Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, August 25, 2022, 10:30 AM – 12:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only
(408) 638-0968
Meeting ID: 884 8545 5248
Passcode: ExFin2022!
https://us06web.zoom.us/j/88485455248

AGENDA

1.	**Roll Call**	Ms. Lew	10:30	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes.	Ms. Lew	10:35	5 min
3.	**Approve Consent Calendar and Changes to the Agenda** Items removed from the Consent Calendar will be considered as regular agenda items. **Possible Action:** Approve Consent Calendar **a.** Approve July 28, 2022 **Executive/Finance Committee** minutes **b.** Accept **Network Detection and Prevention Update** **c.** Approve **Governance Policy** GO.01 v2 Organizational Policies **d.** Approve **Claims Policies** • CL.02 v4 Misdirected Claims • CL.04 v3 Skilled Nursing Facility • CL.07 v6 Emergency Room Services • CL.10 v4 Provider Dispute Resolution • CL.28 v2 Other Health Coverage Cost Avoidance and Post Payment Recovery **e.** Approve **County of Santa Clara Reentry Resource Center sponsorship** **f.** Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953	Ms. Lew	10:40	5 min
4.	**June 2022 Financial Statements** Review June 2022 Financial Statements. **Possible Action:** Approve the June 2022 Financial Statements	Mr. Jarecki	10:45	10 min

5.	**Innovation Fund Expenditure Adjustment Request** Consider a requested adjustment to the use and terms of funding for the FIRST 5 Integrated Behavioral Health Piolet Project. **Possible Action:** Approve adjustment to the use and terms of funding for the FIRST 5 Integrated Behavioral Health Pilot Project	Ms. Bui-Tong	10:55	10 min
6.	**Government Relations Update** Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.	Mr. Haskell	11:05	10 min
7.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	11:15	10 min
	Announcement Prior to Recessing into Closed Session Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item No. 8 below.			
8.	**Adjourn to Closed Session**		11:25	
	a. 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.			
9.	**Report from Closed Session**	Ms. Lew	11:55	5 min
10.	**Adjournment**		12:00	

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 Ashley Kerner 48 hours prior to the meeting at (408) 874-1896.
- To obtain a copy of any supporting document that is available, contact Ashley Kerner at (408) 874-1896. 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, July 28, 2022, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Sue Murphy, Chair
Alma Burrell
Dave Cameron
Sarita Kohli
Michele Lew

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Executive Finance Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Tyler Haskell, Interim Chief Compliance Officer
Barbara Granieri, Controller
Lori Anderson, Operations Director, Long Term Services and Supports
Khanh Pham, Director, Financial Reporting & Budgeting
Arlene Bell, Director, Claims
Gaya Amirthavasar, Manager, Social Determinants of Health
Lucille Baxter, Manager, Qualitiy and Health Education
Kris Cameron, Strategic Planning Project Manager
Lloyd Alaban, Copy Writer and Content Strategist
Nancy Aguirre, Administrative Assistant

Others Present
John Domingue, Rossi Domingue LLP
Tim Davis, South County Compassion Center
Erin O'Toole, YMCA of Silicon Valley
Mary Hoshiko Haughey, YMCA of Silicon Valley

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 10:30 AM. Ms. Murphy welcomed Sarita Kohli to the Executive/ Finance Committee and acknowledged Michelle Lew as the new Chair of the Governing Board. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

Christine Tomcala, Chief Executive Officer, requested that item 3.b. be deferred to the August meeting.

a. Approve May 26, 2022 **Executive/Finance Committee** minutes
b. Approve **Policy GO.01 v3 – Organizational Policies**
c. Approve **Claims Policies:**

- CL.01 v5 Interest on the Late Payment of Claims
- CL.02 v4 Misdirected Claims
- CL.03 v5 Notice of Denial of Payment
- CL.04 v3 Skilled Nursing Facility
- CL.05 v3 Long Term Care
- CL.06 v5 Inpatient Admission
- CL.07 v6 Emergency Room Services
- CL.08 v4 General Physician Professional Services
- CL.09 v4 Claims Timeframes Turn-Around-Time
- CL.10 v4 Provider Dispute Resolution
- CL.11 v3 Ambulatory Surgery Center (ASC)
- CL.12 v3 Coordination of Benefits and Medicare_Medi-Cal Crossover Claims
- CL.13 v5 Processing of Family Planning Claims
- CL.14 v3 Processing of Radiology Claims
- CL.15 v3 Processing of Anesthesia Claims
- CL.16 v3 Processing of Drugs and Biologicals Claims
- CL.17 v3 Processing of Durable Medical Equipment, Orthotics, and Prosthetics Claims
- CL.18 v3 Processing of Home Health Claims
- CL.19 v3 Processing of Rehabilitation Therapies Claims
- CL.20 v5 Processing of Inpatient Psychiatric Facility and Outpatient Behavioral Mental Health Claims
- CL.21 v5 Claims Processing & Adjudication
- CL.22 v5 Processing of Abortion Claims
- CL.23 v3 Overpayment Recovery
- CL.24 v3 Timely Processing of Non-Clean Claims
- CL.25 v4 Direct Member Reimbursement
- CL.26 v3 Claim Development of Non-Clean Non-Contracted Medicare Claims
- CL.27 v3 Non-Medical Transportation
- CL.28 v2 Other Health Coverage Cost Avoidance and Post Payment Recovery
- CL.29 v2 Third Party Tort Liability Reporting Requirements

d. Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953.

It was moved, seconded, and the modified Consent Calendar was **unanimously approved.**

Motion: Mr. Cameron
Second: Ms. Lew
Ayes: Ms. Burrell, Mr. Cameron, Ms. Kohli, Ms. Lew, Ms. Murphy

3. May 2022 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the unaudited financial statements for May 2022, which reflected a current month net surplus of $1.7 million ($1.7 million favorable to budget) and a year-to-date net surplus of $26.0 million ($17.4 million favorable to budget) through eleven months of the fiscal year.

Enrollment increased by 2,444 members from the prior month to 301,262 members (4,945 members or 1.6%

lower than budget, largely due to fewer newly-eligible members having Other Health Coverage (OHC) than budgeted. Membership continues to grow due to the extended duration of the COVID public health emergency during which member disenrollments have been suspended. YTD member months of 3,211,417 trailed budget by 85,300 member months or 2.6%.

Revenue reflected a net unfavorable current month variance of $11.5 million (1.6%) due to several factors. Unfavorable variances resulted from: (1) the inclusion of Medi-Cal pharmacy throughout FY22 in the budget (pharmacy was carved-out of managed care effective January 1, 2022, which significantly reduced revenue (with a corresponding reduction to medical expense), (2) lower enrollment, predominately fewer OHC members (with a corresponding reduction to medical expense), (3) additional CMC medical loss ratio accruals payable to DHCS, and (4) retroactive DHCS recoupments for fiscal years 2011-2020. Positive variances resulted from: (1) favorable calendar year 2022 Medi-Cal non-dual & CCI rates versus budget, and (2) increased Medi-Cal supplemental revenue.

Medical Expense reflected a net favorable current month variance of $12.7 million (11.3%) largely due to the favorable offsets of key revenue items above (pharmacy carve-out and reduced OHC enrollment). Certain fee-for-service expense categories reflected unfavorable variances due to increased unit costs and higher supplemental services expenses than budgeted. Capitation expense was net favorable to budget due to higher CY22 capitation rates paid vs. budget partially offset by lower capitated enrollment vs. budget.

Administrative Expense was $530 thousand (7.6%) unfavorable to budget for the month largely due to the net effect of (1) lower headcount than budgeted and (2) a favorable variance in non-personnel expense due to the timing of certain expenses vs. in the budget.

The **Balance Sheet** reflected a Current Ratio, a key measure of liquidity, of 1.30:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $280.8 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $240.5 million.

Capital Investments of $1.1 million have been made year-to-date, predominately computer software licenses, versus the annual capital budget of $3.25 million, with certain Medicare-related projected deferred into the fiscal year 2022-2023.

It was moved, seconded, and the unaudited May 2022 Financial Statements were **unanimously approved.**

Motion: Ms. Kohli
Second: Mr. Cameron
Ayes: Ms. Burrell, Mr. Cameron, Ms. Kohli, Ms. Lew, Ms. Murphy

5. Innovation Fund Expenditure Request

Ngoc Bui-Tong, VP, Strategies & Analytics, presented a funding request from the YMCA of Silicon Valley (YMCA) Diabetes Prevention Program (DPP). The funds requested will fund a position to build capacity and provide oversight and strategic direction to the Diabetes Prevention Program. Ms. Tomcala introduced Erin O'Toole and Mary Hoshiko Haughey of YMCA of Silicon Valley, who were available for questions.

It was moved, seconded, and the YMCA request for $240,000 to fund the Diabetes Prevention Program was **unanimously approved** as an expenditure from the Board Designated Innovation Fund.

Motion: Ms. Lew
Second: Ms. Kohli
Ayes: Ms. Burrell, Mr. Cameron, Ms. Kohli, Ms. Lew, Ms. Murphy

6. Special Project Fund for CBOs Expenditure Request

Ms. Bui-Tong presented a funding request from the South County Compassion Center (SCCC) Rental Assistance Program. The funds requested would fund a part-time Rental Assistance Program Manager. Ms. Bui-Tong introduced Tim Davis of South County Compassion Center, who was available for questions.

It was moved, seconded, and the South County Compassion Center request for $35,000 to fund the Rental Assistance Program was **unanimously approved** as an expenditure from the Board Designated Special Project Fund, for CBOs.

Motion: Ms. Kohli
Second: Ms. Burrell
Ayes: Ms. Burrell, Mr. Cameron, Ms. Kohli, Ms. Lew, Ms. Murphy

7. CY'21 HEDIS Measure Analysis

Laurie Nakahira, D.O., Chief Medical Officer, shared the calendar year 2021 Healthcare Effectiveness Data and Information Set (HEDIS) Measure Analysis, including the Medi-Cal Managed Care Accountability Set performance trend, Medi-CAL HEDIS measure percentiles by network and ethnicity, Department of Health Care Services (DHCS) BOLD Goals, and the CMS HEDIS/Stars Rate Overview. Dr. Nakahira highlighted that measures change from year to year as plans improve and new performance measures are identified. There was discussion about root causes and planned interventions.

8. Housing & Homelessness Incentive Program (HHIP) Overview

Lori Anderson, Director, Long Term Services and Supports introduced Gaya Amirthavasar, Manager, Social Determinants of Health, who presented a report on the Housing and Homelessness Incentive Program (HHIP). Ms. Amirthavasar shared the Department of Health Care Services (DHCS) goals, expectations, program timeline and HHIP incentive funds. Ms. Amirthavasar shared the HHIP deliverables and highlighted the approximately 48.8 million dollars available in funds to draw down. Ms. Amirthavasar explained that receipt of the entirety of the funds is not guaranteed and depends upon SCFHP accomplishing certain metrics.

Ms. Amirthavasar provided an update on activities to date, next steps, and possible strategies that may be deployed using the HHIP metrics set forth by DHCS.

Ms. Amirthavasar then shared the Plan's commitment to partner with HumanGood for the residents of an 81 unit planned housing development in the city of Morgan Hill targeted to the 62+ population that meet certain eligibility criteria. The partnership would be initiated with the opening of the housing, estimated for 2024, and last a minimum of five years at the estimated cost of $500,000. It is expected that this cost would be covered by the HHIP funding.

9. Government Relations Update

Tyler Haskell, Interim Compliance Officer, presented federal issues of note, including the recent renewal of the COVID-19 public health emergency with assurance from the Secretary of Health and Human Services that we will be provided 60-days notice prior to expiration.

Mr. Haskell shared information on a congressional reconciliation bill that includes a prescription drug reform proposal allowing the Federal Government to negotiate prices for a limited amount of drugs for Medicare. Mr. Haskell stated the bill will include three years of enhanced subsidies for individual Plans on the exchanges. Mr. Haskell shared insulin was carved out of the reconciliation bill to be addressed in a separate bill that may have trouble securing the required votes to pass.

Mr. Haskell introduced the topic of "coding intensity adjustment" designed to adjust for differences in diagnosis coding patterns between Medicare Advantage (MA) and traditional Medicare. Dual Eligibility Special Needs Plans (DSNP) are considered MA plans and SCFHP will be converting our Medicare line of business to a DSNP next

year. Mr. Haskell noted his intention to recommend to legislators to carve out DSNPs to ensure they are not adversely impacted.

Mr. Haskell discussed a Medicare Advantage bill intended to address issues relating to a Government Accountability Office report on MA indicating problems with prior authorization and MA members not having treatments approved on time. The bill includes a concerning provision known as "gold carding," which would allow physicians who have a 90% prior authorization approval rate over a six-month period on certain services to be exempt from prior authorization requirements.

Mr. Haskell presented state issues impacting the Plan as a result of the passing of the budget, including the eligibility expansion of undocumented members between ages 26 and 50 that will go into effect January 2024 and continuous eligibility for children up to age 5. Mr. Haskell highlighted that Proposition 56 Provider Payments have been extended indefinitely. Mr. Haskell shared there is a new Medi-Cal benefit in the budget for an annual cognitive health assessment for members over age 65 if they are ineligible for it under Medicare. Mr. Haskell stated the legislature reinstated into the budget the $700 million Equity and Practice Transformation Grants.

