

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

Via Teleconference
Residence
1985 Cowper Street
Palo Alto, CA 94301

AGENDA

- | | | | |
|--------------------------|--------------|-------|-------|
| 1. Roll Call | Ms. Alvarado | 11:30 | 5 min |
| 2. Public Comment | Ms. Alvarado | 11:35 | 5 min |

Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes

Announcement Prior to Recessing into Closed Session

Announcement that the Governing Board will recess into closed session to discuss Item No. 3 below:

3. Adjourn to Closed Session

- a. **Existing Litigation** (Government Code Section 54956.9(d)(1)):

It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding consolidated Cases before the Board Administration of the California Public Employees' Retirement System:

 - i. 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.
 - ii. 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 No. 2018051029.
- b. **Anticipated Litigation** (Government Code Section 54956.9(d)(3)):

It is the intention of the Executive/Finance Committee 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 Executive/Finance Committee to meet in Closed Session to discuss plan partner rates.

4. Report from Closed Session	Ms. Alvarado 12:15 5 min
5. Meeting Minutes Review meeting minutes of the January 23, 2020 Executive/Finance Committee. Possible Action: Approve January 23, 2020 Executive/Finance Committee Minutes	Ms. Alvarado 12:20 5 min
6. December 2019 Financial Statements Review December 2019 Financial Statements. Possible Action: Approve the December 2019 Financial Statements	Mr. Cameron 12:25 10 min
7. Rate Development Process Presentation summarizing the process to determine the Plan’s revenue rates. Possible Action: Accept the Rate Development Process presentation	Ms. Bui-Tong 12:35 15 min
8. Quarterly Investment Compliance Report Discuss investment compliance report prepared by Sperry Capital as of December 31, 2019. Possible Action: Accept the December 31, 2019 Investment Compliance Report	Mr. Cameron 12:50 5 min
9. Innovation Fund Expenditures Consider funding requests from the Santa Clara County Office of Education and The Healthier Kids Foundation. Possible Action: Approve expenditures from the Board Designated Innovation Fund	Mr. Tomcala 12:55 15 min
10. Network/Voice Circuit Proposal Discuss network and voice circuit proposal. Possible Action: Authorize Chief Executive Officer to negotiate, execute, amend, and terminate network and voice circuit contracts in an amount not to exceed \$760,000	Mr. Tamayo 1:10 5 min
11. Compliance Update Discuss audit activity and corrective action plan progress. Possible Action: Accept Compliance Update	Ms. Larmer 1:15 5 min
12. Network Detection and Prevention Update Review report on firewall intrusion, detection, and prevention efforts. Possible Action: Accept Network Detection and Prevention Update	Mr. Tamayo 1:20 5 min
13. CEO Update Discuss status of current topics and initiatives. Possible Action: Accept CEO Update	Ms. Tomcala 1:25 5 min
14. Adjournment	1:30

Notice to the Public—Meeting Procedures

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

Regular Meeting of the

Santa Clara County Health Authority Executive/Finance Committee

Thursday, January 23, 2020, 11:30 AM - 1:30 PM
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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.

Robin Larmer, Secretary



Santa Clara Family
Health Plan™

Unaudited Financial Statements
For Six Months Ended December 31, 2019

Agenda

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Financial Highlights



	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

Net Surplus (Loss)	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ TNE was \$203.2M (660.4% of minimum DMHC requirement of \$30.8M).
Capital Expenditures	<ul style="list-style-type: none"> ▶ 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				Prior Year Actuals	Δ FY19 vs. FY20
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
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

