Regular Meeting of the

Santa Clara County Health Authority
Governing Board

Thursday, March 24, 2022, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only
(408) 638-0968
Meeting ID: 811 0228 8572
Passcode: GovBd2022!
https://us06web.zoom.us/j/81102288572

AGENDA

1.	**Roll Call**	Mr. Brownstein	12:00	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Governing Board reserves the right to limit the duration of the public comment period to 30 minutes.	Mr. Brownstein	12:05	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	Mr. Brownstein	12:10	5 min

a. Approve minutes of the December 16, 2021 **Governing Board** Meeting

b. Accept minutes of the January 10, 2022 **Executive/Finance Special Committee** Meeting
- Ratify approval to continue use of teleconferencing

c. Accept minutes of the January 27, 2022 **Executive/Finance Committee** Meeting
- Ratify approval of the YE 2021 Flexible Spending Account change resolution
- Ratify approval of authorization for CEO to execute contract with selected Claims Editing System Vendor
- Ratify approval of the November 2021 Financial Statements
- Ratify approval of the CMC CAHPS 2021 Results presentation
- Ratify approval of the expenditure from the Board Designated Innovation Fund for the Parents Helping Parents Connections California program

d. Accept minutes of the February 24, 2022 **Executive/Finance Committee** Meeting
- Ratify approval of the Network Detection and Prevention Update
- Ratify approval of the December 2021 Financial Statements
- Ratify approval of the expenditure from the Board Designated Innovation Fund for the Santa Clara County Public Health

Department Juntos Initiative
- Receive the DHCS Comprehensive Quality Strategy Report

e. Accept minutes of the February 24, 2022 **Compliance Committee** Meeting
- Ratify approval of the proposed amendments to the Compliance Program

f. Accept minutes of the February 8, 2022 **Quality Improvement Committee** Meeting
- Ratify approval of the Network Adequacy Assessment 2021
- Ratify approval of the QI Program Description 2022
- Ratify approval of the Cultural and Linguistics (C&L) Evaluation 2021, C&L Program Description 2022, and C&L Work Plan 2022
- Ratify approval of the Grievance and Appeals (G&A) Report Q3 and Q4 2021
- Ratify approval of annual review of QI policies
  - QI.05 Potential Quality of Care Issues
  - QI.07 Physical Access Compliance
  - QI.10 Initial Health Assessment (IHA) and Staying Health Assessment (SHA)
  - QI.14 Disease Surveillance
  - QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABRIT)
  - QI.29 Nurse Advice Line
  - QI.31 Community Supports (CS)
  - QI.32 Enhanced Care Management (ECM)
- Ratify approval of the 12/1/2021 Credentialing Committee Report
- Ratify acceptance of Committee Reports
  - Utilization Management Committee - January 19, 2022
  - Credentialing/Peer Review Committee - December 1, 2022
  - Pharmacy and Therapeutics Committee - December 16, 2021
  - Cal MediConnect Consumer Advisory Board - December 2, 2021

g. Accept minutes of the February 9, 2022 **Provider Advisory Council** Meeting

h. Accept minutes of the March 8, 2022 **Consumer Advisory Committee** Meeting

i. Approve **Publically Available Salary Schedule**

j. Approve December 2021 **Quarterly Investment Compliance Report**

k. Approve **Resolution to Delegate Authority to CEO to Amend Retirement and Health and Welfare Plans**

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

4.	**Resolution for CalPERS Post-Retirement Service** Discuss VP, Marketing & Enrollment's retirement and potential continued service on a part-time basis. **Possible Action:** Approve 180-Day Wait Period Exception Resolution for VP, Marketing & Enrollment post-retirement service.	Ms. Tomcala	12:15	5 min
5.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	12:20	10 min

6.	**SCFHP Blanca Alvarado CRC Framework** Review Blanca Alvarado Community Resource Center (CRC) framework to reduce health disparities and improve the health of members and underserved groups in East San Jose.	Mr. Gonzalez	12:30	10 min
7.	**Compliance Report** Discuss status of current topics and initiatives.	Mr. Haskell	12:40	10 min
8.	**January 2022 Financial Statements** Review January 2022 Financial Statements. **Possible Action:** Approve the January 2022 Financial Statements.	Mr. Jarecki	12:50	10 min
9.	**Innovation Fund Expenditure Request** Consider funding request for the Bay Area Women's Sports Initiative (BAWSI) Leadership Accelerator. **Possible Action:** Approve expenditure for the BAWSI Leadership Accelerator from the Board Designated Innovation Fund.	Ms. Watkins	1:00	10 min
10.	**Special Project Fund for CBOs Expenditure Request** Consider funding request for Stroke Awareness Foundation's (SAF) Multilingual Awareness of Stroke Signs project. **Possible Action:** Approve expenditure for the SAF's Multilingual Awareness of Stroke Signs project from the Board Designated Special Project Fund for CBOs.	Ms. Watkins	1:10	10 min
11.	**Government Relations Update** Discuss local, state, and federal legislative and policy issues impacting the Plan and its members. **Announcement Prior to Recessing into Closed Session** Announcement that the Governing Board will recess into Closed Session to discuss Item No. 12 below.	Mr. Haskell	1:20	10 min
12.	**Adjourn to Closed Session** **a.** **Report Involving Trade Secrets** (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Governing Board to meet in Closed Session to discuss Plan Contract Rates. **b.** **Contract Rates** (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Governing Board to meet in Closed Session to discuss Plan partner rates.		1:30	
13.	**Report from Closed Session**	Mr. Brownstein	2:25	5 min
14.	**Adjournment**		2:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board 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) 455-1335.
- To obtain a copy of any supporting document that is available, contact Ashley Kerner at (408) 455-1335. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority Governing Board