Mr. Haskell reported Assembly Bill 2724 on the Kaiser direct Medi-Cal contract has been signed into law. Mr. Haskell explained, the Plan is now working on transitioning Kaiser out of our network as of 2024.

10. CEO Update

Ms. Tomcala, provided a brief update on the percentage difference (17%) between the SCFHP and Santa Clara County population who have received a COVID-19 vaccine, noting the stability in the percentage over the past several months.

Ms. Murphy requested that this topic be retired for future meetings and brought back when any notable changes occur.

11. Adjourn to Closed Session

a. Existing Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding litigation initiated by a vendor.

b. Contract Rates

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

13. Report from Closed Session

Ms. Murphy reported that the Executive/Finance committee met in Closed Session to discuss existing litigation and contract rates.

14. Adjournment

The meeting was adjourned at 12:40 PM.

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Sarita Kohli, Secretary

Santa Clara Family Health Plan™

Network Detection and Prevention Report

Aug 2022

Executive/Finance Committee Meeting

Firewall Background

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

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

The attempts have been categorized in three severity levels:

Critical/High

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

Medium

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

Low/Informational

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

Attack Statistics Combined

Apr/May/Jun/Jul

	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
Severity Level	Apr	May	Jun	Jul	Apr	May	Jun	Jul	Apr	May	Jun	Jul
Critical	19	12	32	21	819	5316	28,378	793	0.01	0.05	0.32	0.01
High	12	9	34	11	10,026	3,929,027	112,044	10,349	0.11	33.51	1.27	0.09
Medium	25	22	36	18	720,569	301,375	499,329	524,963	7.72	2.57	5.64	4.62
Low	10	9	18	11	2,966,538	1,126,650	1,313,310	660,057	31.79	9.61	14.84	5.80
Informational	36	29	36	31	5,633,743	6,362,068	6,898,134	10,171,786	60.37	54.26	77.93	89.48

Summary – Compare Jul 2022 to previous month of Jun 2022

- Critical Severity Level – number of threat attempts is **97.21%** lower
- High Severity Level - number of threat attempts is **90.76**% lower
- Medium Severity Level - number of threat attempts **5.13%** higher
- Low Severity Level - number of threat attempts is **49.74%** lower

8/17/2022

Top 5 Events for May/Jun/Jul

Critical Events – total 34,487 events

Top 5 Critical vulnerability events
- 18,526 events for “Apache Log4j Remote Code Execution Vulnerability” (**Code-Execution**)
- 5231 events for “Bash Remote Code Execution Vulnerability” (**Code-Execution**)
- 5159 events for “Realtek Jungle SDK Remote Code Execution Vulnerability” (**Code-Execution**)
- 3095 events for “TCP Flood” (**Code-Execution**)
- 844 events for “HTTP /etc/passwd Access Attempt” (**Code-Execution**)

High Events – total 4,051,420 events

Top 5 High vulnerability events
- 3,946,292 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 85,101 events for “SSH User Authentication Brute Force Attempt” (**Brute Force**)
- 7616 events for “Microsoft Windows win.ini Access Attempt Detected” (**Brute Force**)
- 2488 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 1888 events for “Microsoft IIS Escaped Characters Decoding Command Execution Vulnerability” (**Brute Force**)

Medium Events – total 1,325,667 events

Top 5 Medium vulnerability events
- 1,095,868 events for “SCAN: Host Sweep” (**Info-Leak**)
- 117,405 events for “SCAN: TCP Port Scan” (**Info-Leak**)
- 82,111 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 14,911 events for “RPC Portmapper DUMP Request Detected ” (**Info-Leak**)
- 7,827 events for “HTTP Directory Traversal Request Attempt” (**Info-Leak**)

Definitions:

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

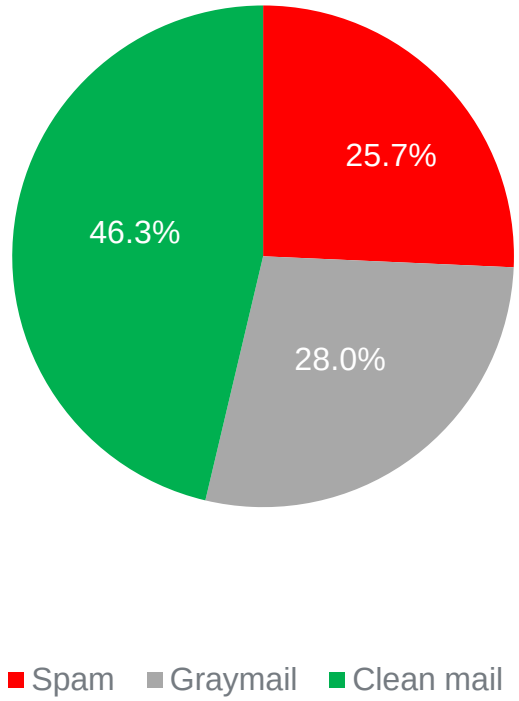
8/17/2022

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	12.2%	20.0k
Stopped by Domain Reputation Filtering	6.4%	10.5k
Stopped as Invalid Recipients	1.2%	1,894
Spam Detected	5.4%	8,827
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.1%	142
Stopped by Content Filter	0.5%	760
Stopped by DMARC	2.6%	4,183
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**25.7%**	**42.1k**
Marketing Messages	15.8%	25.9k
Social Networking Messages	0.3%	506
Bulk Messages	11.9%	19.4k
Total Graymails:	**28.0%**	**45.8k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	46.3%	75.8k
Total Attempted Messages:		**163.7k**



July

During the month.

- 25.7% of threat messages had been blocked.
- 28.0% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 46.3% were clean messages that delivered.

8/17/2022

POLICY

Santa Clara Family Health Plan

Policy Title:	**Organizational Policies**	**Policy No.:**	GO.01 v2
Replaces Policy Title (if applicable):	Organizational Policies	**Replaces Policy No. (if applicable):**	GO.01 v1
Issuing Department:	Administration	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Medicare	

I. Purpose

To provide guidance across Santa Clara Family Health Plan (SCFHP) in the development of policies in order to ensure a consistent approach and compliance with the approval process.

II. Policy

Policies will be developed as concise formal statements of principles that indicate how SCFHP will act in a particular aspect of its operation. Policies regulate and direct actions and conduct, and act as the business rules and guidelines under which the organization is operated. Policies will be implemented in accordance with Procedures and supporting documents which provide instructions and set out processes to implement a Policy.

Policies will be created using a Policy Template approved by the Executive team, available in the policy system utilized by the organization.

Policies will be approved by first and second level approvers as defined in the associated Procedure(s).

For policies written or revised after January 1, 2023 policies will be:

- Approved by a Board Committee and ratified by the Governing Board; or
- Recommended for approval by a Board Sub-Committee, Approved by the Board Committee, and ratified by the Governing Board (e.g., Utilization Management Sub-Committee recommends approval by the Board Quality Improvement Committee), or
- Approved by the Governing Board of SCFHP.
- Policies will be considered officially approved and may be implemented upon action of the Board Committee.

III. Responsibilities

All department managers, directors and executives have responsibility to develop, maintain and approve of Policies in accordance with this Policy.

IV. References

N/A

Santa Clara Family Health Plan™

Annual Review of Claims Policies
August 25, 2022

Policy No.	Policy Title	Changes
CL.02 v4	Misdirected Claims	**Revised**
CL.04 v3	Skilled Nursing Facility	**Revised**
CL.07 v6	Emergency Room Services	**Revised**
CL.10 v4	Provider Dispute Resolution	**Revised**
CL.28 v2	Other Health Coverage Cost Avoidance and Post Payment Recovery	**Revised**

POLICY

Policy Title:	**Misdirected Claims**	**Policy No.:**	CL.02 ~~v3~~v4
Replaces Policy Title (if applicable):	Misdirected Claims	**Replaces Policy No. (if applicable):**	CL.02 ~~v2~~v3
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

To ensure that at least ninety-five percent (95%) of Misdirected Claims received by Santa Clara Family Health Plan (SCFHP) are sent to the payor who bears the financial responsibility for the claim within ten (10) working days of receipt.

II. Policy

Ninety-five percent (95%) of Misdirected Claims are to be forwarded to the payor who has the financial responsibility for the claim within ten (10) working days of the date of receipt. The Misdirected Claims Policy does not apply to:

- Cal ~~Medi-Connect~~MediConnect (CMC) line of business as SCFHP has full financial responsibility for all CMC claims.
- Split risk claims (combination of payable and denial claim lines items).

III. Responsibilities

A. The Information Technology Department is responsible to:

~~A.~~1. Post the outbound misdirected claims file 5010 837i / 837p to a secure FTP site for pick-up~~.~~ on a daily basis.

~~B.~~2. Validates and confirms that all outbound misdirected claims files are successfully transmitted on working days (Monday through Friday).

B. The Claims Department is responsible for overseeing the misdirected claims process. As part of its oversight role, the Claims Department:

~~C.~~3. May provide feedback to other departments and/or divisions within SCFHP to ensure that the misdirected claims process is operating effectively and efficiently.

~~D.~~4. Monitors that SCFHP is compliant at all times with the ten (10) working day turn-around time requirement.

~~E.~~5. Reviews and audits outbound misdirected claims files to ensure correct payer disbursement.

In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV. References

Title 28, California Code of Regulations, Section 1300.71(b) (2)
Claims Processing Time Limits and Measurements - Assembly Bill -AB1455

V. Approval/Revision History

First Level Approval	Second Level Approval
Arlene Bell Director, Claims ~~02/09/2021~~05/13/2022 Date	Neal Jarecki Chief Financial Officer ~~02/10/2021~~05/13/2022 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original - 08/26/2016	N/A	N/A	N/A
2	Revised - 02/24/2020	N/A	N/A	N/A
3	Revised	Executive/Finance	Approve / 02/25/2021	~~02~~Ratify / 03/25/2021
4	Revised	Executive/Finance	TBD / 08/25/2022	

POLICY

POLICY

Policy Title:	**Skilled Nursing Facility**	**Policy No.:**	CL.04 ~~v2~~v3
Replaces Policy Title (if applicable):	Skilled Nursing Facility	**Replaces Policy No. (if applicable):**	~~CL044~~CL.04 v2
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To accurately process claims regarding Skilled Nursing Facilities (SNF) in accordance with State and Federal regulatory requirements, and contractual obligations.

II. Policy

A. Timeframes

1. Contracted Providers

   a. Medi-Cal: For Medi-Cal (MC) SNF claims from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay at least ninety percent (90%) of all clean claims within thirty (30) calendar days, and ninety-nine (99%) within ninety (90) calendar days of the date of receipt of the claims.

   b. Cal ~~Medi-Connect~~MediConnect: For Cal ~~Medi-Connect~~MediConnect (CMC) SNF Claims from contracted providers, SCFHP shall pay all claims within thirty (30) calendar days of the date of receipt.

2. Non-Contracted Providers

   a. ~~Medi-Cal~~MC: For ~~Medi-Cal~~MC claims regarding SNF from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days (sixty-two (62) calendar days) of the date of receipt.

   b. ~~Cal Medi-Connect~~CMC: For CMC claims regarding SNF from non-contracted providers, SCFHP shall pay all claims within thirty (30) calendar days of the date of receipt.

B. Date of Receipt

The date of receipt shall be the working day when a claim, by physical or electronic means, is first delivered to either the Plan's specified claims payment office, post office box, or designated claims processor, or to the Plan's capitated provider for that claim.

C. Date of Payment

The date of payment shall be the date of the check.

D. Clean Claim

A claim is considered to be a clean claim when a claim is complete and accurate with a claim form that includes all provider and member information, as well as medical records, additional information, or documents needed from the member or provider to enable SCFHP to process the claim.

E. Reimbursement Rates

1. Contracted Providers

Contracted Providers shall be paid in accordance with their applicable contract.

2. Non-Contracted Providers

a. ~~Medi-Cal~~MC: Non-contracted providers will be paid for covered services at not less than 100% of the ~~Medi-Cal~~MC FFS rates.

b. CMC: In area Non-contracted providers will be paid for covered services at not less than 100% of Medicare FFS rates.

c. CMC: Out of area non-contracted providers will be paid at Medicare Patient Driven Payment Model (PDPM) rates that are not less than the recognized rates under CMS Medicare.

F. Share of Cost

1. Certain MC members may have a Share of Cost (SOC) that they are required to pay the SNF prior to being reimbursed by the Plan. SCFHP will deduct any applicable SOC from the SNF reimbursement. CMC members do not have a SOC for SNF services.

III. Responsibilities

A. Utilization Management (UM) is responsible for determining the member's appropriate level of care with the facility based on clinical information presented at the time of admission and ongoing review. In the event that services require prior authorization, UM is to enter authorizations in the UM module of the system for ~~Medi-Cal~~MC and CMC members.

B. The Claims Department is responsible for ensuring applicable rates, SOC, and interest payments are calculated accurately, applied correctly, and processed timely.

