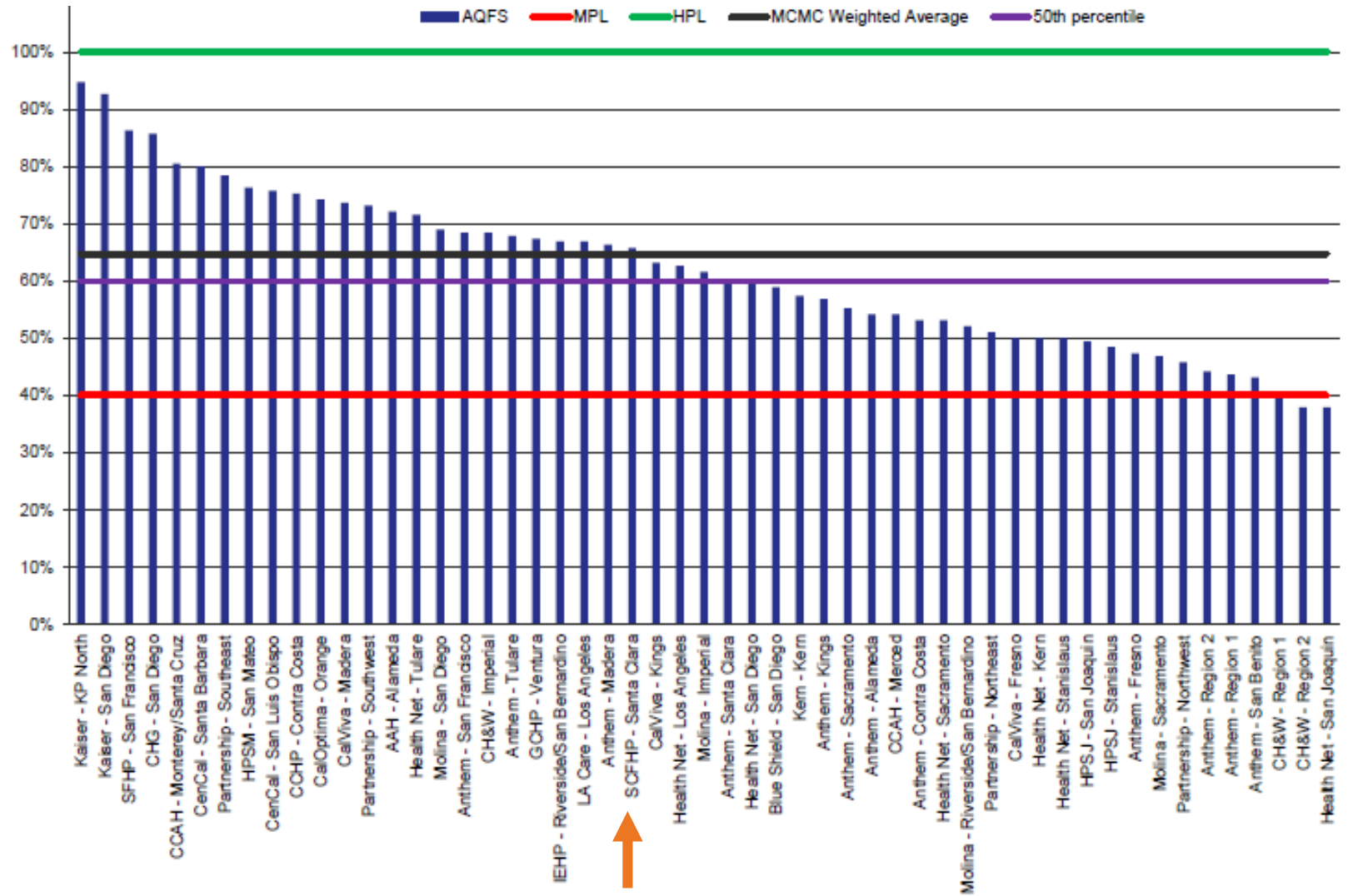
Healthcare Effectiveness Data and Information Set (HEDIS)

- DHCS mandatory reporting for specific set of measures for all Medi-Cal plans
- The measures focus on healthcare screenings and visits to keep members healthy or help them manage their conditions
- Plan must follow rules setup by NCQA and CMS on how to perform the measurements
- Measures can be setup to accept data in different ways:
  - Administrative – claims, encounter, supplemental
  - Hybrid – medical record review in addition to the above (411 charts per hybrid measure)
- HEDIS is measured on a calendar year (CY) cycle, which is referred to as the measurement year (MY), and the subsequent year is the reporting year (RY)
  - CY2019 is MY19 reported in RY20.