Thursday, December 16, 2021, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein, Chair
Alma Burrell
Dave Cameron
Darrell Evora
Kathleen King
Liz Kniss
Sarita Kohli
Michele Lew
Sue Murphy
Ria Paul
Debra Porchia-Usher
Sherri Sager

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operations Officer
Ngoc Bui-Tong, VP, Strategies and Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Mike Gonzalez, Manager, Community Resource Center
Ashley Kerner, Manager, Administrative Services
Roby Esparza, Administrative Assistant
Rita Zambrano, Executive Assistant

Others Present
Eva Terrazas, VP, Public Policy & Special Initiatives, Uplift Family Services
Tiffany Washington, Program Manager–Business Development, Valley Health Plan

1. Roll Call

Bob Brownstein, Chair, called the meeting to order at 12:00 pm. Roll call was taken and a quorum was established. Mr. Brownstein welcomed Eva Terrazas as a newly appointed member of the Board who is awaiting an opportunity to take her oath.

2. Public Comment

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

a. Approve minutes of the September 23, 2020 **Governing Board** Meeting
b. Accept minutes of the October 22, 2021 **Special Executive/Finance Committee** Meeting
- Ratify approval to continue use of teleconferencing without providing public access to each teleconference location pursuant to Government Code Section 54953

c. Accept minutes of the October 28, 2021 **Executive/Finance Committee** Meeting
- Ratify approval of the Fiscal Year 2020-2021 Independent Auditor's Report
- Ratify approval of the August 2021 Financial Statements

d. Accept minutes of the November 18, 2021 **Executive/Finance Committee** Meeting
- Ratify acceptance of the Network Detection and Prevention Update
- Ratify approval of the September 2021 Financial Statements
- Ratify approval of three-year contracts with D-SNP Enrollment, Sales & Broker Systems vendors Dynamic Healthcare Systems and Engagement Health
- Ratify approval of Innovation Fund COVID-19 Expenditure for Children's Discovery Museum COVID-19 Vaccination Clinics
- Ratify approval of Innovation Fund Expenditure for Behavioral Health Contractors Association of Santa Clara County for Readiness Support for Delivery System Changes

e. Accept minutes of the November 18, 2021 **Compliance Committee** Meeting
- Ratify approval of the Compliance Program, Standards of Conduct, and Policies
  - CP.07 Corrective Actions
  - CP.10 Compliance Training
  - CP.12 Annual Compliance Program Effectiveness Audit
  - CP.15 Standards of Conduct
  - CP.17 Risk Assessments
  - DE.04 Communication Between SCFHP and FDRs/Delegated Entities
  - DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities
  - DE.12 Delegated Entity Reporting

f. Accept minutes of the October 13, 2021 **Quality Improvement Committee** Meeting
- Ratify approval of the Annual Assessment of Physician Directory Accuracy Report 2021
- Ratify approval of the Physician and Hospital Directories Usability Testing Report
- Ratify approval of the Annual Cal MediConnect (CMC) Continuity and Coordination Between Medical Care and Behavioral Healthcare Analysis
- Ratify approval of the Assessment of CMC Member Understanding of Policies & Procedures: Call Code Analysis
- Ratify approval of the 2020 Member Experience Analysis
- Ratify approval of the Annual Cal Medi-Connect (CMC) Continuity and Coordination of Medical Care Analysis (2021)
- Ratify approval of the Grievance and Appeals Report Q2 2021
- Ratify acceptance of Committee Reports
  - Pharmacy & Therapeutics Committee (P&T) – September 16, 2021
  - Credentialing Committee Report – August 4, 2021

g. Accept minutes of the November 16, 2021 **Special Quality Improvement Committee** Meeting
- Ratify approval of the Appointment Availability Analysis MY 2021
- Ratify approval of the Annual Assessment of Network Adequacy

h. Accept minutes of the December 7, 2021 **Quality Improvement Committee** Meeting
- Ratify approval of the Grievance and Appeals (G&A) Report Q3 2021
- Ratify acceptance of Committee Reports
  - Utilization Management Committee (UMC) – October 20, 2021
  - Credentialing Committee Report – October 6, 2021

i. Accept minutes of the November 10, 2021 **Provider Advisory Council Committee** Meeting
j. Accept minutes of the December 14, 2021 **Consumer Advisory Committee** Meeting
k. Approve **Publicly Available Salary Schedule**

l. Approve **Quarterly Investment Compliance Report**
m. Approve revised **2022 Board & Committee Meeting Calendar**
n. Approve **Resolution to Adopt an Amended Conflict of Interest Code**
o. Approve **Annual Report to the Board of Supervisors**
p. 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 Consent Calendar was **unanimously approved.**

Motion: Ms. Murphy
Second: Ms. Kniss
Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. King, Ms. Kniss, Ms. Kohli, Ms. Lew, Ms. Murphy, Ms. Paul, Ms. Porchia-Usher, Ms. Sager

Alma Burrell joined the meeting.