C. In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

D. The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV. References

Title 28, California Code of Regulations, Section 1300.71
Geographic Managed Care (GMC) Contract
California W&I Code § 14186.3 (c)(5)
Health and Safety Code (H&S) §§ 1371-1371.36
W&I Code § 14132.276 (b) and (c)
W&I Code § 14186.1 (c)(4)
Title 22 California Code of Regulations (CCR), § 72520
Title 22 (CCR) §§ 51535 and 51535.1
~~Medi-Cal~~MC SNF Provider Manual, Share of Cost

Medicare Claims Processing Manual Chapter 6 and 7
http://www.cms.gov/Regulations-and-Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html

Medicare Benefit Policy Manual Chapter 8
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf

V. Approval/Revision History

First Level Approval	Second Level Approval
Arlene Bell Director, Claims ~~04/15/2021~~05/12/2022 Date	Neal Jarecki Chief Financial Officer ~~04/16/2021~~05/12/2022 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original - 8/26/2016	n/a	n/a	n/a
2	Revised	Executive/Finance	Approve / 04/22/2021	~~4/22~~Ratify / 06/24/2021
3	Revised	Executive/Finance	TBD / 08/25/2022	

POLICY

Policy Title:	**Emergency Room Services**	**Policy No.:**	CL.07 ~~v5~~v6
Replaces Policy Title (if applicable):	~~Processing of~~ Emergency Room ~~Professional Fees by Delegated Sub-Contractors~~ ~~Reimbursement to Emergency Room Physicians~~ ~~Reimbursement of Emergency Department Claims (Non-Admission)~~ Services	**Replaces Policy No. (if applicable):**	~~CL0090_03~~ ~~CL026~~ ~~CL039~~CL.07 v5
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To accurately process claims regarding emergency room (ER) services in accordance with State and Federal regulatory requirements.

To describe the circumstances under which sub-contractors are responsible for professional and technical component services.

II. Policy

A. Timeframes

1. Contracted Providers

a. Medi-Cal: For Medi-Cal (MC) claims regarding ~~emergency room~~ER services from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days (sixty-two (62) calendar days) of the date of receipt.

b. Cal ~~Medi-Connect~~MediConnect: For Cal ~~Medi-Connect~~MediConnect (CMC) claims regarding ~~emergency room~~ER services from contracted providers, SCFHP shall pay all clean cleans within sixty (60) calendar days of the date of receipt.

2. Non-Contracted Providers

   a. ~~Medi-Cal~~MC: For ~~Medi-Cal~~MC claims regarding ~~emergency room~~ER services from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days (sixty-two (62) calendar days) of the date of receipt.

   b. ~~Cal Medi-Connect~~CMC: For ~~Cal Medi-Connect (~~CMC~~)~~ claims regarding ~~emergency room~~ER services from non-contracted providers, SCFHP shall pay all clean cleans within thirty (30) calendar days of the date of receipt.

3. Sub-contracted Providers

   a. ~~SCFHP to require~~Based on their Division of Financial Responsibility (DOFR), SCFHP requires the delegated sub-contracted providers be responsible for processing in-area ~~emergency room~~ER professional services with the exception of claims by Physician Medical Group of San Jose (PMGSJ) for ER physician groups or physicians billing emergency E&M codes for members participating in their network for the ~~Medi-Cal~~MC line of business.

B. Availability and Accessibility

   b. SCFHP shall ensure the availability of, and accessibility to, emergency health care services including ambulance services, twenty-four hours-a-day and seven days-a-week.

   c. SCFHP or its delegated groups is financially responsible for emergency services and urgently needed services:
   - Regardless of whether services are obtained within or outside the plan's authorized service area and/or network (if applicable);
   - Regardless of whether there is prior authorization for the services;
   - If the emergency situation is in accordance with reasonable person or a prudent layperson's definition of "emergency medical ~~condition,"~~condition", regardless of the final medical diagnosis.

C. Date of Receipt

   The date of receipt shall be the working day when a claim, by physical or electronic means, is first delivered to either the Plan's specified claims payment office, post office box, or designated claims processor, or to the Plan's capitated provider for that claim.

D. Date of Payment

The date of payment shall be the date of the check.

E. Clean Claim

A claim is considered to be a clean claim when a claim is complete and accurate with a claim form that includes all provider and member information, as well as medical records, additional information, or documents needed from the member or provider to enable SCFHP to process the claim.

F. Reimbursement Rates

~~1.~~ Contracted Providers

~~Contracted Providers shall be paid in accordance with their applicable contract.~~

1.

Contracted Providers shall be paid in accordance with their applicable contract.

2. Non-Contracted Providers

a. ~~Medi-Cal~~MC: Non-contracted providers will be paid for covered services at not less than 100% of the ~~Medi-Cal~~MC FFS rates.

b. CMC: Non-contracted providers will be paid for covered services at not less than 100% of the applicable Medicare FFS rates.

III. Responsibilities

A. The Claims Department is responsible for ensuring applicable rates and interest payments are calculated accurately, applied correctly, and processed timely.

~~A.~~B. The Claims Department is responsible for running daily claims pend reports to monitor and track timely processing compliance for all claims.

~~B.~~C. In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

~~C.~~D. The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

POLICY

IV. References

Covered Services: Services set forth in Article 4, Chapter 3 (beginning with Section 51301), Sub-division 1, Division 3, Title 22, CCR, which are included as Covered Services under the State ~~Medi-Cal~~MC.
Title 22, California Code of Regulations, Section 51301

Title 22, California Code of Regulations, Section 53622
Title 28, California Code of Regulations, Section 1300.71
Title 28, California Code of Regulations, Section 1300.67.2© and 1300.67(g)(1)
CA Health and Safety Code section 1371.4(a)(b)
Medicare Managed Care Manual, Chapter 4 section 20.3
APL 17-017, Knox-Keene Act Standard For Determining Whether An "Emergency" Existed For Purposes Of Provider Reimbursement

V. Approval/Revision History

First Level Approval	Second Level Approval
Arlene Bell Director, Claims ~~12~~5/~~28/2020~~13/2022 Date	Neal Jarecki Chief Financial Officer ~~01~~5/~~21/2021~~13/2022 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 8/26/2016			
2	Revised – 2/28/2018			
3	Revised - 2019			
4	Revised – 2/19/2020			
5	Revised	Executive-/Finance	Approve / 01/28/2021	~~1/28~~Ratify / 03/25/2021
6	Revised	Executive/Finance	TBD / 08/25/2022	

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POLICY

Policy Title:	**Provider Dispute Resolution**	**Policy No.:**	CL.10 ~~v3~~v4
Replaces Policy Title (if applicable):	Provider Dispute Resolution	**Replaces Policy No. (if applicable):**	CL.10 ~~v2~~v3
Issuing Department:	Claims	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish a Provider Dispute Resolution (PDR) process for providers to dispute claim determinations which ensures timely acknowledgement and processing of PDRs in accordance with State and Federal regulatory requirements, and contractual obligations.

II. Policy

A. All PDRs shall be processed in accordance with State and Federal regulatory requirements, as well as Department of Health Care Services (DHCS) contractual requirements.

B. Medi-Cal~~–~~ (MC) – In order for a provider dispute to be counted as timely and compliant, provider disputes from both contracted and non-contracted providers must be processed within:

1. ~~Medi-Cal~~MC – forty-five (45) working days or sixty-two (62) calendar days after receipt date.

C. Cal ~~Medi-Connect~~MediConnect (CMC) – In order for a provider dispute to be counted as timely and compliant, provider disputes must be processed within:

1. Contracted Providers –sixty (60) calendar after receipt date.
2. Non-Contracted Providers – These are handled as an appeal by the Grievance & Appeals department.

D. Each provider dispute must be acknowledged within two (2) working days of the date of receipt if received electronically and within fifteen (15) working days if received via paper.

E. Capitated subcontractors will be required to adhere to the same statutory, regulatory and contractual requirements governing the timely processing of first level PDRs as the Santa Clara Family Health Plan

Santa Clara Family Health Plan™

(SCFHP). SCFHP's annual audit of its capitated subcontractors will ensure that these requirements are being followed.

F. SCFHP will receive and process second level PDRs when a provider is not satisfied with the first level determination related to provider disputes from subcontractors.

III. Responsibilities

A. SCFHP designates the Chief Financial Officer as the principal officer to be responsible for the maintenance of the provider dispute resolution mechanism, for the review of its operations, and for noting any emerging patterns of provider disputes to improve administrative capacity, plan-provider relations, claim payment procedures and patient care.

B. The PDR staff is responsible for ensuring that the inventory of PDRs is in compliance with timelines for acknowledgement, resolution, and payment in accordance with State and Federal regulatory requirements, and contractual obligations.

C. In accordance with SCFHP Confidentiality Policy, and all applicable State and Federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

D. The Claims Department will retain copies of all interest and penalty payments in accordance with SCFHP's Records Retention Policy.

IV. References

California Health and Safety Code Section 1371
Industry Collaboration Effort Time Limits and Measurements - Assembly Bill - AB 1455
Title 22, California Code of Regulations, Section 53622
Title 28, California Code of Regulations
Section 1300.71.38
Section 1300.71.38 (a) (10-11)
Section 1300.71.38 (d) (1-3)
Section 1300.71.38 (g)
Section 1300.85.1

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POLICY

Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Section 80.2.2
CFR 422. 422.100 - General requirements
U.S. Public Laws 111 – 148 Section 6506 (d)

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POLICY

V. Approval/Revision/History

First Level Approval	Second Level Approval
Arlene Bell Director, Claims 05/13/2022 Date	Neal Jarecki Chief Financial Officer 05/13/2022 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 8/26/2016	N/A	N/A	N/A
2	Revised – 9/6/2019	N/A	N/A	N/A
3	Revised	Executive/Finance	~~Recommend 5~~Approve / 05/27/2021	~~N/A~~Ratify 06/24/2021
4	Revised	Executive/Finance	TBD 08/25/2022	

POLICY

Policy Title:	**Other Health Coverage Cost Avoidance and Post Payment Recovery**	**Policy No.:**	CL.28 ~~v1~~v2
Replaces Policy Title (if applicable):	~~N/A~~Other Health Coverage Cost Avoidance and Post Payment Recovery	**Replaces Policy No. (if applicable):**	~~N/A~~CL.28 v1
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

To provide clarification and guidance to Santa Clara Family Health Plan (SCFHP) departments on cost avoidance and post-payment recovery requirements when a Medi-Cal (MC) member has other health coverage (OHC).

II. Policy

A. State law requires ~~Medi-Cal~~MC to be the payer of last resort for services in which there is a responsible third party. ~~Medi-Cal~~MC members with OHC must utilize their OHC for covered services prior to utilizing their ~~Medi-Cal~~MC benefits. Cost avoidance is the practice of requiring providers to bill liable third parties prior to seeking payment from the ~~Medi-Cal~~MC program.

B. SCFHP and its delegates utilize OHC information from the Department of Health Care ~~Services'~~Services (DHCS) ~~Medi-Cal~~MC Eligibility Record for processing claims, as well as reporting requirements.

C. Pursuant to federal law, states must take all reasonable measures to determine the legal liability of third parties, and seek reimbursement for covered services for which the third party is liable. This requirement is referred to as post-payment recovery and extends to SCFHP. If SCFHP or its delegates paid a provider claim for which OHC was/is available at the time of service, SCFHP or the delegate engages in post-payment recovery for the reasonable value of the services from the liable third party.

D. Managed Care Plan (MCP) Retention of Provider Overpayments

The MCP shall retain all recoveries less than $25 million for all overpayments and recoveries of overpayments from the MCP to a network provider, including overpayments due to fraud, waste, or abuse, identified by the MCP. In the event an MCP recovers an overpayment to a provider of $25 million or more, DHCS and the MCP will share the recovery amount equally. Sixty (60) days after the date that the overpayment was identified, the MCP must report the overpayment to DHCS through their contract manager. DHCS will recoup the overpayment from the MCP capitated payment. The statement issued to the MCP will reflect the overpayment. The MCP shall submit the overpayment amount that

was recovered, the provider(s) information, and steps taken to correct future occurrences to the MCP's assigned Managed Care Operations Division Contract Manager.

III. Responsibilities

A. Information Technology (IT) is responsible for loading eligibility and OHC information into the claims system and for creating and submitting post payment recovery report.

B. Claims is responsible for denying claims without explanation of benefits (EOB) from OHC carrier for ~~Medi-Cal~~MC members with OHC.

C. ~~Finance~~Claims is responsible for receiving and processing of unsolicited post payment recovery of paid claims for ~~Medi-Cal~~MC members with OHC~~,~~ and for ~~reporting,~~reviewing and approving the monthly post payment recovery report.

~~C.~~D. Finance is responsible for reviewing and approving the monthly post payment recovery report of paid claims for MC members with OHC and repayment to DHCS of any recovery received on or after the 13th month of original claim payment.

~~D.~~E. Enrollment and Eligibility is responsible for verifying eligibility and notifying the state of OHC updates.

IV. References

APL 17-003 Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Provider
APL 21-002 - Cost Avoidance and Post-Payment Recovery for Other Health Coverage.