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%)
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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%)
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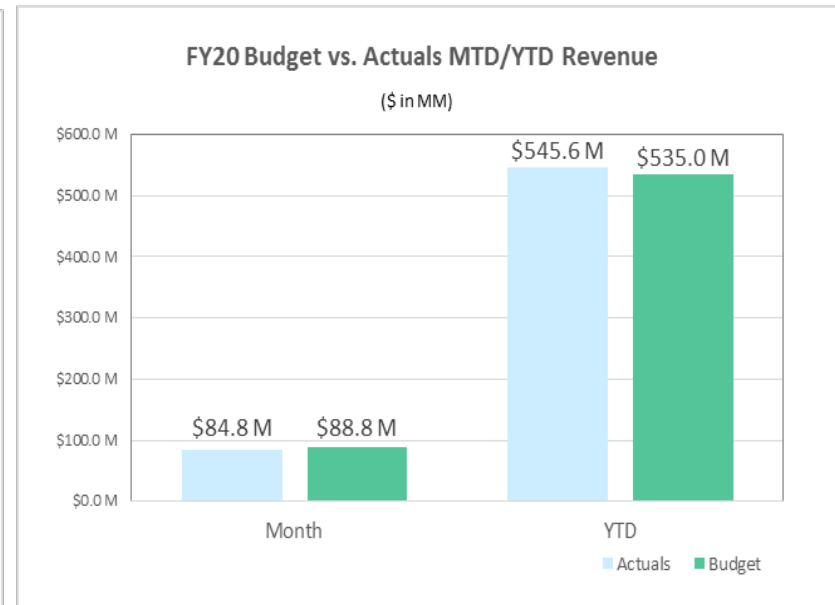
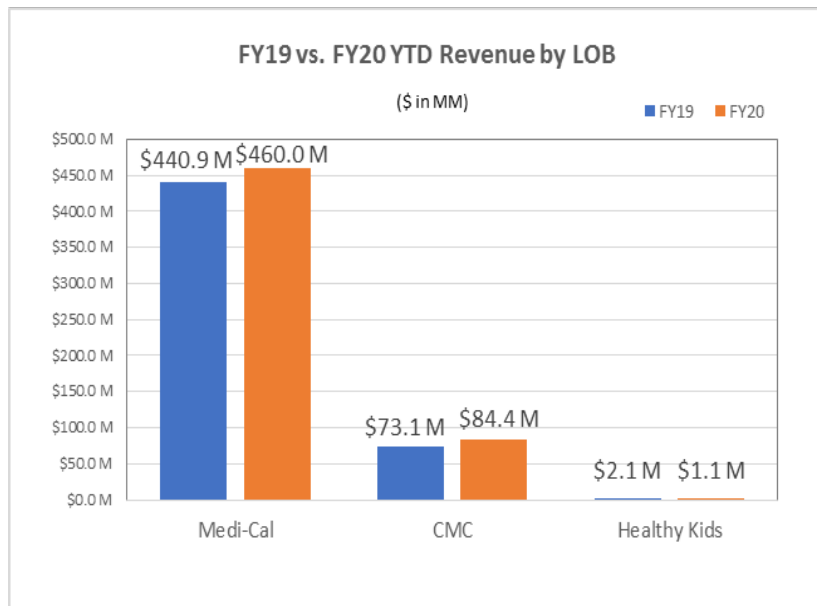
CMC	CMC Non-Long Term Care	7,484	7,540	7,616	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	391	5.0%
	CMC - Long Term Care	211	210	198	204	208	209	207	207	213	212	217	220	222	15	7.2%
	Total CMC	7,695	7,750	7,814	7,884	7,869	7,915	8,022	8,076	8,134	8,194	8,233	8,289	8,428	406	5.1%

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%)
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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:

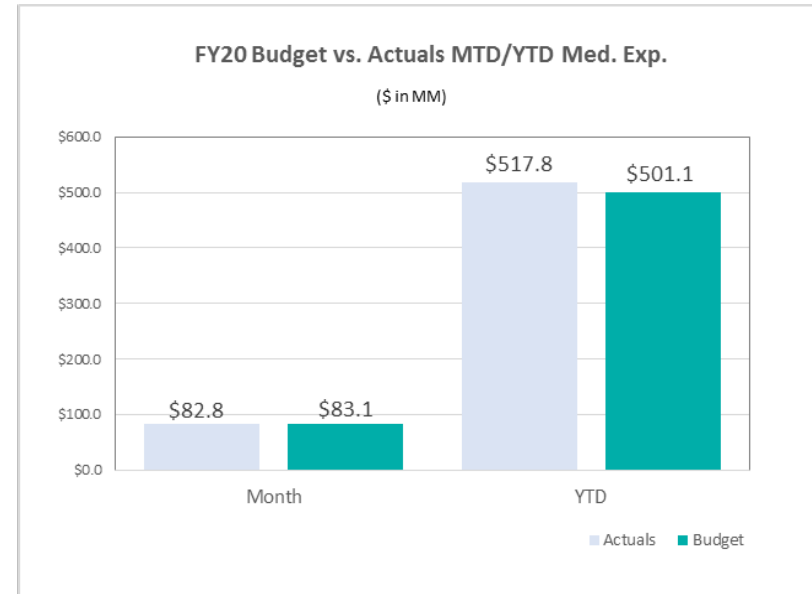
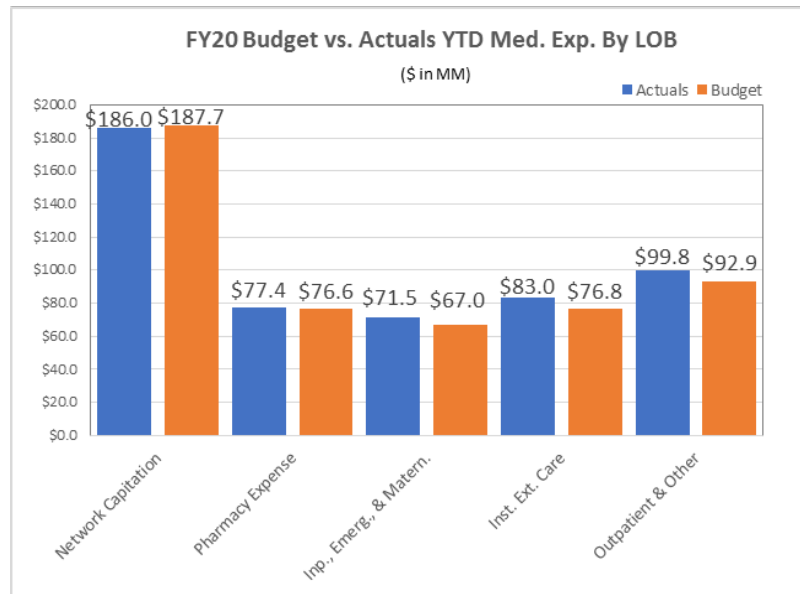
- Medi-Cal Coordinated Care Initiative (CCI) Duals rate reduction of \$9.7M for Jan 17 - Dec 19 due to recast.
- Cal MediConnect (CMC) MCAL net rate increase of \$2.8M favorable for Jan 17 – Dec 19 due to recast.
- Increased Prop 56 revenue accrual of \$877K due to rate increase (with an offsetting increase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