4. CEO Update

Christine Tomcala, Chief Executive Officer, presented the updated SCFHP COVID-19 Summary, noting 62.3% of members age 5+ have received at least one COVID vaccine dose. The age category 30 to 39 has the largest percentage gap (26.6%) between members and county residents who received at least one vaccine dose. Ms. Tomcala presented the total number of members yet to be vaccinated (86,116). She further shared the percentage of members who have received a COVID-19 booster (19%). Ms. Tomcala noted SCFHP is the second highest performing Medi-Cal plan in the state with respect to the percent of members age 5 and over who have received at least one COVID vaccination dose (62.3%). Anthem's rate in Santa Clara County is 59.7%.

Bob Brownstein inquired about actions SCFHP is taking to encourage members to receive COVID-19 booster shots. Ngoc Bui-Tong, VP, Strategies & Analytics, explained continued efforts to promote access with community partners, hiring temporary workers to outreach to members, as well as events at the Blanca Alvarado Community Resource Center. Ms. Tomcala explained there is a crossover in the efforts of SCFHP to encourage members to receive their first dose, while providing already vaccinated members with the opportunity to receive their COVID-19 booster shot.

Ms. Tomcala reported the percentage of vaccinated staff is 90%. She noted the postponement of a return to office date due to the extension of the Public Health Emergency, and indicated the intention of SCFHP is to adopt a hybrid workforce upon return.

Ms. Tomcala presented the Quarterly Board Dashboard and called attention to the addition of an Annual Dashboard, which provides annual metrics to be shared each December.

Ms. Tomcala provided an update on the opening of the Blanca Alvarado Community Resource Center (CRC). She invited Board Members to access the Activity Calendar on the website, and stop by the upcoming Open House scheduled for December 18, 2021.

Ms. Tomcala congratulated Darrell Evora on his retirement and confirmed Mr. Evora's continued participation as a member of the SCFHP Governing Board.

Ms. Tomcala introduced Ashley Kerner as the new Manager of Administrative Services.

5. Compliance Report

Tyler Haskell, Interim Compliance Officer, provided an update on the status of various audits and compliance deficiencies. He reported the Plan was assessed an administrative penalty of $10,000 by the Department of Managed Health Care (DMHC) as a result of two missing files in 2017 report submissions. Mr. Haskell confirmed the issue has been rectified.

Mr. Haskell shared the current Annual Compliance Program Effectiveness Audit required of all Medicare plans is underway. Mr. Haskell explained the past practice of paying an outside firm to conduct the audit, and shared that this audit will be conducted by peer review facilitated by Health Plan Alliance. Mr. Haskell stated SCFHP is being audited by Piedmont Health Plan from Virginia and the preliminary report is expected soon.

Mr. Haskell shared a disclosure made by SCFHP to CMS upon discovering certain faxes were not reaching providers. Mr. Haskell stated no action would be taken against SCFHP by CMS as a result of this disclosure.

Mr. Haskell discussed the recent receipt of the Annual Audit Notice from the State Department of Health Care Services. Mr. Haskell explained the audit will cover both Medi-Cal and Cal MediConnect.

Mr. Haskell reported SCFHP has been involved in a Performance Measures Data Validation for Medicare that focused on members with an Initial Health Risk Assessment and an Initial Care Plan completed within 90 days of enrolment. Mr. Haskell shared SCFHP has received a passing score on both sets of data validation.

Darrell Evora requested a frame of reference on the fine. Sherri Sager responded that the fine is not unusual. Ms. Tomcala further explained the fine was from 2017 and that SCFHP aims to improve internal processes to strive to avoid fines in the future.

6. October 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the October 2021 unaudited financial statements, which reflected a current month net surplus of $543 thousand ($842 thousand unfavorable to budget) for the month and a year-to-date net surplus of $19.9 million ($14.4 million favorable to budget).

Enrollment increased by 946 members from the prior month to 287,498 members (3,485 members or 1.2% lower than monthly budget). Membership growth continues due to the extended duration of the COVID pandemic during which member disenrollment's have been suspended. YTD member months trailed budget by 8,114 member months or 0.7%).

Revenue reflected an unfavorable current month variance of $870 thousand (0.8%) largely due to a one-time revenue true-up associated with the prior month's estimated revenue due to DHCS' delay in sending data. This adjustment offsets otherwise favorable results due to higher CY21 rates versus budget, the mix of capitation rates received and higher supplemental kick revenue due to higher utilization, partially offset by lower enrollment than budgeted. YTD Revenue was $2.1 million (0.5%) favorable to budget due to higher CY21 rates versus budget, the mix of rates and higher supplemental kick revenue due to higher utilization, partially offset by lower enrollment than budgeted.

Medical Expense reflected a favorable current month variance of $294 thousand (0.3%) largely due pharmacy expense favorable to budget by $1.3 million due to lower cost trends coupled with lower capitated enrollment, partly offset by increased unit cost and utilization in certain fee-for-service categories of service. YTD Medical Expense was $11.5 million (2.7%) favorable to budget due to the same factors.

Administrative Expense was at budget for the month. YTD Administrative Expense was $1.7 million (6.5%) favorable to budget largely due to lower headcount than budgeted and deferred timing of certain non-personnel expenses.