V. Approval/Revision History

First Level Approval	Second Level Approval
Arlene Bell Director, Claims ~~04/15/2021~~08/16/2022 Date	Neal Jarecki Chief Financial Officer ~~04~~08/16/~~2021~~2022 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original	Executive/Finance	Approve	4/22/2021
2	Revised	Executive/Finance	Recommend	08/25/2022

MEMORANDUM

TO: SCFHP Executive/Finance Committee

FROM: Chelsea Byom, Vice President, Marketing, Communications, and Outreach

DATE: August 16, 2022

RE: Authorization for Sponsorship – County of Santa Clara Reentry Resource Center Rise Up and Run 5k Run/Walk

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Background

Santa Clara Family Health Plan (SCFHP) has received a request from the County of Santa Clara Reentry Resource Center to sponsor the Annual Rise Up and Run 5K Run/Walk on October 22, 2022 at Hellyer County Park in San Jose. Though SCFHP has sponsored this event in the past, this year's fiscal administrator is Valley Medical Center Foundation. On August 5, 2022, SCFHP's Chief Executive Officer (CEO) approved sponsorship for the Valley Medical Center Foundation's Tribute to Heroes Gala at $5,000. SCFHP's Donations and Sponsorships Policy (No. GO.04 v2) states that, "SCFHP's Chief Executive Officer has authority to approve donations and sponsorships not to exceed $5,000 to a single organization in any given fiscal year." The policy further states, "Exceptions to these limits require approval by the Executive/Finance Committee."

Recommended Action

Authorize CEO to approve a $5,000 sponsorship to fiscal administrator Valley Medical Center Foundation to support the County of Santa Clara Reentry Resource Center Rise Up and Run 5K Run/Walk.

MEMORANDUM

Date: August 18, 2022

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Executive/Finance Committee

Re. AB 361 compliance

Background

Because the Governor's executive order suspending certain Brown Act requirements expired at the end of September 2021, the Legislature passed, and the Governor signed, AB 361. AB 361 amended Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must make the following findings by majority vote every 30 days:

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

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

Recommended Action

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

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

Santa Clara Family Health Plan™

Unaudited Financial Statements

For The Twelve Months Ended June 30, 2022

Agenda

Santa Clara Family Health Plan

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$113.7 M		$1.56 B	
Medical Expense (MLR)	$102.5 M	90.2%	$1.45 B	93.3%
Administrative Expense (% Rev)	$7.3 M	6.4%	$76.2 M	4.9%
Other Income/(Expense)	$403K		$2.1 M	
Net Surplus (Net Loss)	**$4.3 M**		**$30.3 M**	
Cash and Investments			$551 M	
Receivables			$549 M	
Total Current Assets			$1.11 B	
Current Liabilities			$850 M	
Current Ratio			1.30	
Tangible Net Equity			$285 M	
% of DMHC Requirement			**821.0%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $4.3M is $4.3M or 11,875.3% favorable to budget of $36K surplus. YTD: Surplus of $30.3M is $21.7M or 251.2% favorable to budget of $8.6M surplus.
Enrollment	Month: Membership was 306,382 (3,745 or 1.2% higher than budget of 302,637). YTD: Member Months YTD was 3,517,799 (81,555 or 2.3% lower than budget of 3,599,354).
Revenue	Month: $113.7M ($4.6M or 3.9% unfavorable to budget of $118.3M). YTD: $1.56B ($153.8M or 11.0% favorable to budget of $1.40B).
Medical Expenses	Month: $102.5M ($9.1M or 8.2% favorable to budget of $111.7M). YTD: $1.45B ($134.7M or 10.2% unfavorable to budget of $1.32B).
Administrative Expenses	Month: $7.3M ($302K or 4.3% unfavorable to budget of $7.0M). YTD: $76.2M ($5.1M or 6.2% favorable to budget of $81.3M).
Tangible Net Equity	TNE was $285.1M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $1.2M vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 306,382 members is 3,745 or 1.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 23,712 members or 8.4%.
- Medi-Cal & CMC enrollment have been increasing since March 2020 largely due to COVID. Beginning in March 2020, annual eligibility redeterminations were suspended and, as a result, enrollment continues to increase.
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 9.0%, Medi-Cal Dual enrollment has increased 4.8%, and CMC enrollment has grown 2.5%.

	For the Month June 2022				For Twelve Months Ending June 30, 2022					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	296,050	291,767	4,283	1.5%	3,394,099	3,472,434	(78,335)	(2.3%)	3,137,271	8.2%
Cal Medi-Connect	10,332	10,870	(538)	(4.9%)	123,700	126,920	(3,220)	(2.5%)	116,365	6.3%
Total	**306,382**	**302,637**	**3,745**	**1.2%**	**3,517,799**	**3,599,354**	**(81,555)**	**(2.3%)**	**3,253,636**	**8.1%**

Santa Clara Family Health Plan Enrollment By Network
June 2022

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	39,155	13%	10,332	100%	49,487	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	148,655	50%	-	0%	148,655	49%
North East Medical Services	3,401	1%	-	0%	3,401	1%
Palo Alto Medical Foundation	7,423	3%	-	0%	7,423	2%
Physicians Medical Group	45,233	15%	-	0%	45,233	15%
Premier Care	16,346	6%	-	0%	16,346	5%
Kaiser	35,837	12%	-	0%	35,837	12%
Total	**296,050**	**100%**	**10,332**	**100%**	**306,382**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	8.6%		2.5%		8.4%	

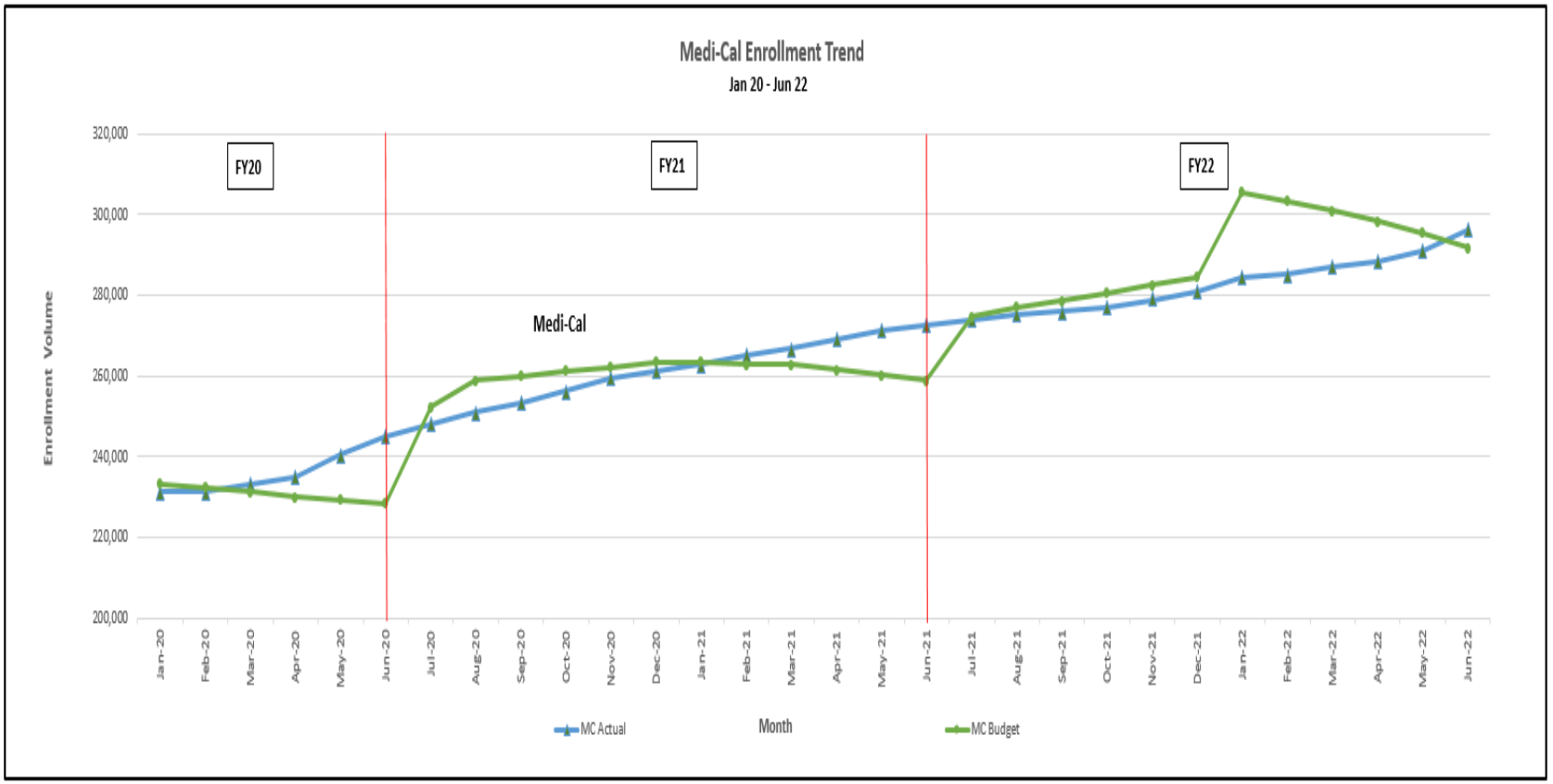
[1] *SCVHHS = Santa Clara Valley Health & Hospital System*
[2] *FQHC = Federally Qualified Health Center*

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JUNE - 2022

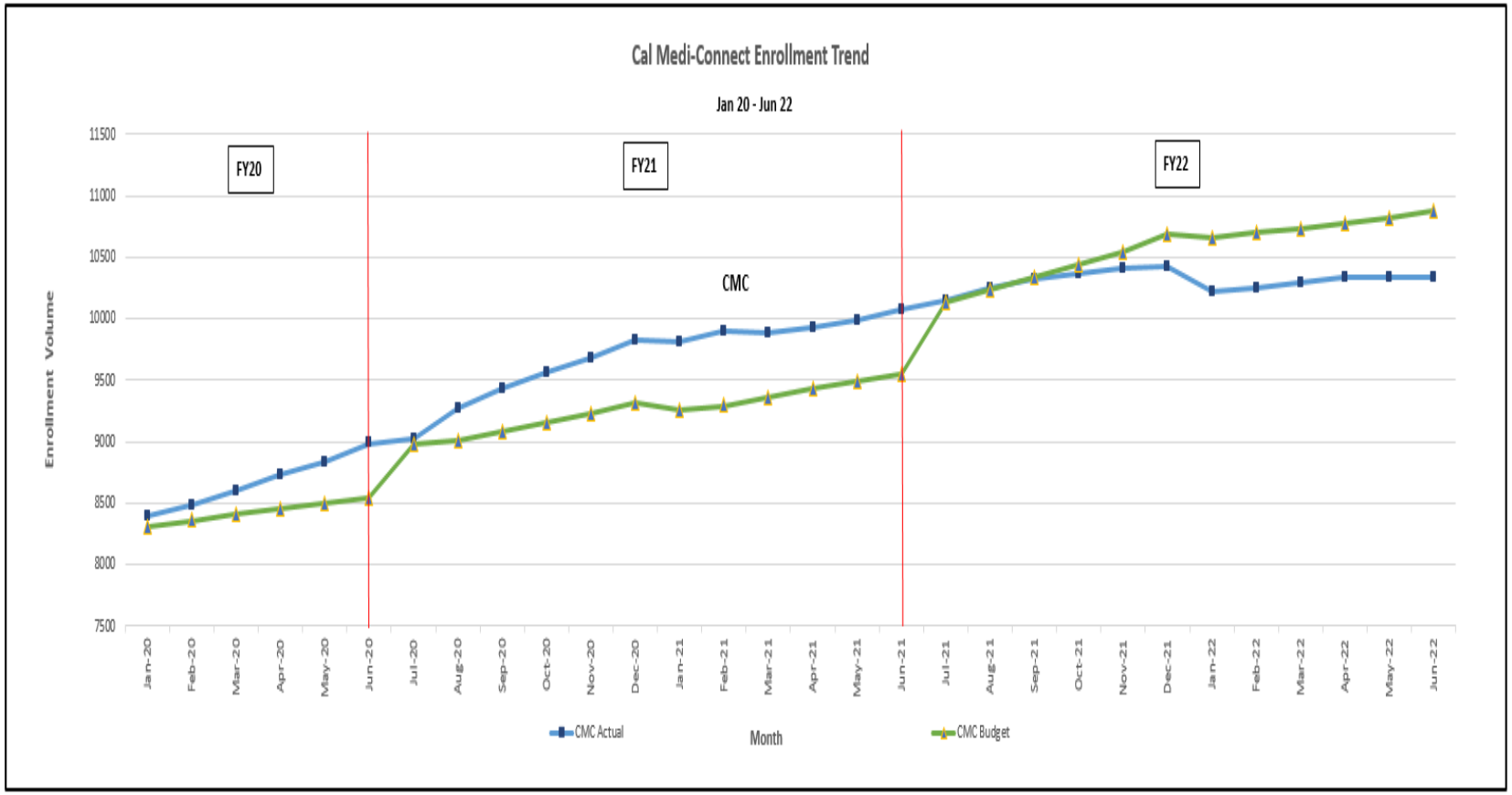
		2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	FYTD var	%
NON DUAL	Adult (over 19)	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	36,529	37,033	37,861	4,864	14.7%
	Child (under 19)	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	103,211	103,765	103,621	3,144	3.1%
	SPD	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	22,751	22,836	24,200	1,899	8.5%
	Adult Expansion	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	98,130	99,249	102,198	12,241	13.6%
	Long Term Care	365	414	408	401	391	385	392	391	403	395	393	397	398	33	9.0%
	Total Non-Duals	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**261,014**	**263,280**	**268,278**	**22,181**	**9.0%**
DUAL	Adult (over 21)	366	367	376	375	396	398	408	410	403	407	412	431	423	57	15.6%
	SPD	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	24,282	24,352	24,384	269	1.1%
	Long Term Care	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	1,111	1,126	1,148	88	8.3%
	SPD OE	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	1,666	1,739	1,817	865	90.9%
	Total Duals	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**27,471**	**27,648**	**27,772**	**1,279**	**4.8%**
	Total Medi-Cal	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**290,928**	**296,050**	**23,460**	**8.6%**
CMC	CMC Non-Long Term Care	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	10,127	10,128	10,127	232	2.3%
	CMC - Long Term Care	185	209	208	203	208	204	210	202	213	215	206	206	205	20	10.8%
	Total CMC	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**10,334**	**10,332**	**252**	**2.5%**
	Total Enrollment	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**301,262**	**306,382**	**23,712**	**8.4%**

Medi-Cal Enrollment Trend



- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021, the Budget included a higher projection of new mandatory Medi-Cal population having Other Health Coverage (OHC) starting Jan 2022.