National Committee for Quality Assurance (NCQA), Department of Health Care Service (DHCS), Centers for Medicare & Medicaid Services (CMS)

How is Quality Measured by DHCS?

*2019 HEDIS® Aggregated Quality Factor Score (AQFS)



*Based on MY2018 measures that are reported in 2019

DHCS Advancements in Monitoring Quality

2019 DHCS Changes to Quality Measures

- Advancements:
  - ✓ *39 HEDIS measures (about half are new)*
  - ✓ *Measures finalized in May 2019 for measurement period CY19*
  - ✓ *Require Plans to perform at least at the 50th percentile (new MPL)*
  - ✓ *Impose immediate corrective action plans and sanctions for not meeting MPLs*

Minimum Performance Level (MPL)

FY19-20 Quality Enhancement Initiatives

Member

- Incentives +
- Inbound call gaps in care reminders +
- Call outreach gaps in care reminders +
- Call hold time educational messaging
- Member newsletter articles, social media +
- Health education at community outreach events
- Employee gaps in care incentive pilot
- Care plans to include all HEDIS gaps in care +

Provider

- Provider Performance Program +
- Low performance provider interviews and work plans
- Clinic days +
- Provider newsletter best practice articles
- Monthly gaps in care report cards and patient lists
- Monthly delegate and large clinic quality meetings
- Practice transformation consulting for clinics
- Gaps in care in provider portal

Information

- Outreach with delegates and clinics to setup supplemental data feeds + or EHR sharing, includes IT staff consulting time
- Implementation of new HEDIS vendors (certified HEDIS engine + medical record review)