The Balance Sheet reflected a Current Ratio, a key measure of liquidity, of 1.33:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $275 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $231 million.

Capital Investments of $857 thousand were made year-to-date, predominately computer software licenses.

It was moved, seconded, and the October 2021 Unaudited Financial Statements were **unanimously approved.**

Motion: Mr. Cameron
Second: Ms. Sager
Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. King, Ms. Kniss, Ms. Kohli, Ms. Lew, Ms. Murphy, Ms. Paul, Ms. Porchia-Usher, Ms. Sager

7. SCFHP Equity Steering Committee

Ngoc Bui-Tong, VP, Strategies and Analytics, reviewed the new structure for organization-wide focus on diversity, equity, and inclusion.

Liz Kniss commented on studies showing the impact of healthcare on outcomes including longevity and asked if this subject will be addressed by the Equity Steering Committee. Ms. Bui-Tong confirmed that the Committee would assess disparity in longevity across differing populations if that is a disparity of focus from the Councils.

Alma Burrell asked about the Committee's plans to increase equity. Ms. Bui-Tong explained the responsibility of each Council to create a roadmap of objectives and projects to achieve increased equity and confirmed that the roadmaps would be shared with the Board.

Eva Terrazas inquired what the organization is doing to move beyond diversity, equity, and inclusion into social justice and reduction of systemic barriers. Ms. Bui-Tong answered that the Committee will not limit its focus to the traditional ways of addressing health equity and disparity.

Sue Murphy asked how employees on the Staff Equity Council will be selected. Ms. Bui-Tong stated that employees will participate on a volunteer basis and membership will be prioritized to ensure representation across departments and staff levels.

Sarita Kohli asked how the Committee will ensure equity among vendors. Ms. Bui-Tong stated that the Committee would assess a possible commitment to small or minority owned businesses. Chris Turner added the Plan intends to create opportunities to work with underrepresented vendors.

Ms. Kohli asked about the timeline for implementing the Equity Steering Committee. Ms. Bui-Tong stated that the aim would be to kick-off the Committee in January 2022 with the goal of providing the Governing Board with a roadmap for fiscal year 2023.

8. Medi-Cal Dental Care

Ms. Bui-Tong presented a summary of dental coverage under Medi-Cal.

Sue Murphy asked if PCP providers are currently providing dental varnish services. Ms. Bui-Tong confirmed that dental varnish is currently provided and there is opportunity for SCFHP to increase the rate of service by assisting PCPs with education on how to access the required training. Deborah Porchia-Usher inquired about the measure of success for this initiative. Ms. Bui-Tong responded that success would be measured by an increase in the number of providers receiving training and providing dental varnish service. Ms. Bui-Tong stated the intention is to conduct a survey querying PCPs on barriers their members are experiencing with dental care access.

Kathleen King stated the percentage of children screened showing severe cavities or infection is 40.65%. Ms. King shared the estimated number of dental visits for children needed by the end of 2022 (24,000) and offered to provide data by zip code, race, ethnicity, and age. Ms. King indicated due to the increase in need, the strategy should include additional services beyond dental varnish. Ms. Bui-Tong responded that as SCFHP is not the provider of care, the Plan will work to remove barriers to access.

Kathleen King added that vision referrals have risen by 40%. Ms. Bui-Tong requested data on vision referrals as SCFHP serves as a provider of vision services and is currently working to increase member outreach efforts.

Ms. Tomcala commented on past funding of dental chairs for community partners. She stated SCFHP would be happy to support other similar investments. Ms. King thanked Ms. Tomcala and indicated she would be interested in talking further.

9. Government Relations Update

Tyler Haskell, Interim Compliance Officer, provided an update on relevant federal, state, and local actions. He discussed the status of two bills in Congress containing Medicaid and Medicare provisions—the Build Back Better Act and Medicare sequestration moratorium extension. Mr. Haskell also discussed the federal executive order mandating vaccinations of employees of certain large employers.

Mr. Haskell discussed the status of various Medi-Cal initiatives—Enhanced Care Management, Community Supports, Medi-Cal Rx, and commercial plan reprocurement—as well as possible Medi-Cal risk adjustment legislation and the projected State budget surplus.

At the local level, Mr. Haskell notified the Board that the Plan had participated in two recent County Board of Supervisors committee meetings, including one meeting of the Health and Hospital Committee and one meeting of the Children, Seniors, and Families Committee.

10. Adjourn to Closed Session

a. Contract Rates

The Governing Board met in Closed Session to discuss Plan partner rates.

11. Report from Closed Session

Mr. Brownstein reported that the Governing Board met in Closed Session to discuss Plan partner rates.

12. Adjournment

The meeting was adjourned at 2:30pm.

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Michele Lew, Secretary

Special Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Monday, January 10, 2021, 2:00 PM – 2:30 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Alma Burrell
Dave Cameron
Michele Lew

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Tyler Haskell, Interim Compliance Officer
Ashley Kerner, Manager, Administrative Services

Members Absent
Bob Brownstein
Sue Murphy

1. Roll Call

Michele Lew called the meeting to order at 2:05 pm. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. AB 361 Compliance

Tyler Haskell, Interim Compliance Officer, explained the need for the Committee to meet in order to comply with AB 361. Under this law, public agencies that intend to continue meeting by teleconference during a declared state of emergency without providing public access to each teleconference location need to make certain findings and certify the ongoing need for teleconferencing every 30 days.