Cal Medi-Connect Enrollment Trend

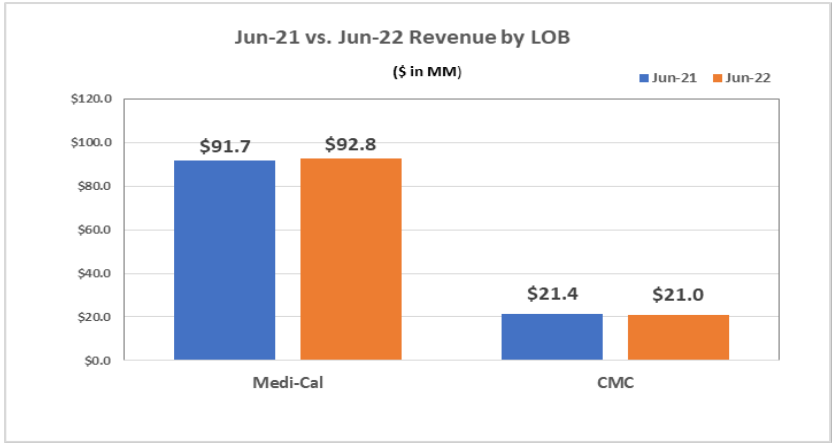


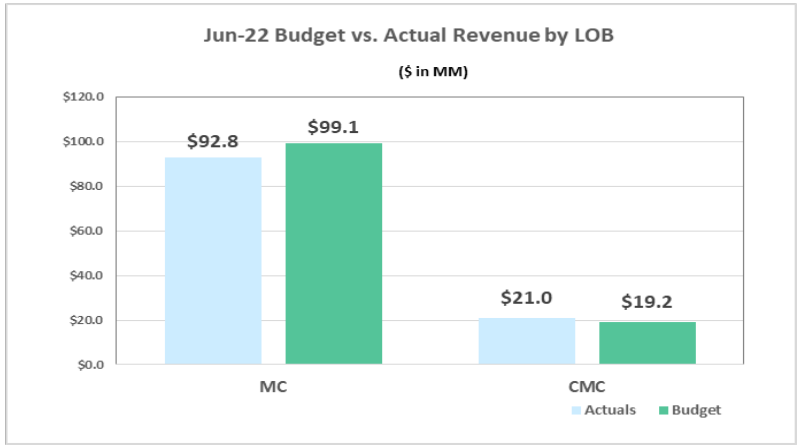
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021 continues to increase.

Current Month Revenue

Current month revenue of $113.7M was $4.6M or 3.9% unfavorable to budget of $118.3M. The current month variance was primarily due to the following:

- Medi-Cal revenue was $7.5M unfavorable to budget due primarily to (1) the pharmacy benefit carve-out ($13.9M unfavorable), partly offset by (2) higher CY22 rates versus budget ($6.1M fav) and (3) higher enrollment ($278K favorable). The Budget anticipated the Medi-Cal pharmacy benefit would continue until the end of fiscal year but pharmacy carve-out began on Jan 1. Unfavorable pharmacy revenue is offset by favorable pharmacy expense. Prop 56 revenue was $1.9M favorable to budget due to prior year reconciliation. Other supplemental revenue was $754K unfavorable to budget due to budgeted Hep-C benefit carved-out and lower maternity deliveries.
- CMC revenue was $1.8M favorable to budget due to (1) CY21 Pt-D recon settlement ($1.8M fav) and (2) additional estimated 1% CY21 + CY22 QWH earn-back ($2M fav), offset by (3) CY20 medical loss ratio (MLR) accrual payables to DHCS & CMS ($1.1M unfavorable) and (4) lower enrollment versus budget ($866K unfavorable).

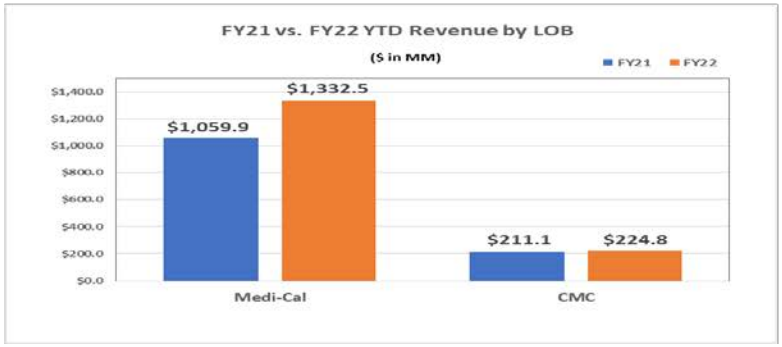


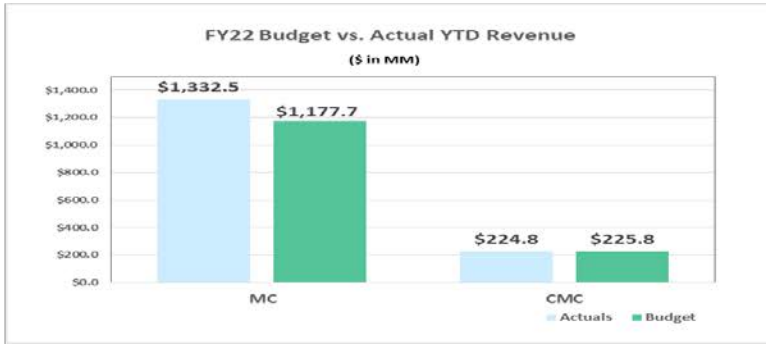


YTD Revenue

YTD revenue of $1.56B was $153.8M or 11.0% favorable to budget of $1.40B. The YTD variance was primarily due to the following:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.3M with an offsetting unfavorable medical expense.
- Medi-Cal revenue is $65.2M unfavorable largely due to the timing of the pharmacy benefit carve-out effective January 1st (the budget assumed the Rx benefit would continue through FY23). Lower pharmacy-related revenue is largely offset by lower pharmacy-related medical expense. Lower enrollment than anticipated from OHC contributes to the net unfavorable variance. Partially offsetting favorable variances pertained to higher CY22 rates versus budget and unbudgeted revenue associated with the COVID vaccine program (with associated expense). Supplemental revenue was $5.1M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C, and higher maternity deliveries. Prop 56 revenue was $2.6M favorable due to prior year reconciliation.
- CMC revenue was $972K unfavorable to budget due to accrued CY20 Medical Loss Ratio reserves payable to DHCS & CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment, CY20 + CY21 Part-C QWH earnback and higher CY21 & CY22 CCI rates versus budget.

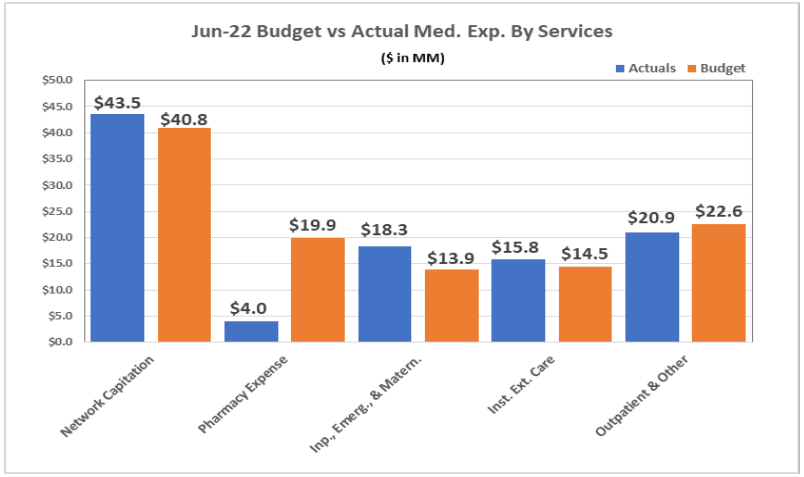


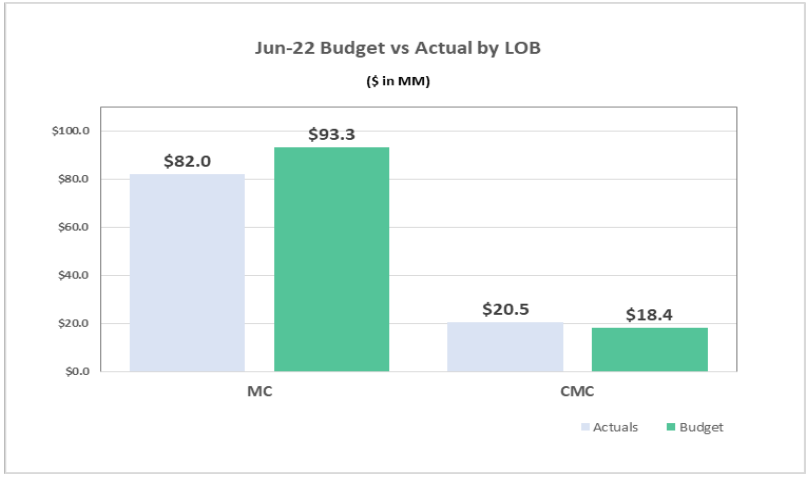


Current Month Medical Expense

Current month medical expense of $102.5M was $9.1M or 8.2% favorable to budget of $111.7M.
The current month variance was due largely to:

- Pharmacy expense was $15.9M favorable to budget primarily due to timing of the Medi-Cal carve-out (offsetting the unfavorable revenue variance of $13.9M). The budget assumed the Medi-Cal pharmacy benefit would continue through the end of fiscal year.
- Fee-For-Service expense was $4.2M or 8.8% unfavorable to budget due to (1) increased unit cost versus budget for Inpatient, LTC, Transportation, Outpatient, and Physician Specialty services and (2) increased supplemental services such as Behavioral Health Therapy (offset with favorable revenue variance), offset by (3) lower utilization in PCP, Emergency Room and Other MLTSS services.
- Capitation expense was $2.7M or 6.5% unfavorable to budget due to CY22 capitated rates true-up and higher enrollment.
- Reinsurance & Other expenses were $106K or 2.9% favorable to budget due to (1) timing of Board Designated Fund payments ($250K favorable), offset by (2) prior year Prop-56 payment adjustments ($74K unfavorable - offset with favorable revenue) and (3) lower claim recoveries ($70K unfavorable).

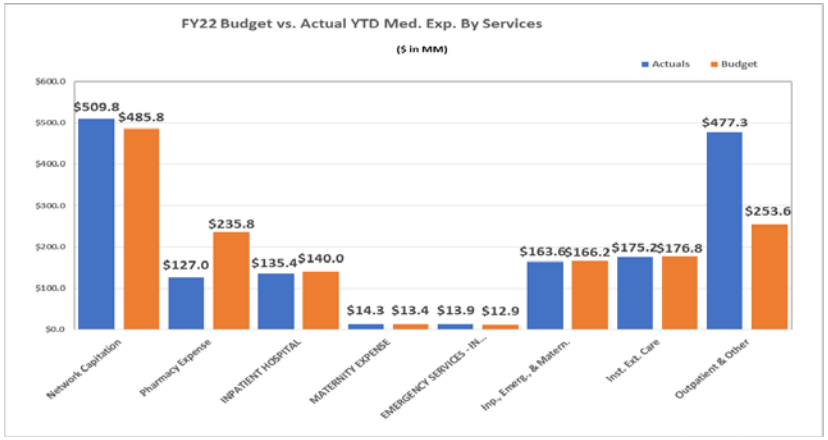


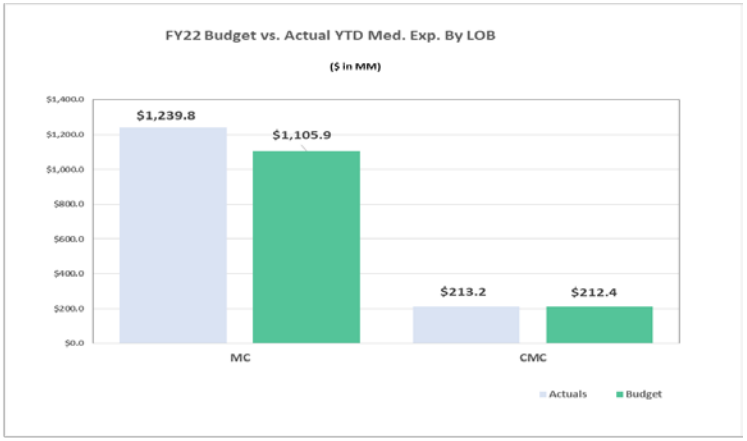


YTD Medical Expense

YTD medical expense of $1.45B was $134.7M or 10.2% unfavorable to budget of $1.32B. The YTD variance was due largely to:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in an unfavorable medical expense of $212.3M with an offsetting favorable current month revenue variance.
- Pharmacy expenses were $108.8M or 46.1% favorable to budget because budget was projected to have pharmacy benefit continue until June 30 but it ended Jan 1 and lower enrollment from OHC than anticipated, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment. MC favorable pharmacy expenses were offset by unfavorable revenue.
- Capitation expense was $24.0M or 4.9% unfavorable to budget due to $22M accrued for VHP as one-time capitation payment for SPD utilization costs not reflected in original CY21 paid capitation rates. VHP is expected to pass the entire amount to VMC, offset by lower capitated MC enrollment.
- Fee-For-Service expense was $6.2M unfavorable to budget due to (1) increased unit cost versus budget in Outpatient, ER, Physician Specialty, PCP and Other Non MLTSS services and (2) increased supplemental services such as Behavioral Health Therapy, Health Homes, Maternity (offset with favorable revenue variance), offset by (3) lower utilization in Inpatient, LTC and Other MLTSS services.