Green = new initiatives, (+) = additional initiatives

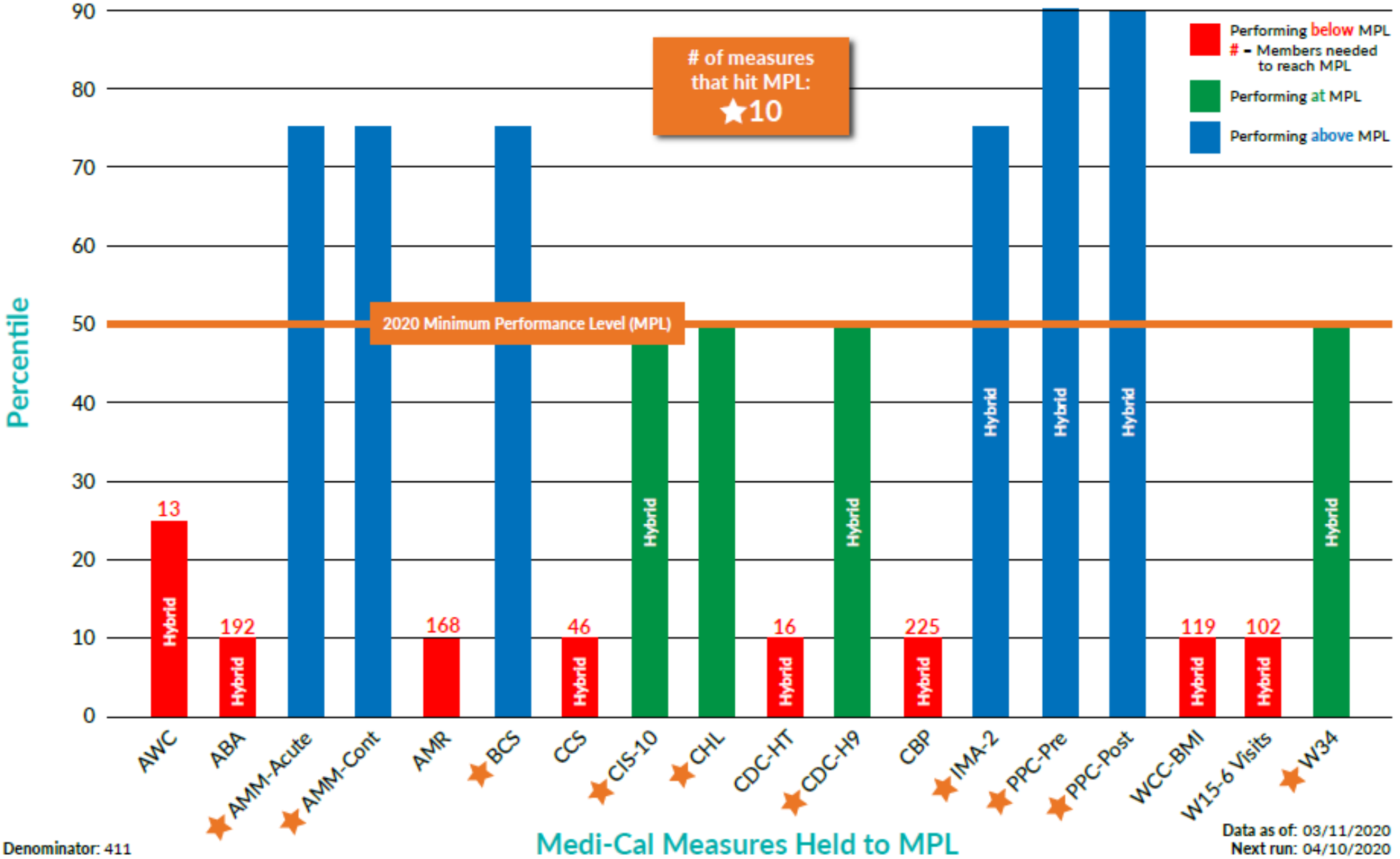
Quality Activities

Additional efforts to address gaps in care for 2019:

- Hired 4 outreach temps to schedule doctor's appointment or lab test
- Administered employee incentive to remind members on the phone to close their gaps in care
- Improved supplemental data collection
- Coordinated clinic days

HEDIS 2020 Production Build Measure Percentiles for MY 2019

Santa Clara Family Health Plan



Denominator: 411

Data as of: 03/11/2020
Next run: 04/10/2020

Santa Clara Family Health Plan

Medi-Cal HEDIS CY19 Status

Acronym	Measure	CY19 YTD Status	CY18 Final Status	CY19 Projected Status
AWC*	Adolescent Well-Care Visits	25th	25th	-
ABA*	Adult Body Mass Index Assessment	Below 10th	Below 10th	-
AMM-Acute	Antidepressant Medication Mgmt - Acute	75th	75th	+
AMM-Cont	Antidepressant Medication Mgmt- Continuation	75th	75th	+
AMR	Asthma Medication Ratio	Below 10th	50th	+
BCS	Breast Cancer Screening	75th	75th	+
CCS*	Cervical Cancer Screening	10th	50th	+
CIS-10*	Childhood Immunization Status – Combo 10	50th	90th	+
CHL	Chlamydia Screening in Women Ages 16-24	50th	50th	+

(*)= hybrid measure, (+) = meet 50th percentile, (-) = will not meet 50th percentile, (?) = may meet 50th percentile

Santa Clara Family Health Plan

Medi-Cal HEDIS CY19 Status – Cont'd

Acronym	Measure	CY19 YTD Status	CY18 Final Status	CY19 Projected Status
CDC-HT*	Comprehensive Diabetes Care HbA1c Testing	10th	50th	+
CDC-H9*	HbA1c Poor Control (>9%)	50th	25th	(?)
CBP*	Controlling High Blood Pressure	Below 10th	25th	(?)
IMA-2*	Immunizations for Adolescents – Combo 2	75th	90th	+
PPC-Pre*	Timeliness of Prenatal Care	90th	50th	+
PPC-Post*	Post Partum Care	90th	75th	+
WCC-BMI*	Body Mass Index for Children/Adolescents	Below 10th	25th	-
W15*	Well Child Visits in the First 15 Months of Life	Below 10th	Below 10th	-
W34*	Well Child Visits in the 3rd, 4th, 5th & 6th Years of Life	50th	50th	+
Total				12-14/18

1. Adolescent Well-Care Visits (AWC)

Hybrid

	Rate	Percentile
CY19 YTD	32.37%	Below 10th
CY19 Goal	54.57%	50th
CY18 Rate	48.89%	25th

Interventions for 2019

- PPP Measure, Prop 56
- Member Newsletter Article (Aug)
- Direct Member Mail (July-Sept)
- Provider Memo + E-News (July)
- Text Messaging Campaign (ETA Nov)
- Social Media (Sept, ETA Nov)
- Member Incentive $30
- Employee Incentive (Oct)