Mr. Haskell noted two additional meetings may need to be scheduled during 2022, in May and July, to maintain compliance with AB 361.

It was moved, seconded, and unanimously approved to continue use of teleconferencing without providing public access to each teleconference location pursuant to Government Code Section 54953.

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

4. Adjournment

The meeting was adjourned at 2:07 pm.

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Michele Lew, Secretary

MEMORANDUM

Date: January 7, 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, the Legislature passed AB 361, which was signed into law in September 2021. AB 361 amends Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must, within 30 days of its first teleconference meeting following enactment of AB 361 and every 30 days thereafter, make the following findings by majority vote:

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - 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 Governing Board met and made the above findings in December, and needs to do so again in order for the Governing Board and committees to continue meeting remotely during the ongoing state of emergency. SCFHP bylaws permit the Executive/Finance Committee to act on behalf of the Governing Board on urgent matters.

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.

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, January 27, 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
Bob Brownstein
Alma Burrell
Dave Cameron
Michele Lew

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Ashley Kerner, Manager, Administrative Services

Others Present
John Domingue, Attorney, Rossi Domingue LLP
Mark Fishler, Development Director, Parents Helping Parents

1. **Roll Call**

   Sue Murphy, Chair, called the meeting to order at 10:30 a.m. 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.

   a. Approve November 18, 2021 **Executive/Finance Committee** minutes
   b. Approve January 10, 2022 **Special Executive/Finance Committee** minutes
   c. Approve revised March 26, 2020 **Governing Board** minutes
   d. YE 2021 **Flexible Spending Account** (FSA) change resolution
   e. Approve authorization for CEO to execute contract with selected **Claims Editing System** vendor
   f. 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 Consent Calendar was **unanimously approved**.

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

4. November 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the November 2021 unaudited financial statements, which reflected a current month net surplus of $2.9 million ($1.7 million favorable to budget) and a year-to-date net surplus of $22.8 million ($16.1 million favorable to budget).

Enrollment increased by 1,790 members from the prior month to 289,288 members (3,723 members, or 1.3% lower than monthly budget). 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 trailed budget by 11,837 member months, or 0.8%).

Revenue reflected an unfavorable current month variance of $2.4 million (2.1%) largely due to the impact of true-ups associated with prior year estimates. These adjustments offset otherwise favorable results due to higher CY21 rates versus budget, the mix of capitation rates received and higher supplemental kick revenue due to higher utilization (partially offset by lower enrollment than budgeted). YTD Revenue was $271 thousand (0.0%) unfavorable to budget.

Medical Expense reflected a favorable current month variance of $3.8 million (3.6%) largely due to favorable unit cost and utilization in certain fee-for-service categories of service, coupled with favorable pharmacy expense due to lower cost trends, coupled with lower capitated enrollment. YTD Medical Expense was $15.4 million (2.9%) favorable to budget due to the same factors.

Administrative Expense was $489 thousand (7.2%) favorable to budget for the month. YTD Administrative Expense was $2.2 million (6.6%) favorable to budget largely due to lower headcount than budgeted and deferred timing of certain non-personnel expenses.

The **Balance Sheet** reflected a Current Ratio, a key measure of liquidity, of 1.32:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $277.7 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $234 million.

Capital Investments of $869 thousand were made year-to-date, predominately computer software licenses.

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

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

5. Fiscal Year 2021-2022 Forecast

Mr. Jarecki provided an update to the fiscal year 2021-2022 budget. He noted that the Board-approved Fiscal Year 2021-2022 budget of June 2021 envisioned an annual net surplus of $8.6 million (0.6% of revenue), an overall medical loss ratio (MLR) of 93.9%, and an overall administrative loss ratio (ALR) of 5.6%.

The current Forecast is based on fiscal year-to-date financial results through November 2021, with updated projections for the remaining seven months of the fiscal year (December 2021 through June 2022). Many key

budget assumptions have evolved as the COVID pandemic continues to unfold and new information is learned. Enrollment is expected to increase as the public health emergency is assumed to continue through June 2022. Revenue projections have been updated to reflect revised enrollment projections and capitation rate changes. Medical expenses have been revised and include acceleration of the pharmacy carve-out date, updated estimates for new Cal AIM programs and COVID-related cost and trends. Administrative expenses remain largely as budgeted. The Forecast reflects a net surplus of $32.5 (2.4% of revenue) million, and overall MLR of 91.6% and an ALR of 5.8%. Mr. Jarecki cautioned that significant uncertainties will continue through the remainder of the fiscal year.

6. CMC CAHPS 2021 Results

Johanna Liu, Director, Quality & Process Improvement, presented additional details on the Cal MediConnect Consumer Assessment of Healthcare Providers (CAHPS) survey results in follow-up to the Committee's request at the last meeting for further discussion of any racial disparities identified.

Dr. Liu highlighted next steps, including working with the Equity Steering Committee and Councils on root cause analysis. She noted an opportunity to expand current focus group work to include CAHPS improvement by race, among other strategies.