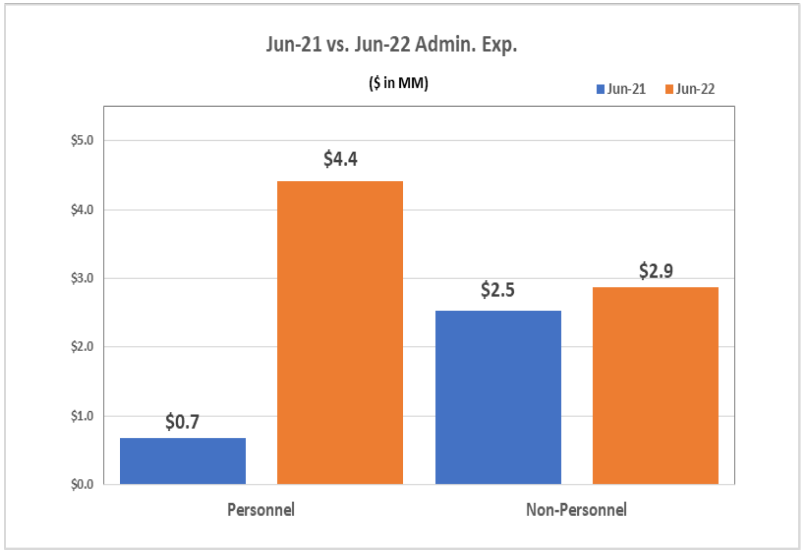


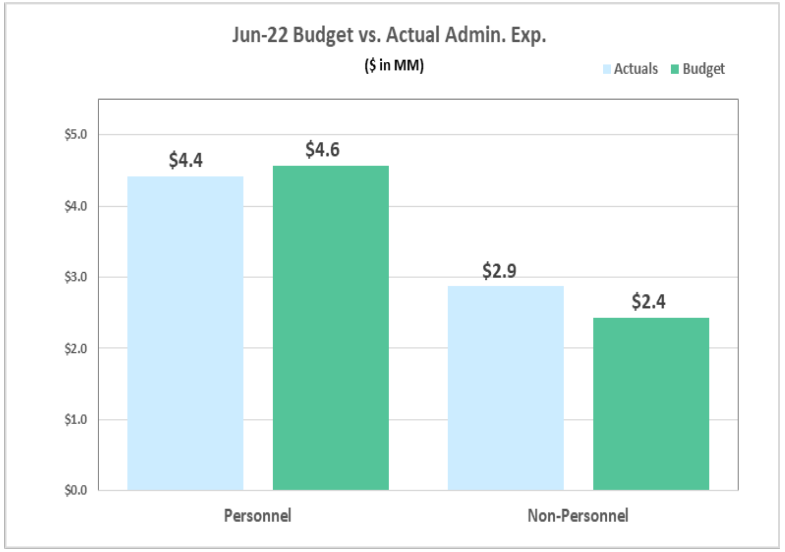


Current Month Administrative Expense

Current month expense of $7.3M was $302K or 4.3% unfavorable to budget of $7.0M. The current month variances were primarily due to the following:

- Personnel expenses were $142K or 3.1% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were $444K or 18.3% unfavorable to budget due to the timing of spending in certain expense categories (consulting, contract service, translation, and other fees). Other Expense also included unbudgeted COVID member incentive gift cards. (the unbudgeted COVID vaccination incentive program is funded by DHCS).

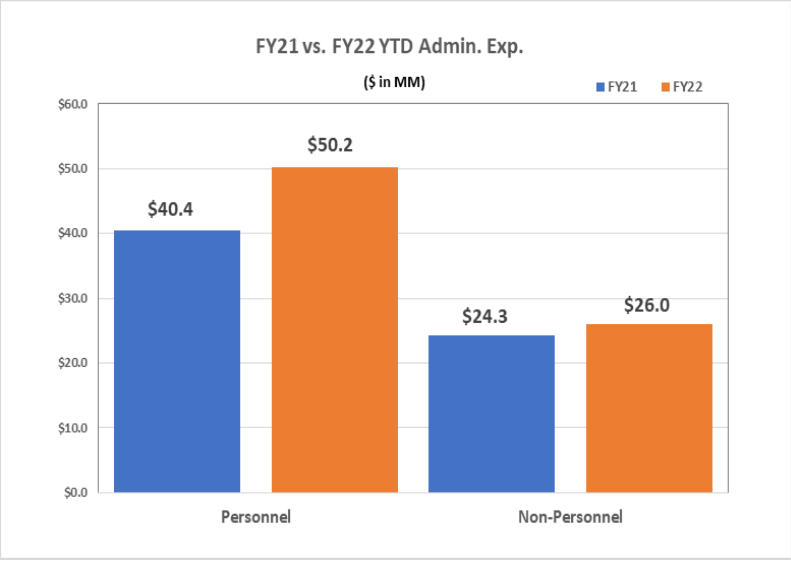


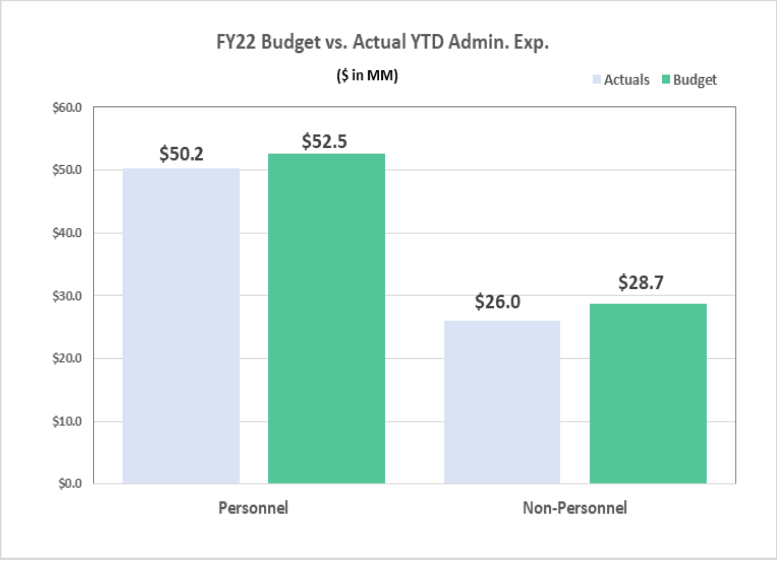


YTD Administrative Expense

YTD administrative expense of $76.2M was $5.1M or 6.2% favorable to budget of $81.3M. The YTD variance was primarily due to the following:

- Personnel expenses were $2.3M or 4.4% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.
- Non-Personnel expenses were $2.8M or 9.6% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising, information systems, and other fees). Other Expense included unbudgeted COVID member vaccination incentives under DHCS program.





Balance Sheet

- Current assets totaled $1.11B compared to current liabilities of $850.5M, yielding a current ratio (Current Assets/Current Liabilities) of 1.30:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $143.2M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$183,653,817	1.25%	$260,340	$1,454,918
Wells Fargo Investments	($20)	0.00%	$0	$34,513
City National Bank Investments	$296,007,444	1.23%	$97,623	$214,486
	$479,661,241		$357,962	$1,703,917
Cash & Equivalents				
Bank of the West Money Market	$0	0.00%	$0	$3,308
City National Bank Accounts	$66,495,397	0.01%	$610	$4,402
Wells Fargo Bank Accounts	$4,748,037	1.20%	$3,528	$9,460
	$71,243,435		$4,138	$17,170
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.01%	$3	$598
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$551,230,175**		**$362,104**	**$1,721,685**

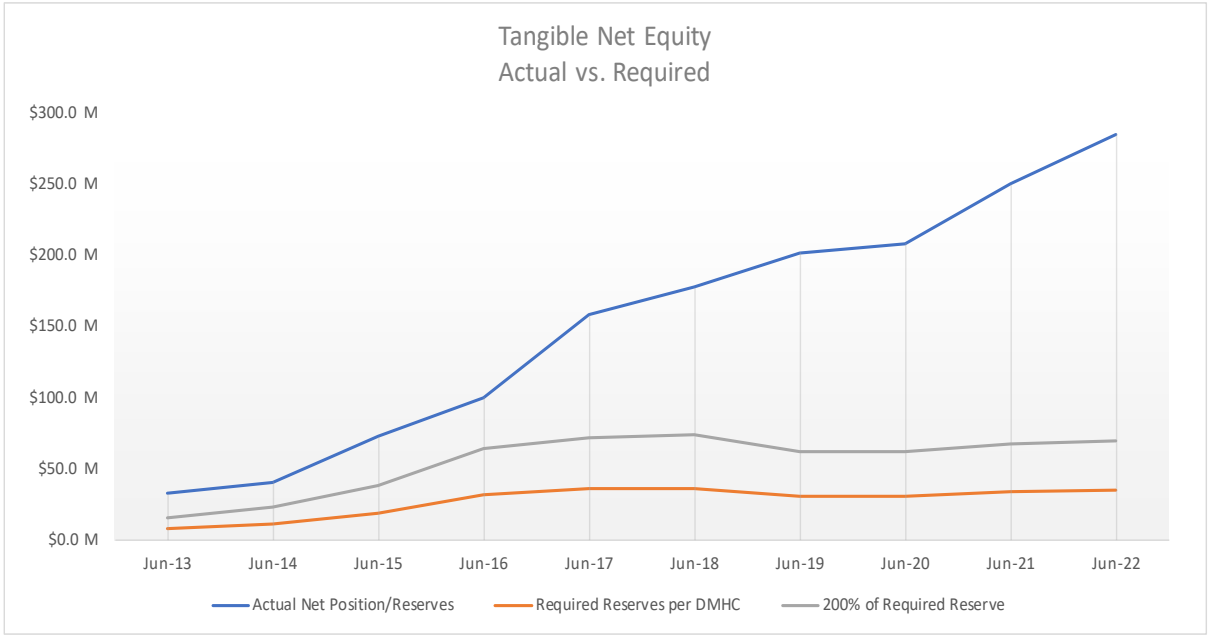
- Cash balances include balances payable to the State of CA for certain items.
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in January.
- Overall cash and investment yield is lower than budget (1.09% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $285.1M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of June 30, 2022

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Jun-22
Actual Net Position/Reserves	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$250.4 M	$285.1 M
Required Reserves per DMHC	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$33.9 M	$34.7 M
200% of Required Reserve	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$67.8 M	$69.5 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	821.0%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS JUNE 2022

Financial Reserve Target #1: Tangible Net Equity	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				**$245,130,576** *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$739,995	$494,995	$3,505,005
Innovation & COVID-19 Fund	$16,000,000	$7,704,043	$3,917,591	$12,082,410
Subtotal	$20,000,000	$8,444,038	$4,412,585	$15,587,415
Net Book Value of Fixed Assets				$24,104,910
Restricted Under Knox-Keene Agreement				$325,000
Total Tangible Net Equity (TNE)				$285,147,901
Current Required TNE				$34,733,884
TNE %				821.0%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				$121,568,592
500% of Required TNE (High)				$173,669,418
Total TNE Above/(Below) SCFHP Low Target				**$163,579,308**
Total TNE Above/(Below) High Target				**$111,478,483**
Financial Reserve Target #2: Liquidity				
Cash & Investments				$551,230,175
Less Pass-Through Liabilities:				
Hospital Directed Payments				(357,214)
MCO Tax Payable to State of CA				(35,019,123)
Prop 56 / Whole Person Care				(1,678,180)
Other Pass-Through Liabilities (Note 2)				(114,824,944)
Total Pass-Through Liabilities				**(151,879,462)**
Net Cash Available to SCFHP				399,350,714
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(177,993,349)
60 Days of Total Operating Expense				(237,324,465)
Liquidity Above/(Below) SCFHP Low Target				**221,357,365**
Liquidity Above/(Below) High Target				**162,026,248**

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

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

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

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

Capital Expenditures

- YTD Capital investments of $1.2M, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$19,489	$55,800
Hardware	$306,491	$1,060,000
Software	$654,265	$1,896,874
Building Improvements	$181,445	$62,000
Furniture & Equipment	$14,192	$179,101
TOTAL	**$1,175,883**	**$3,253,775**

Certain hardware and software projects have been deferred to FY23.