2. Adult Body Mass Index Assessment (ABA)

Hybrid

	Rate	Percentile
CY19 YTD	17.35%	Below 10th
CY19 Goal	88.47%	50th
CY18 Rate	26.20%	Below 10th

Interventions for 2019

- PPP Measure
- Supplemental Data Strategy (in discussions with community clinics, meeting internally to discuss VMC, PMG Cozeva file expected ETA Jan)

3. HbA1c Poor Control (>9%) (CDC-H9)

Hybrid

	Rate	Percentile
CY19 YTD	83.65%	Below 10th
CY19 Goal	38.08%	50th
CY18 Rate	43.31%	25th

Interventions for 2019

- Prop 56
- Member Newsletter Article (Aug)
- Provider Memo + E-News (July)
- Text Messaging Campaign (ETA Nov)
- Social Media (Sept, Nov)
- Employee Incentive (Oct)

4. Controlling High Blood Pressure (CBP)

Hybrid

	Rate	Percentile
CY19 YTD	1.53%	Below 10th
CY19 Goal	58.64%	50th
CY18 Rate	56.93%	25th

Interventions for 2019

- PPP Measure, Prop 56
- Member Newsletter Article (Aug)
- Provider Memo + E-News (July)
- Text Messaging Campaign (ETA Nov)
- Social Media (Sept, Nov)
- Supplemental Data Strategy (in discussions with community clinics, meeting internally to discuss VMC, PMG Cozeva file expected ETA Jan)

5. Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents – BMI Assessment (WCC-BMI)

Hybrid

	Rate	Percentile
CY19 YTD	29.79%	Below 10th
CY19 Goal	75.55%	50th
CY18 Rate	71.05%	25th

Interventions for 2019

- Member Newsletter Article (Aug)
- Text Messaging Campaign (ETA Nov)
- Social Media (Sept, Nov)
- Provider Memo + E-News (July)
- Employee Incentive (Oct)

6. Well-Child Visits in the First 15 months of Life (W15)

Hybrid

	Rate	Percentile
CY19 YTD	27.82%	Below 10th
CY19 Goal	66.23%	50th
CY18 Rate	37.05%	Below 10th

Interventions for 2019

- PPP Measure
- Member Incentive $30
- Member Newsletter Article (Aug)
- Text Messaging Campaign (ETA Nov)
- Social Media (Sept, Nov)
- Provider Memo + E-News (July)
- Employee Incentive (Oct)

Santa Clara Family Health Plan™

Questions?

Compliance Report

March 26, 2020

AUDIT UPDATE

- **Centers for Medicare & Medicaid Services (CMS) Program Audit**

  The Plan continues to make progress on our CMS Program Audit revalidation. The revalidation is taking place in two parts. For the first part, the Plan is currently on track with all revalidation activities related to the Coverage Determinations, Appeals and Grievances (CDAG) condition and Compliance Program Effectiveness (CPE) condition. The Final Revalidation Audit Report for the CDAG and CPE conditions must be submitted to CMS on or before July 19, 2020.

  The second part of the revalidation involves the conditions related to Care Coordination and Quality Improvement Program Effectiveness (CCQIPE). As noted previously, the Plan requested, and CMS granted, an extension of time to complete the Revalidation Audit for the CCQIPE Conditions. The primary purpose for the extension was to allow the Plan time to recruit and train additional staff to achieve and sustain full compliance with respect to the relevant tasks. The Plan has been working diligently on recruitment and is operating at full capacity, with a combination of permanent and temporary employees. In August 2020, the auditors will evaluate data reflecting the Plan's performance between May 1, 2020, and July 31, 2020. The Final Report for the CCQIPE Conditions must be submitted on or before September 25, 2020.

- **Medicare Data Validation (MDV) Audit**

  The Plan's 2020 MDV Audit for the Cal MediConnect (CMC) line of business kicked off earlier this week and will continue through early summer. The purpose of the MDV Audit is to validate the accuracy and completeness of Part C (inpatient and outpatient medical care) and Part D (prescription drug) data reported to CMS. The validation provides CMS with assurance that the data submitted to them is credible and consistently collected. The audit is conducted annually by a data validation contractor selected to perform and review data submitted, based on the previous calendar year's reporting requirements.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**

  The Plan just wrapped up the onsite portion of our annual DHCS audit for the Medi-Cal line of business. While the auditors provided some real-time feedback during the onsite portion, we do not anticipate having a draft report from DHCS until early summer. However, based on the feedback received, the Plan anticipates fewer findings this year than last year.