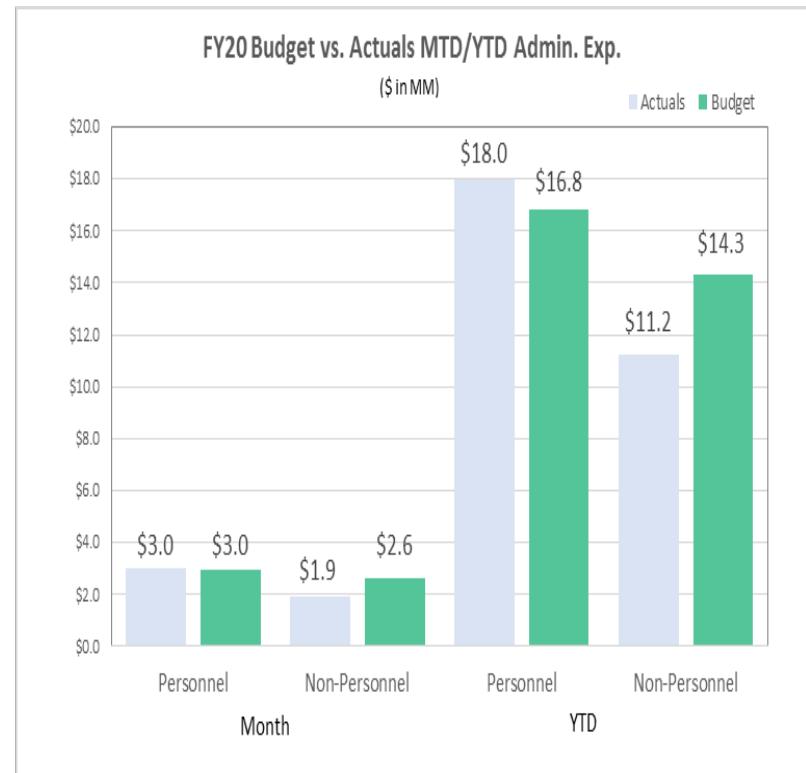
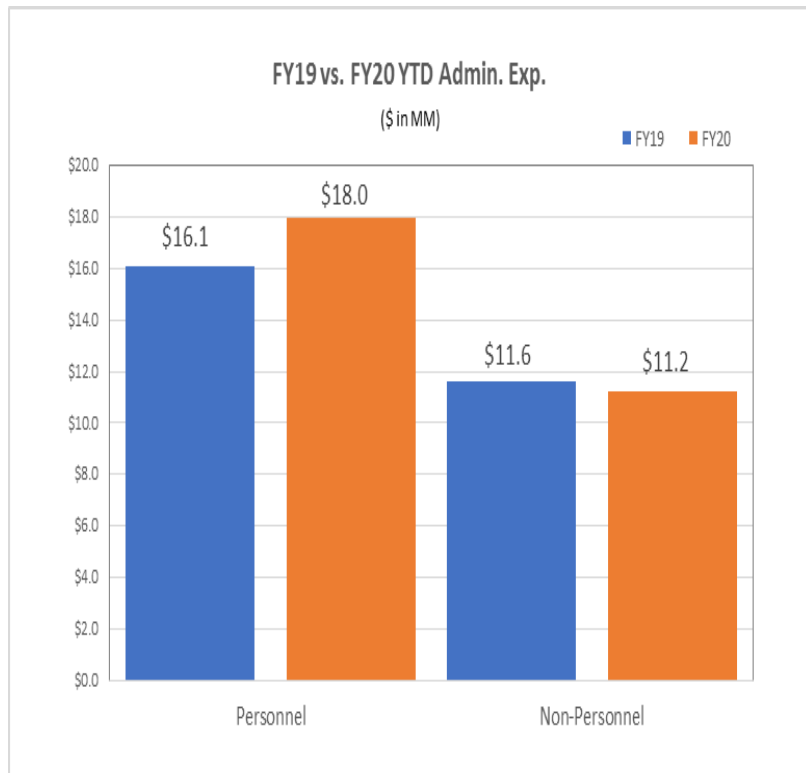
- Capitation expense is \$4.4M favorable due to retroactive Medi-Cal Coordinated Care Initiative (CCI) Duals provider adjustments related to recast.
- Medi-Cal and Cal MediConnect (CMC) Long Term Care (LTC) and Inpatient Hospital expenses in excess of budget yielded an unfavorable variance of \$2.5M 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 to budget 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).