Alma Burrell suggested outreach efforts to increase the number of future survey respondents in various ethnic groups. Ms. Tomcala noted that the annual CAHPS surveys must be conducted by a survey vendor that follows specific Centers for Medicare & Medicaid Services (CMS) protocols. Due to the strict survey methodology, health plans are limited in their ability to customize fielding of the survey. SCFHP has contracted with the vendor to conduct the survey in three available languages, and has communicated with our membership to encourage participation in upcoming CAHPS surveys,

Ms. Murphy requested an update in six months on the progress of the next steps noted by Dr. Liu.

It was moved, seconded, and the CMC CAHPS 2021 Results were **unanimously approved**.

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

7. Innovation Fund Expenditure Request

Laura Watkins, VP, Marketing & Enrollment, presented a funding request from Parents Helping Parents for the Connections California program. Ms. Watkins introduced Mark Fishler, Development Director, Parents Helping Parents, who was available for questions from the Committee Members. Ms. Watkins shared SCFHP's position that the program would be a benefit to disabled members and their families.

Ms. Murphy indicated her support of the proposal and asked if the program would be expanded statewide. Mr. Fishler stated the intention is to expand the program as a statewide resource.

It was moved, seconded, and the Parents Helping Parents request for $159,085 to fund Connections California was **unanimously approved** as an expenditure from the Board Designated Innovation Fund.

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

8. CEO Update

Christine Tomcala, Chief Executive Officer, presented updated COVID vaccination graphs, including data by age group, ethnicity, and booster status. Ms. Tomcala noted that the comparably larger percentage of children in the Hispanic/Latino membership contributes to the overall lower percentage of vaccinated individuals in the Hispanic/Latino ethnic group.

Ms. Tomcala provided a summary of SCFHP's extensive communication and outreach efforts to help membership, and the broader community, get vaccinated and boosted. These efforts include social media, hiring staff to conduct outreach calls, resources at the Blanca Alvarado Community Resource Center, partnerships with Community Based Organizations for outreach and vaccine clinics, incentives for providers and pharmacies to conduct outreach, and $50 gift cards for individuals receiving a vaccination.

Bob Brownstein inquired about the percentage of members who are in skilled nursing facilities who have received a booster. Ngoc Bui-Tong, VP, Strategies & Analytics, replied that she would run the data and email Committee members.

Ms. Tomcala reported that 91% of staff are vaccinated.

Ms. Tomcala further reported on the rollout of CalAIM, sharing the statistics for the successful transition of members in Whole Person Care and Health Homes Program to Enhanced Care Management (EMC). She also discussed the challenges experienced with implementation of the Medi-Cal pharmacy carve-out effective January 1, 2022. Michele Lew requested a regular update on how the pharmacy carve-out is impacting members.

Ms. Tomcala briefly shared speculation that Kaiser may become a separately contracted health plan for Medi-Cal and stated she would provide more information as it becomes available.

9. Government Relations Update

Tyler Haskell, Interim Compliance Officer, reported that the Employer Vaccination Mandate from the Biden Administration has been struck down by the Supreme Court, and the Public Health Emergency has been extended, continuing the eligibility of Medi-Cal members who may otherwise no longer be ineligible.

Mr. Haskell highlighted items in the proposed state budget including: the expansion of Medi-Cal eligibility to all Californians below a specified income threshold regardless of immigration status, the continuation of the Proposition 56 Medi-Cal provider payments, a one-time proposal for about $400 million for quality and equity related provider payments for Medi-Cal, a one-time investment continuing the Children and Youth Initiative, a new Medi-Cal Mobile Crisis Program, a one-time investment in the behavioral health Bridge Housing Program, full funding for the Home and Community-Based Services waiver, and a pledge to work with public hospitals to reform the Medi-Cal hospital payment system.

Mr. Haskell shared the deadline of Monday, January 31, 2022 to move AB 1400, Kalra, Guaranteed Health Care for All, out of Assembly. He explained this bill would provide government-run care to all California citizens eliminating the need for private insurance. Mr. Haskell shared the perception that the governor has recanted his support, but stated the Plan will continue to monitor this bill as it provides a continuing role for local initiative Medi-Cal plans.

Mr. Haskell presented the status of the CalAIM implementation. Mr. Haskell shared that the Plan has successfully launched Enhanced Care Management, Community Supports, and major organ transplants. Mr. Haskell shared the State is currently working on payment rates for major organ transplants and confirmed SCFHP has obtained a signed agreement with Stanford for any members requiring major organ transplants. The carve-out of Medi-Cal pharmacy services also took affect on January 1st.

10. 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.

11. Report from Closed Session

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

12. Adjournment

The meeting was adjourned at 12:34 pm.

DocuSigned by:
8AF5D8BE1E9B476...
Michelle Lew, Secretary

Santa Clara County Health Authority

Executive/Finance Committee

Board Resolution: Section 125 Plan

January 27, 2022

Summary

The Santa Clara County Health Authority maintains a Section 125 plan that supports employee Flexible Spending Accounts (FSA) for out-of-pocket expenses such as health and dependent care.

The Consolidated Appropriations Act was signed into law giving employers the option to allow participants to roll over all unused amounts in their health and dependent care FSAs from 2020 to 2021. This allowed the health plan to amend their FSA to extend the 2 ½ month grace period to 12 months which would mean instead of the deadline being 3/15/2021, it would then be 12/31/2021 that employees would have to use their 2020 FSA funds.