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Twelve Months Ending June 30, 2022

	Jun-2022 Actuals	% of Rev	Jun-2022 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Jun-2022 Actuals	% of Rev	YTD Jun-2022 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 92,777,745	81.6%	$ 99,135,001	83.8%	$ (6,357,256)	(6.4%)	$ 1,332,531,367	85.6%	$ 1,177,729,434	83.9%	$ 154,801,933	13.1%
CMC MEDI-CAL	3,457,349	3.0%	3,623,094	3.1%	(165,744)	(4.6%)	42,996,568	2.8%	44,183,885	3.1%	(1,187,317)	(2.7%)
CMC MEDICARE	17,493,343	15.4%	15,552,470	13.1%	1,940,873	12.5%	181,808,473	11.7%	181,593,328	12.9%	215,144	0.1%
TOTAL CMC	20,950,692	18.4%	19,175,564	16.2%	1,775,129	9.3%	224,805,041	14.4%	225,777,213	16.1%	(972,173)	(0.4%)
TOTAL REVENUE	**$ 113,728,437**	**100.0%**	**$ 118,310,565**	**100.0%**	**$ (4,582,127)**	**(3.9%)**	**$ 1,557,336,407**	**100.0%**	**$ 1,403,506,647**	**100.0%**	**$ 153,829,760**	**11.0%**
MEDICAL EXPENSES												
MEDI-CAL	$ 81,991,071	72.1%	$ 93,285,811	78.8%	$ 11,294,740	12.1%	$ 1,239,769,685	79.6%	$ 1,105,863,467	78.8%	$(133,906,218)	(12.1%)
CMC MEDI-CAL	3,133,519	2.8%	3,200,966	2.7%	67,447	2.1%	43,072,048	2.8%	37,030,224	2.6%	(6,041,824)	(16.3%)
CMC MEDICARE	17,408,764	15.3%	15,191,589	12.8%	(2,217,175)	(14.6%)	170,122,641	10.9%	175,365,334	12.5%	5,242,693	3.0%
TOTAL CMC	20,542,283	18.1%	18,392,555	15.5%	(2,149,728)	(11.7%)	213,194,689	13.7%	212,395,557	15.1%	(799,132)	(0.4%)
TOTAL MEDICAL EXPENSES	**$ 102,533,354**	**90.2%**	**$ 111,678,366**	**94.4%**	**$ 9,145,012**	**8.2%**	**$ 1,452,964,374**	**93.3%**	**$ 1,318,259,025**	**93.9%**	**$(134,705,349)**	**(10.2%)**
GROSS MARGIN	**$ 11,195,083**	**9.8%**	**$ 6,632,199**	**5.6%**	**$ 4,562,885**	**68.8%**	**$ 104,372,033**	**6.7%**	**$ 85,247,623**	**6.1%**	**$ 19,124,411**	**22.4%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 4,417,845	3.9%	$ 4,559,661	3.9%	$ 141,816	3.1%	$ 50,212,353	3.2%	$ 52,525,619	3.7%	$ 2,313,267	4.4%
RENTS AND UTILITIES	51,699	0.0%	42,067	0.0%	(9,632)	(22.9%)	472,820	0.0%	504,800	0.0%	31,981	6.3%
PRINTING AND ADVERTISING	145,387	0.1%	107,542	0.1%	(37,845)	(35.2%)	677,207	0.0%	1,292,500	0.1%	615,293	47.6%
INFORMATION SYSTEMS	438,229	0.4%	397,762	0.3%	(40,468)	(10.2%)	3,912,667	0.3%	4,643,691	0.3%	731,025	15.7%
PROF FEES/CONSULTING/TEMP STAFFING	1,487,671	1.3%	1,116,398	0.9%	(371,273)	(33.3%)	11,849,058	0.8%	13,474,461	1.0%	1,625,403	12.1%
DEPRECIATION/INSURANCE/EQUIPMENT	409,304	0.4%	455,815	0.4%	46,511	10.2%	4,850,269	0.3%	5,232,168	0.4%	381,899	7.3%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	51,361	0.0%	62,742	0.1%	11,382	18.1%	644,522	0.0%	748,007	0.1%	103,485	13.8%
MEETINGS/TRAVEL/DUES	98,387	0.1%	139,823	0.1%	41,437	29.6%	1,183,999	0.1%	1,640,679	0.1%	456,679	27.8%
OTHER	186,338	0.2%	102,057	0.1%	(84,282)	(82.6%)	2,393,699	0.2%	1,202,280	0.1%	(1,191,419)	(99.1%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 7,286,221**	**6.4%**	**$ 6,983,867**	**5.9%**	**$ (302,355)**	**(4.3%)**	**$ 76,196,593**	**4.9%**	**$ 81,264,205**	**5.8%**	**$ 5,067,612**	**6.2%**
OPERATING SURPLUS/(LOSS)	**$ 3,908,862**	**3.4%**	**$ (351,668)**	**(0.3%)**	**$ 4,260,530**	**(1,211.5%)**	**$ 28,175,440**	**1.8%**	**$ 3,983,417**	**0.3%**	**$ 24,192,023**	**607.3%**
INTEREST & INVESTMENT INCOME	$ 362,104	0.3%	$ 350,000	0.3%	$ 12,104	3.5%	$ 1,721,685	0.1%	$ 4,200,000	0.3%	$ (2,478,315)	(59.0%)
OTHER INCOME	40,532	0.0%	37,671	0.0%	2,861	7.6%	400,174	0.0%	442,366	0.0%	(42,191)	(9.5%)
NON-OPERATING INCOME	**$ 402,635**	**0.4%**	**$ 387,671**	**0.3%**	**$ 14,964**	**3.9%**	**$ 2,121,860**	**0.1%**	**$ 4,642,366**	**0.3%**	**$ (2,520,506)**	**(54.3%)**
NET SURPLUS (LOSS)	**$ 4,311,497**	**3.8%**	**$ 36,003**	**0.0%**	**$ 4,275,494**	**11,875.3%**	**$ 30,297,300**	**1.9%**	**$ 8,625,783**	**0.6%**	**$ 21,671,516**	**251.2%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of June 30, 2022

	Jun-2022	May-2022	Apr-2022	Jun-2021
Assets				
Current Assets				
Cash and Investments	$ 551,230,175	$ 530,957,859	$ 498,171,830	$ 408,072,066
Receivables	548,791,748	546,977,941	547,688,913	512,219,525
Prepaid Expenses and Other Current Assets	6,854,698	7,304,447	7,979,786	8,716,504
Total Current Assets	**$ 1,106,876,622**	**$ 1,085,240,247**	**$ 1,053,840,528**	**$ 929,008,095**
Long Term Assets				
Property and Equipment	$ 52,698,754	$ 52,661,309	$ 52,541,558	$ 51,522,871
Accumulated Depreciation	(28,593,844)	(28,247,165)	(27,900,369)	(24,466,207)
Total Long Term Assets	24,104,910	24,414,144	24,641,189	27,056,664
Total Assets	**$ 1,130,981,532**	**$ 1,109,654,390**	**$ 1,078,481,717**	**$ 956,064,759**
Deferred Outflow of Resources	**$ 5,156,729**	**$ 5,379,606**	**$ 5,602,483**	**$ 7,413,357**
Total Assets & Deferred Outflows	**$ 1,136,138,261**	**$ 1,115,033,997**	**$ 1,084,084,200**	**$ 963,478,116**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 12,915,439	$ 11,108,109	$ 17,022,946	$ 8,452,671
Deferred Rent	43,785	44,567	45,349	48,331
Employee Benefits	4,559,004	4,270,614	4,105,609	3,127,996
Retirement Obligation per GASB 75	2,499,662	2,459,537	2,419,412	1,737,287
Whole Person Care	1,678,180	1,684,180	1,687,180	1,915,180
Prop 56 Pass-Throughs	53,418,561	63,768,752	61,850,674	42,086,557
HQAF Payable to Hospitals	4,715	4,751	(1,533)	103,819
Hospital Directed Payment Payable	352,499	352,688	434,325	472,944
Pass-Throughs Payable	24,557,190	20,485,300	16,381,877	181
Due to Santa Clara County Valley Health Plan and Kaiser	83,721,764	77,175,627	70,625,067	23,785,679
MCO Tax Payable - State Board of Equalization	35,019,123	24,890,650	14,776,148	31,975,622
Due to DHCS	90,267,754	88,077,172	85,754,920	58,509,648
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,990,933
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
DHCS Incentive Programs	7,718,646	7,718,646	0	0
Medical Cost Reserves	105,409,762	103,332,724	101,045,936	107,587,324
Total Current Liabilities	**$ 850,451,043**	**$ 833,658,276**	**$ 804,432,867**	**$ 708,088,197**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	(0)	(0)	(0)
Total Non-Current Liabilities	**$ (0)**	**$ (0)**	**$ (0)**	**$ (0)**
Total Liabilities	**$ 850,451,042**	**$ 833,658,275**	**$ 804,432,866**	**$ 708,088,197**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 539,318**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,505,005	$ 3,505,005	$ 3,720,000	$ 3,337,274
Board Designated Fund: Innovation & COVID-19 Fund	12,082,410	12,082,410	12,591,157	13,730,001
Invested in Capital Assets (NBV)	24,104,910	24,414,144	24,641,189	27,056,664
Restricted under Knox-Keene agreement	325,000	325,000	325,000	325,000
Unrestricted Net Equity	214,833,276	214,524,042	213,573,254	164,191,849
Current YTD Income (Loss)	30,297,300	25,985,802	24,261,415	46,209,814
Total Net Assets / Reserves	**$ 285,147,901**	**$ 280,836,403**	**$ 279,112,016**	**$ 254,850,601**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,136,138,261**	**$ 1,115,033,997**	**$ 1,084,084,200**	**$ 963,478,116**

Cash Flow Statement

Santa Clara Family Health Plan

	Jun-2022	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 124,233,685	$ 1,555,565,791
Medical Expenses Paid	(93,910,179)	(1,395,205,850)
Adminstrative Expenses Paid	(10,416,380)	(18,147,808)
Net Cash from Operating Activities	**$ 19,907,126**	**$ 142,212,133**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ (37,445)	$ (1,175,883)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	402,635	2,121,860
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ 20,272,317**	**$ 143,158,110**
Cash & Investments (Beginning)	530,957,859	408,072,066
Cash & Investments (Ending)	**$ 551,230,175**	**$ 551,230,175**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 3,908,862	$ 28,175,440
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	346,679	4,127,637
Changes in Operating Assets/Liabilities		
Premiums Receivable	(1,813,807)	(36,572,223)
Prepaids & Other Assets	449,749	1,861,807
Deferred Outflow of Resources	222,877	2,256,628
Accounts Payable & Accrued Liabilities	(4,149,463)	42,084,069
State Payable	12,319,055	34,801,607
IGT, HQAF & Other Provider Payables	6,546,137	59,936,085
DHCS Incentive Programs	0	7,718,646
Medical Cost Reserves & PDR	2,077,038	(2,177,562)
Total Adjustments	**$ 15,998,264**	**$ 114,036,693**
Net Cash from Operating Activities	**$ 19,907,126**	**$ 142,212,133**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Twelve Months Ending June 30, 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$1,332,531,367	$42,996,568	$181,808,473	$224,805,041	**$1,557,336,407**
MEDICAL EXPENSE	$1,239,769,685	$43,072,048	$170,122,641	$213,194,689	**$1,452,964,374**
(MLR)	93.0%	100.2%	93.6%	94.8%	93.3%
GROSS MARGIN	$92,761,682	($75,480)	$11,685,832	$11,610,352	**$104,372,033**
ADMINISTRATIVE EXPENSE	$65,197,442	$2,103,715	$8,895,436	$10,999,151	**$76,196,593**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$27,564,239	($2,179,195)	$2,790,396	$611,201	**$28,175,440**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$1,815,564	$58,583	$247,713	$306,295	**$2,121,860**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$29,379,804	($2,120,613)	$3,038,109	$917,496	**$30,297,300**
PMPM (ALLOCATED BASIS)					
REVENUE	$392.60	$347.59	$1,469.75	$1,817.34	**$442.70**
MEDICAL EXPENSES	$365.27	$348.20	$1,375.28	$1,723.48	**$413.03**
GROSS MARGIN	$27.33	($0.61)	$94.47	$93.86	**$29.67**
ADMINISTRATIVE EXPENSES	$19.21	$17.01	$71.91	$88.92	**$21.66**
OPERATING INCOME/(LOSS)	$8.12	($17.62)	$22.56	$4.94	**$8.01**
OTHER INCOME/(EXPENSE)	$0.53	$0.47	$2.00	$2.48	**$0.60**
NET INCOME/(LOSS)	$8.66	($17.14)	$24.56	$7.42	**$8.61**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	3,394,099	123,700	123,700	123,700	3,517,799
REVENUE BY LOB	85.6%	2.8%	11.7%	14.4%	100.0%