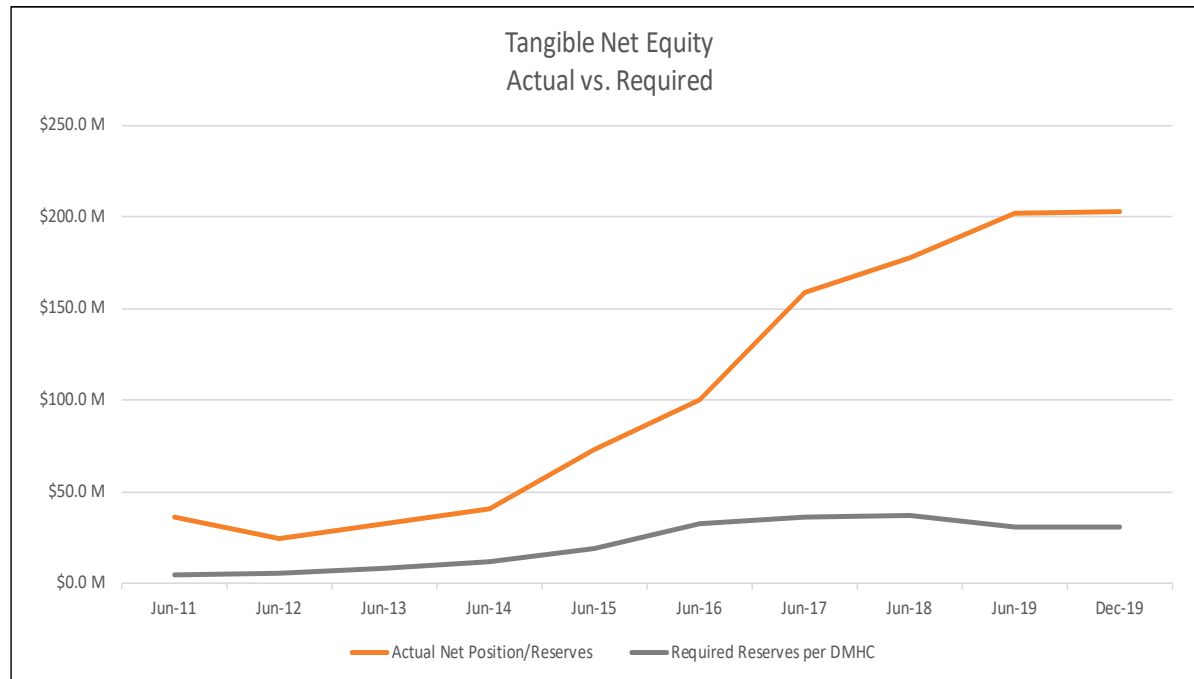
Description	Cash & Investments	Gross Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	\$104,824,933	2.13%	\$234,050	\$734,050
Wells Fargo Investments	\$169,480,839	1.80%	\$313,508	\$1,165,314
	<u>\$274,305,772</u>		<u>\$547,558</u>	<u>\$1,899,364</u>
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
	<u>\$27,678,379</u>		<u>\$48,639</u>	<u>\$1,271,236</u>
Assets Pledged to DMHC				
Restricted Cash	\$305,350	0.42%	\$0	\$348
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u>\$302,290,000</u>		<u>\$596,197</u>	<u>\$3,170,948</u>

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

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	<u>16,000,000</u>
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		<u>95,522,456</u>
Total TNE Above/(Below) High Target		<u>\$49,365,146</u>
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)		<u>(28,925,879)</u>
Total Pass-Through Liabilities		(91,041,299)
Net Cash Available to SCFHP		<u>211,248,701</u>
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		<u>78,165,435</u>
Liquidity Above/(Below) High Target		<u>\$33,804,346</u>

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

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

	Dec-2019	% of	Dec-2019	% of	Current Month Variance		YTD Dec-2019	% of	YTD Dec-2019	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
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 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



	<u>Dec-2019</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	\$86,636,891	\$782,896,781
Medical Expenses Paid	(93,293,349)	(766,531,886)
Administrative 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
Prepays & 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 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
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

Sperry Capital Inc. Disclaimer: *Sperry Capital provides this Investment Summary Report for the sole use by the Santa Clara Family Health Plan and is not intended for distribution other than to members of the Board and Financial Committees of the Santa Clara Family Health Plan. This report is based on information prepared and distributed by and market valuations provided by Wells Fargo Asset Management and the Santa Clara County Treasurer's Pool, for those funds held by those firms respectively. Sperry Capital does not provide investment advice or profess an opinion as to asset allocation, appropriateness of investment or recommend alternative investment strategies. Sources for the material contained herein are deemed reliable but cannot be guaranteed*