Employers wishing to offer these FSA relief options were required to amend their Section 125 cafeteria plan to incorporate the changes. The amendment may be retroactive as long as it is adopted no later than the last day of the calendar year following the year in which the amendment is effective.

In reference to the above, the amendment needed to be signed by December 31, 2021, for the provisions to be effective for the 2020/2021 calendar years. The health plan communicated the changes to employees, provided a mid-year election option and extended the claims grace period as allowed by the legislative changes.

Plan amendments generally must be adopted by the Plan Sponsor (the board) or its delegate. Due to the need to execute the signed amendment, legal counsel recommended that the CEO sign the amendment and then present it to the board for ratification at the next meeting.

Recommendation:

Management recommends approval of the attached resolution.

SANTA CLARA COUNTY HEALTH AUTHORITY
FORMAL RECORD OF ACTION

The following is a formal record of action taken by the governing body of Santa Clara County Health Authority (the "Employer").

With respect to the amendment of the Santa Clara County Health Authority Flexible Spending Account. (the "Plan"), the following resolutions are hereby adopted:

RESOLVED: That the Plan be amended in the form attached hereto which is adopted and approved;

RESOLVED FURTHER: That the appropriate officers of the Employer be, and they hereby are, authorized and directed to execute said amendment on behalf of the Employer;

RESOLVED FURTHER: That the officers of the Employer be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports, documents or other information as may be required under applicable law.

Dated this _____ day of _____, 2022.

Susan G. Murphy
Executive/Finance Chair and Board Vice Chair

SANTA CLARA COUNTY HEALTH AUTHORITY FLEXIBLE SPENDING ACCOUNT.
CONSOLIDATED APPROPRIATIONS ACT OF 2021 AMENDMENT

WHEREAS, Santa Clara County Health Authority (the "Employer") maintains the Santa Clara County Health Authority Flexible Spending Account. (the "Plan") for the benefit of certain of its employees;

WHEREAS, pursuant to the applicable section of the Plan, the Employer desires to amend the Plan as permitted by The Consolidated Appropriations Act of 2021 (CAA) and IRS Notice 2021-15 (unless otherwise noted) with respect to one or more of the following:

(1) Changing elections mid-year;
(2) Converting a General Purpose FSA to a Limited Purpose HSA-Compatible FSA;
(3) Opting out of an existing grace period or carryover provision;
(4) Allowing spend down of FSA amounts after termination of employment;
(5) Temporarily adding or extending grace periods;
(6) Temporarily adding or extending carryover provisions; or
(7) Increasing the age of a qualifying individual for Dependent Care Assistance Plan Account for 2021;

WHEREAS, both the Amendment and the statutory provisions will supersede any inconsistent Plan provisions;

NOW, THEREFORE, the Plan is hereby amended as follows, effective as provided therein:

A. Change in Status

1. **[X]** Regardless of the Plan's selected Change in Status events, if any, an Eligible Employee may modify the following elections in accordance with IRS guidance:

[ ] 2020 (IRS Notice 2020-29) **[ ]** 2021 (IRS Notice 2021-15) **[X]** 2020 and 2021

a. **[X]** Revoke an existing election and make a new election
b. **[X]** Revoke a health coverage election with signed affidavit attesting to the availability of other health coverage
c. **[X]** Elect coverage if Eligible Employee initially declined
i. **[X]** In the case of a new FSA election (i.e., employee not enrolled on 01/01/2021), expenses incurred between 01/01/2021 and the effective date of such election will be eligible for reimbursement

2. **[X]** Describe any limitations or modifications: Open enrollment for 7/12 to 7/23

B. Flexible Spending Accounts

1. **[ ]** As provided by IRS Notice 2021-15, a participant may for the plan years ending in:

[ ] 2020 **[ ]** 2021 **[ ]** 2020 and 2021

a. **[ ]** Convert a general purpose Flexible Spending Account to a Limited Purpose Health Flexible Spending Account (HSA-Compatible FSA)
b. **[ ]** Opt out of any existing grace period
c. **[ ]** Opt out of any existing carryover provision
d. **[ ]** Convert any existing grace period or carryover balance to a Limited Purpose Flexible Spending Account (HSA-Compatible FSA)

2. **[ ]** Regardless of the Plan's selections, if any, in the event of a termination of employment or cessation of participation in a Flexible Spending Account, a Participant may submit claims (limited to the amount remaining in the applicable FSA) for reimbursement from the applicable FSA for the plan years ending in:

[ ] 2020 **[ ]** 2021 **[ ]** 2020 and 2021

a. **[ ]** No later than _____ days after a termination of employment or cessation of participation (including any grace period)
b. **[ ]** Until the end of the plan year of termination or cessation of participation

C. Temporarily Add or Extend Grace Period

1. **[X]** The Plan temporarily adds or extends the Grace Period to reimburse claims incurred during such Grace Period for the following Benefits for the plan years ending in:

[X] 2020 **[ ]** 2021 **[ ]** 2020 and 2021

a. **[X]** Health Flexible Spending Account
b. **[ ]** Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
c. **[X]** Dependent Care Assistance Plan Account
d. **[ ]** Adoption Assistance Flexible Spending Account

2. Last Day of Grace Period:
a. **[ ]** Fifteenth day of the 3rd month following end of the Plan Year
b. **[X]** Other: December 31