Santa Clara Family Health Plan™

Appendices

Statement of Operations by Line of Business – Current Month

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For the Month June 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$92,777,745	$3,457,349	$17,493,343	$20,950,692	**$113,728,437**
MEDICAL EXPENSE	$81,991,071	$3,133,519	$17,408,764	$20,542,283	**$102,533,354**
(MLR)	88.4%	90.6%	99.5%	98.1%	90.2%
GROSS MARGIN	$10,786,674	$323,830	$84,579	$408,410	**$11,195,083**
ADMINISTRATIVE EXPENSE	$5,943,977	$221,501	$1,120,743	$1,342,245	**$7,286,221**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$4,842,697	$102,329	($1,036,164)	($933,835)	**$3,908,862**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$328,463	$12,240	$61,932	$74,172	**$402,635**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$5,171,160	$114,569	($974,232)	($859,663)	**$4,311,497**
PMPM (ALLOCATED BASIS)					
REVENUE	$313.39	$334.63	$1,693.12	$2,027.75	**$371.20**
MEDICAL EXPENSES	$276.95	$303.28	$1,684.94	$1,988.22	**$334.66**
GROSS MARGIN	$36.44	$31.34	$8.19	$39.53	**$36.54**
ADMINISTRATIVE EXPENSES	$20.08	$21.44	$108.47	$129.91	**$23.78**
OPERATING INCOME/(LOSS)	$16.36	$9.90	($100.29)	($90.38)	**$12.76**
OTHER INCOME/(EXPENSE)	$1.11	$1.18	$5.99	$7.18	**$1.31**
NET INCOME/(LOSS)	$17.47	$11.09	($94.29)	($83.20)	**$14.07**
ALLOCATION BASIS:					
MEMBER MONTHS	296,050	10,332	10,332	10,332	306,382
REVENUE BY LOB	81.6%	3.0%	15.4%	18.4%	100.0%

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JULY - 2022

		2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	FYTD var	%
NON DUAL	Adult (over 19)	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	36,529	37,033	37,861	39,310	1,449	3.8%
	Child (under 19)	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	103,211	103,765	103,621	103,866	245	0.2%
	SPD	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	22,751	22,836	24,200	25,130	930	3.8%
	Adult Expansion	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	98,130	99,249	102,198	106,715	4,517	4.4%
	Long Term Care	414	408	401	391	385	392	391	403	395	393	397	398	412	14	3.5%
	Total Non-Duals	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**261,014**	**263,280**	**268,278**	**275,433**	**7,155**	**2.7%**
DUAL	Adult (over 21)	367	376	375	396	398	408	410	403	407	412	431	423	424	1	0.2%
	SPD	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	24,282	24,352	24,384	24,491	107	0.4%
	Long Term Care	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	1,111	1,126	1,148	1,159	11	1.0%
	SPD OE	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	1,666	1,739	1,817	1,868	51	2.8%
	Total Duals	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**27,471**	**27,648**	**27,772**	**27,942**	**170**	**0.6%**
	Total Medi-Cal	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**290,928**	**296,050**	**303,375**	**7,325**	**2.5%**
CMC	CMC Non-Long Term Care	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	10,127	10,128	10,127	10,146	19	0.2%
	CMC - Long Term Care	209	208	203	208	204	210	202	213	215	206	206	205	208	3	1.5%
	Total CMC	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**10,334**	**10,332**	**10,354**	**22**	**0.2%**
	Total Enrollment	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**301,262**	**306,382**	**313,729**	**7,347**	**2.4%**

Santa Clara County Health Authority
Board Designated Innovation Fund Modification Request

Organization Name:	FIRST 5 Santa Clara County (FIRST 5)
Project Name:	Integrated Behavioral Health Pilot Project
Contact Name and Title:	Jennifer Kelleher Cloyd, CEO, FIRST 5 Santa Clara County
Original Requested Amount:	$500,000 ($250,000 per year for two years)
Original Time Period:	July 1, 2021 – June 30, 2023
Proposal Originally Submitted to:	Governing Board, 06/24/2021

Summary of Original Request:

FIRST 5 Santa Clara County (FIRST 5), in partnership with the University of California-San Francisco (UCSF) and the California Children's Trust will develop and implement an integrated behavioral health pilot project. The intent of the pilot is to sustainably integrate early childhood/dyadic behavioral health services into 7 to 10 of the highest volume primary care clinics serving young children on Medi-Cal in Santa Clara County. The two-year demonstration and technical assistance project will demonstrate the clinical benefit and impact of aligning reimbursement for mild and moderate mental health services with dyadic behavioral health models in primary care medical homes. FIRST 5 will subcontract with UCSF to provide technical assistance on the design, development, implementation, capacity strengthening, evaluation, and fiscal sustainability of project. Funding from SCFHP will contribute to estimated pilot project total budget of $1,368,302 over two years.

Summary of Request Modification:

- Project time period from July 1, 2021-June 30, 2023 to October 1,2021-September 30, 2023
- Initial cohort from 7-10 high volume primary clinics down to 3 clinics due to lack of interest and available resources at the clinics to divert to the program. However, program can still accommodate 7-10 clinics if interested. Outreach was made to Lucille Packard Children's Hospital for participation but there was no capacity to partner with the program.
- First payment of $250,000 was released on October 11, 2021. Remaining half would be released upon demonstrating sufficient progress in the report due August 31, 2022. FIRST 5 indicated that the funding request does not change with the reduction of sites because the majority of project costs are independent of number of clinics included. Per FIRST 5: "Most of the staff time reflected in the budget is for developing the Technical Assistant scope of service

and associated activities. The effort required to develop materials, tools, and services for the first site takes most of the staff time. Then the model was set up to scale."

- FIRST 5 has indicated that they may be open to other work related to dyadic services not included in the original proposal to assist SCFHP in preparation of the benefit's launch in January 2023. Potential activities offered include:
    - Opening up a portion of trainings that are developed and facilitated as part of the cohort to other provider groups
    - Providing high-level consultation to sites not in the cohort
    - Hosting monthly office hours
    - Converting cohort materials to publicly available materials
    - Conducting a limited number of "stakeholder engagement" meetings for clinics with an interest in implementing dyadic services
- This project's initial total two-year budget was $1,368,302; however, it was amended to $1,160,000. As of July 31, 2022, the project has so far expended $160,089 of the total two-year $1,160,000 funding.

Santa Clara Family Health Plan

FIRST 5 Santa Clara County
Funding Request Modification to Santa Clara Family Health Plan (SCFHP)
For Integrated Behavioral Health Program

Follow-up questions from SCFHP

1. Initial funding was for 7-10 sites. The revised proposal has up to 3 only. Why does the funding amount requested remain the same with this reduction?

Most of the staff time reflected in the budget is for developing the TA scope of service and associated activities. The effort required to develop materials, tools, and services for the first site takes most of the staff time that was budgeted into our contract. Then, the model was set up to scale what was developed initially to additional sites. In the original proposed cohort structure, the initial development was intended to benefit 7-10 clinics. However, it is essentially the same amount of effort to deliver this to three clinics due to the initial investment required to develop the TA. Put more simply, the cost of supporting 7-10 sites is not much more than supporting 1-3 sites, which is why the cohort model was proposed to be able to scale to as many clinics as possible.

Examples of this include the time it takes to develop workflows, TA services templates (e.g., implementation plan), resources (e.g., billing guides and workflows), trainings is the same whether it is delivered to one site or 10 sites. The implementation of trainings is also the same, as UCSF had planned to deliver them to a cohort of clinics, not individually to clinics. Similarly, consultation groups with clinicians were going to be done as a group.

The area where UCSF is spending less time and effort, due to having a smaller cohort, is only in the area of reduction in monthly meetings for each site (7-10 clinics = 7-10 hours per month vs. 3-4 clinics = 3-4 hours per month in the original proposed model). According to the originally proposed model of 7-10 clinics, this means that UCSF is working 4-7 hours less per month with some added reduction in hours for the administrative efforts required in planning and follow-up for onsite meetings.

However, in order to ensure they are meeting the contracted commitment, UCSF has increased the intensity of TA (and number of meetings and between meetings contacts) to Tully to offset time we would have been spending with other sites. We believe these higher intensity supports will be an important investment that will allow VHC to scale the Tully model to other sites in their system much more independently. UCSF will take the same approach with the two additional sites. We have included snapshot of contacts we have had with Tully/VHC to demonstrate this increased intensity of TA supports through June and will include more detail in our August report.

Santa Clara Family Health Plan

Date	Participants	Purpose
4/14/22	Catherine Cummins Supriya Rao Julie Ho Mallory Andersen UCSF FIRST 5	Discuss Plan to Launch Tully. Discuss questions with HealthySteps Model and Clarify VHC Project Goals. (TA Implementation Support)
4/20/22	Mallory Andersen Jodi Pinn	Discuss HealthySteps and VHC PCBH Alignment
	UCSF	(TA Implementation Support)
4/25/22	Mallory Andersen Jodi Pinn UCSF/CCT	Discuss Billing for HealthySteps at VHC PCBH (TA Implementation Support)
5/2/22	Jodi Pinn Michelle de la Calle Jennifer Foreman Supriya Rao UCSF/CCT FIRST 5	Discuss HealthySteps and VHC Alignment Discuss Staffing Allocations Needed (TA Implementation Support) Outcome: Launch Tully with HealthySteps Model
5/6/22	Jennifer Foreman Supriya Rao UCSF	Discuss Pediatrics questions about HealthySteps Implementation (TA Implementation Support)
5/9/22	Catherine Cummins Julie Ho Mallory Andersen Philbert Espejo Sally Lawrence Supriya Rao UCSF FIRST 5	SCC Resource Link/Aunt Bertha Demo (TA Implementation Support)
6/8/22	Mallory Andersen Jodi Pinn UCSF FIRST 5	Plan for 6/13/22 Tully Kickoff Meeting
6/13/22	Tully Clinical Implementation Team Systems Implementation Team UCSF FIRST 5	VHC Tully Kickoff Implementation Meeting at Tully HC
6/23/22	Amy Huffer (HealthySteps) Mallory Andersen UCSF	Meeting with HealthySteps National Office and VHC Tully to begin HealthySteps Onboarding

6/29/22	Tully Clinical Implementation Team UCSF	2nd Implementation Planning Meeting with Tully
7/13/22	Systems Implementation Team UCSF	Meet with VHC Billing Services Team to discuss billing and reimbursement workflows
7/14/22	Systems Implementation Team UCSF	Open Office Hours for Implementation Q&A
7/14/22	Tully Clinical Implementation Team UCSF	Implementation Planning Meeting
7/21/22	VHC Systems Implementation Team UCSF	2nd Billing/Reimbursement Workflow meeting with VHC billing services & key project stakeholders
7/26/22	Tully LCSW & Clinical Implementation Team Members UCSF	Clinical training meeting with direct service providers to implement model
7/28/22	Tully Clinical Implementation Team HealthySteps National Office UCSF	2nd HealthySteps Onboarding meeting (To review Goodness of Fit assessment)

In addition to the fact that most of the time investment is up front, UCSF has adjusted allocation of time to staffing. Some staff that were originally budgeted 100% on the contract for the early months have had their FTE effort distributed to other projects. This will shift resources now to allow for more intensive support later in the grant period when more sites are participating. This will be reflected in the August Budget to Actuals report. Unspent funds now will be spent on staff time later in the grant period.

a. **Please reach out to PAMF and BACH as potential sites**

FIRST 5 can reach out to Bay Area Community Health, we know their Clinical Director, Dr. Seshadri. In the last meeting we discussed that the pediatric volume for PAMF is low and that it may not make the most sense to include them as a pilot site. Would you still like us to reach out to them? If so, do you have a contact at PAMF you could share to make a connection?

2. SCFHP will be launching dyadic benefits Jan 2023, can the project pivot to include below given the reduction in sites

a. **Assess SCFHP's Network Providers' capacity (content, number, and staffing) with regards to providing this service**

Please see attached summary of the data SCFHP provided to UCSF that focused on the clinics we are targeting (at this time) for recruitment into the pilot. UCSF can do some additional data analysis if the data is provided to us. Additionally, they are able inform questions for a landscape assessment but would not be able to administer the assessments. Depending on the detail needed, UCSF is open to discussing what this would look like and how we could dedicate resource to it.

b. **Develop recommendations on how to increase provider capacity**

UCSF will be doing this for our cohort sites and will be able to share materials that are created for this purpose with sites that are not participating.

c. **Develop and conduct trainings for SCFHP Network Providers on the service**

UCSF can open up a portion of trainings that are developed and facilitated as part of the cohort to other providers groups.

d. **Provide TA for the provider network until project end date in Oct 2023**

UCSF could likely provide some high-level consultation to sites not participating via a mechanism, such as monthly open office hours for Q&A on implementation of dyadic services, for example.

Additional ways UCSF could expand their reach:

- Open office hours for drop-in consultation on a monthly basis
- Convert materials we create and share with the cohort to publicly available materials that can be shared with other providers.
- Conduct a limited number of "stakeholder engagement" meetings for clinics who are exploring implementing dyadic services but who need help engaging their leadership and getting buy-in and resources to dedicate to the initiative.

Santa Clara Family Health Plan™

Government Relations Update

August 25, 2022

Federal Issues

CMS

- Public Health Emergency update

Congress

- Inflation Reduction Act
- Lame duck action?

State Issues

Medi-Cal

- Reprocurement
- Office of Health Care Affordability

Legislation

- SB 250 – gold carding
- SB 987 – complex cancer cases
- SB 858 – health plan penalties