Portfolio Holdings

US Dollar
As of 31 December 2019

WC-Santa Clara Family HealthPI
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	0.00	12/31/2019	-0.01	1.0000	0.00	-0.01
	-0.01	AAA	12/31/2019		0.00	0.00	-0.01
CCYUSD Receivable	2,172.34	0.00	12/31/2019	2,172.34	1.0000	0.00	2,172.34
	2,172.34	AAA	12/31/2019		0.00	0.00	2,172.34
CCYUSD ---	2,172.33	0.00	12/31/2019	2,172.33	1.0000	0.00	2,172.33
	2,172.33	AAA	12/31/2019		0.00	0.00	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	1.54	12/31/2019	165,374.43	1.0000	0.00	165,374.43
	165,374.43	AAA	12/31/2019		1.50	0.00	165,374.43
94975P405 WELLSFARGO:GOVT MM I	165,374.43	1.54	12/31/2019	165,374.43	1.0000	0.00	165,374.43
	165,374.43	AAA	12/31/2019		1.50	0.00	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	2.15	06/16/2020	1,075,914.19	100.0512	1,028.96	1,075,550.56
	1,075,000.00	A	06/16/2020		1.96	-363.63	1,076,579.52
02665WCL3 AMERICAN HONDA FINANCE CORP	1,350,000.00	2.04	02/21/2020	1,350,281.62	100.0282	3,143.62	1,350,380.63
	1,350,000.00	A	02/21/2020		1.84	99.01	1,353,524.25
06051GFT1 BANK OF AMERICA CORP	3,000,000.00	2.63	10/19/2020	3,015,710.97	100.5725	15,750.00	3,017,174.01
	3,000,000.00	A	10/19/2020		1.89	1,463.04	3,032,924.01
06406HDD8 BANK OF NEW YORK MELLON CORP	3,462,000.00	2.60	08/17/2020	3,474,289.76	100.4041	33,504.47	3,475,991.15
	3,462,000.00	A+	07/17/2020		1.83	1,701.39	3,509,495.62
072024WU2 BAY AREA TOLL AUTH CALIF TOLL BRDG REV	2,660,000.00	2.02	04/01/2020	2,660,000.00	100.0790	14,214.38	2,662,101.40
	2,660,000.00	AA-	04/01/2020		1.68	2,101.40	2,676,315.77
14913Q2K4 CATERPILLAR FINANCIAL SERVICES CORP	3,000,000.00	2.09	05/15/2020	3,001,310.29	100.0530	8,185.36	3,001,590.54
	3,000,000.00	A	05/15/2020		1.85	280.25	3,009,775.90
17325FAE8 CITIBANK NA	3,000,000.00	2.10	06/12/2020	3,000,821.36	100.0493	3,325.00	3,001,477.89
	3,000,000.00	A+	05/12/2020		1.95	656.53	3,004,802.89
12619TB37 CRC Funding, LLC	3,000,000.00	0.00	02/03/2020	2,994,912.50	99.5375	0.00	2,986,125.00
	3,000,000.00	A-1	02/03/2020		5.07	-8,787.50	2,986,125.00
30229AA90 Exxon Mobil Corporation	1,900,000.00	0.00	01/09/2020	1,899,299.11	99.9595	0.00	1,899,231.45
	1,900,000.00	A-1+	01/09/2020		1.62	-67.66	1,899,231.45
313312VZ0 FEDERAL FARM CREDIT BANKS	5,000,000.00	0.00	04/24/2020	4,969,992.05	99.5072	0.00	4,975,359.70
	5,000,000.00	A-1+	04/24/2020		1.56	5,367.65	4,975,359.70

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Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPI

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
3133XFP50 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
4581XOCP1 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

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Portfolio Holdings

US Dollar
As of 31 December 2019

WC-Santa Clara Family HealthPI
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
912828Z22 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	1.24	05/29/2020	168,717,869.48	99.9586	546,815.93	168,766,475.82
---	168,844,000.00	AA	05/25/2020		1.75	48,606.34	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	1.24	05/29/2020	168,885,416.24	99.8608	546,815.93	168,934,022.58
---	169,011,546.76	AA	05/25/2020		1.75	48,606.34	169,480,838.51

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Portfolio Holdings

US Dollar

As of 31 December 2019

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

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



**Asset
Management**

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

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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

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.

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.



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 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.



February 22, 2020

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

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

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):	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> 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 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

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	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.

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

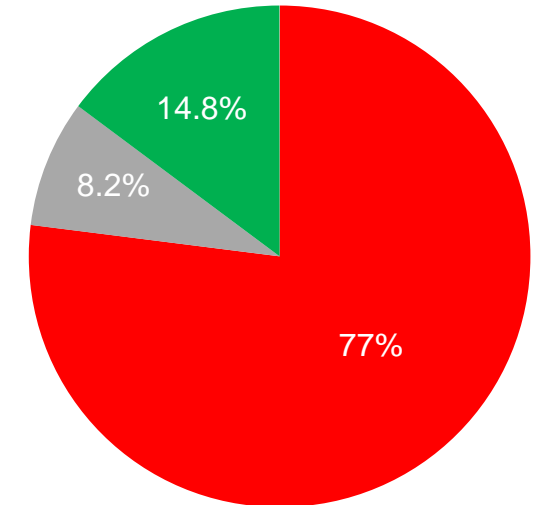
Brute Force – vulnerability attempt to obtain user credentials

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

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



■ Spam ■ Gray Mail ■ Clean mail

January

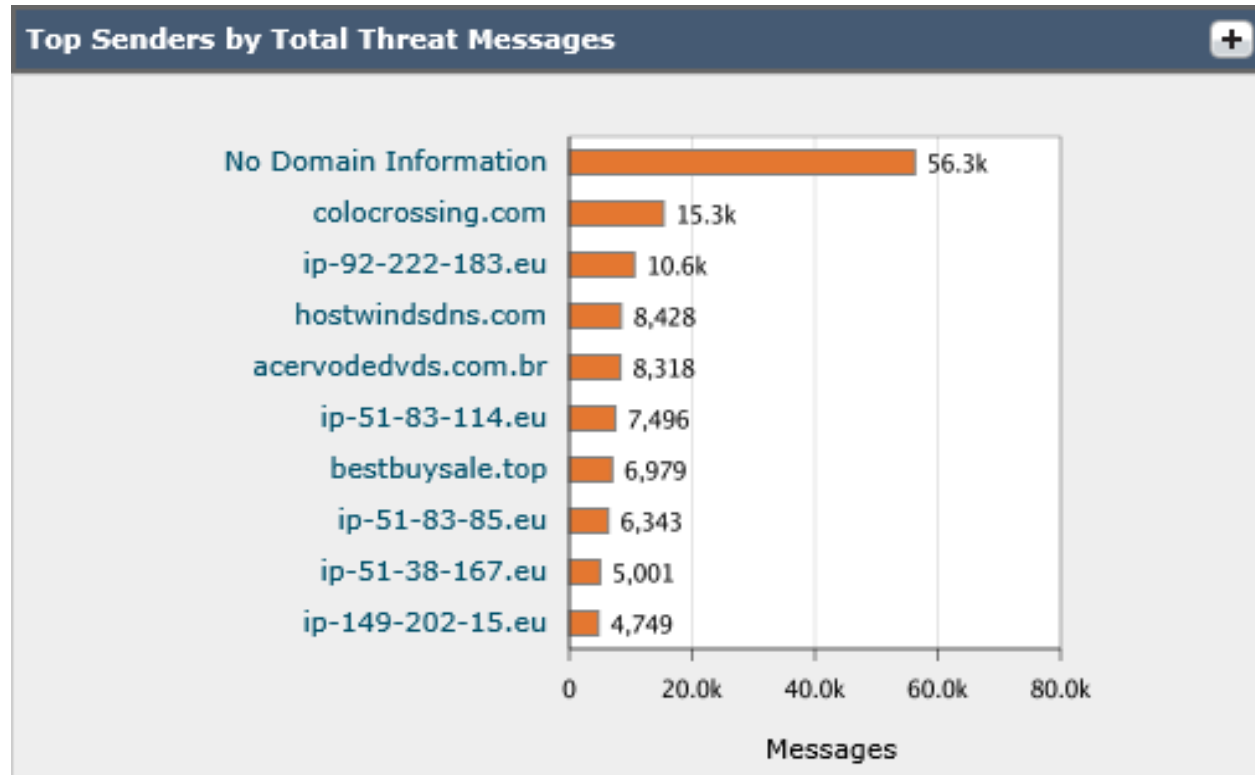
During the month.

- 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



colocrossing.com
- web and domain hosting from US.

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

hostwinddns.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

January

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

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



	INCIDENT 72 – 10/03/2019	INCIDENT 73 – 10/03/2019	INCIDENT 74 – 10/09/2019	INCIDENT 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 <ul style="list-style-type: none">Subject: IMPORTANT: Voice Message AttachedNo unique word to filter expressionBlocked source IP address (202.218.230.130).	Step 2. Block source email address on email gateway. yHyit@watanabenoji.com <ul style="list-style-type: none">Subject: Audlo Message AttachedNo unique word to filter expressionBlocked source IP address (211.1.227.18).	Step 1. Analyze email and take appropriate action. RPeznv@narutoscissors.co.jp <ul style="list-style-type: none">Subject: Syncing Error Failure NotificationRecipient: ctomcalaNo unique word to filter expressionBlocked source IP address (210.189.85.2)	Step 2. Block source email address on email gateway. Natalie.Dorsey@buildgc.com <ul style="list-style-type: none">Subject: INV-006253 from BUILDGROUPNo unique word to filter expressionNo IP address provided to block.	Step 2. Block source email address on email gateway. xc158743@gmail.com <ul style="list-style-type: none">Subject: Russians accused of extremismNo unique word to filter expressionNo IP address provided to block.	Step 2. Block source email address on email gateway. dfkoger@iu.edu <ul style="list-style-type: none">Subject: Error NotificationNo unique word to filter expressionNo 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



	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. <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - 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



	INCIDENT 79 – 12/06/2019	INCIDENT 80 – 12/12/2019	INCIDENT 81 – 12/16/2019	INCIDENT 82 – 12/17/2019	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	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 2. Block Source email DmJoe@purdue.edu on e-mail gateway.</p> <ul style="list-style-type: none"> - Subject: ctomcala 4 Quarantined Mails - Recipient: ctomcala - No IP address blocking due to legit domain name. - No unique word to filter expression <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 2. Block Source email dialla.orc1980@aol.com on e-mail gateway.</p> <ul style="list-style-type: none"> - Subject: December New Invoice - Recipient: Call Center Management group. - No IP address blocking due to legit domain name. - No unique word to filter expression <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 2. Block Source email selchesterorglosil@aol.com on e-mail gateway.</p> <ul style="list-style-type: none"> - 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 <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 1. Block Source e-mail address faxbound@matrixcommunications.com on e-mail gateway.</p> <ul style="list-style-type: none"> - Subject: OpenFax Notification from 16484638475 - Recipients: ctomcala, camerdav, njarecki - Blocked source IP address (45.133.183.182) - No unique words to Filter Expression <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 2. Block Source email address wunaberick@aol.com on e-mail gateway</p> <ul style="list-style-type: none"> - Subject: Fax email caller-ID 24847204 - Recipients: Laura Watkins, Chelsea Byom - No unique word to filter expression - No IP address provided to block. <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>	<p>Step 1. Analyze email and take appropriate action.</p> <p>Step 2. Block Source email maipotoinoc3@aol.com on e-mail gateway.</p> <ul style="list-style-type: none"> - Subject: Fax recieved ID 51250121 - Recipient: Compliance Dept. group. - No IP address blocking due to legit domain name. - No unique word to filter expression <p>Step 3. Remove threat by permanently deleting email.</p> <p>Step 4. Monitor email and user.</p>

SCFHP Phishing Attacks January 2020



	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. <ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - Subject: Pediatrician- Valid Email Addresses with Phone Numbers - Recipient: compliance, mediarelations, and healthd 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. <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - 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.

Questions