NOTE: *The Plan cannot reimburse claims incurred during a Grace Period if carryovers are permitted in the same plan year.*

D. Temporarily Add or Extend Carryover Provision

1. **[ ]** The Plan temporarily adds or extends the carryover of unused FSA balances at the end of the Plan Year for the following Benefits in accordance with IRS Notice 2021-15 for the plan years ending in:

[ ] 2020 **[ ]** 2021 **[ ]** 2020 and 2021

a. **[ ]** Health Flexible Spending Account
- **i.** **[ ]** Maximum amount, as indexed
- **ii.** **[ ]** Other: _____

b. **[ ]** Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
- **i.** **[ ]** Maximum amount, as indexed
- **ii.** **[ ]** Other: _____

c. **[ ]** Dependent Care Assistance Plan Account
- **i.** **[ ]** Maximum amount, as indexed
- **ii.** **[ ]** Other: _____

d. **[ ]** Restrictions on the temporary addition or extension of the carryover provision
- **i.** **[ ]** Individual must enroll in the FSA in the subsequent year
- **ii.** **[ ]** Minimum FSA election in subsequent year: _____
- **iii.** **[ ]** Carryover must be used by: _____

NOTE: *If the carryover provision is temporary added, the Plan may not provide for a Grace Period for the applicable FSA and the Plan may not provide for a Grace Period for the applicable FSA in the Plan Year to which the carryover amount is applied.*

E. Dependent Care Assistance Plan (DCAP) Account

1. **[ ]** The DCAP of an "eligible employee" may substitute age 14 for age 13 for purposes of determining the dependent care expenses that may be paid or reimbursed. An "eligible employee" means an employee who enrolled in a DCAP for the last plan year with respect to which the end of the end of the regular enrollment period was on or before 01/31/2020 and has one or more dependents (as defined in IRC Code 152(a)(1) who attains age 13 either during that plan year or in the case of an employee who has unused dependent care amounts for the plan year (determined as of the close of the last day on which, under the terms of the plan, claims from reimbursement may be made with respect to that plan year) during the subsequent year.

The DCAP age substitution applies for the plan years ending in:

[ ] 2020 **[ ]** 2021 **[ ]** 2020 and 2021

IN WITNESS WHEREOF, the Employer has caused this Amendment to be executed this 22nd day of December, 2021.

SANTA CLARA COUNTY HEALTH AUTHORITY:

Signature: Christine M. Tomcala Digitally signed by Christine M. Tomcala DN: cn=Christine M. Tomcala, o=Santa Clara Family Health Plan, ou=CEO, email=ctomcala@gmail.com, c=US Date: 2021.12.22 16:10:59 -08'00'

Print Name: Christine M. Tomcala

Title/Position: CEO

Santa Clara Family Health Plan™

Claim Editing System

January 2022

What Does a Claim Editing System Do?

- Claim editing products enable the Plan to implement correct coding rules:
  - To comply with regulatory and clinical guidelines for Medicare and Medi-Cal, and
  - To reduce waste, abuse, and errors on institutional and professional claims.

Why Is A New Claims Editing System Needed?

- SCFHP currently uses ClaimCheck, a Change Healthcare product that integrates with QNXT.
  - **ClaimCheck will be sun-setting and support will not be available as of December 2022.**
- Replacement needs to integrate with our existing QNXT claims system
- Only two products integrate with QNXT:
  - Optum CES & Change Healthcare ClaimsXten

Optum CES vs Change Healthcare ClaimsXten Options

Santa Clara Family Health Plan

Optum CES	Change Healthcare ClaimsXten
Annual License fee is less than ClaimsXten ($2.2M)	Annual License fee is more than CES ($2.4M)
Implementation fee is less than ClaimsXten ($100K)	Implementation fee is more than CES ($600K)
Implementation will take 4 to 6 months	Implementation will take 9 to 12 months
Implementation can all be completed in one phase	Implementation needs to be split into two phases
On-Premise – SQL Database	Hosted – Oracle Database

Items	Year 1		Year 2		Year 3		Year 4		Year 5	
	Optum CES	ClaimsXten	Optum CES	ClaimsXten	Optum CES	ClaimsXten	Optum CES	ClaimsXten	Optum CES	ClaimsXten
Annual License Fees	$ 407,582	$ 440,222	$ 419,808	$ 460,913	$ 432,403	$ 485,845	$ 445,374	$ 511,268	$ 458,736	$ 533,437
Implementation	$100,00	$ 630,320								
Total including Implementation	$ 507,582	$ 1,153,542								

Vendor	Total Fees (over 5 years)
Optum CES	$2.3M
Change Healthcare ClaimsXten	$3.1M

Vendor Selection

Recommendation: Optum CES

- Best value in both annual license fees and implementation fee
  - Total fee over 5 years for Optum CES is $2.3M, which is $800K lower
    - Total annual license fee is $200K lower
    - Total implementation fee is $500K lower
- Shorter implementation period
  - Implementation time of 4-6 months
  - Approximately half the time of the alternative
- On-premise solution using SQL Server versus hosted option
- Access available to providers

Vendor Selection

Possible Action:

- Authorize Chief Executive Officer to negotiate, execute, and amend, a contract amendment with Optum at a cost of $410,000 annual license fee ($2.2M over 5 years) and an implementation fee of $100,000 plus 10% contingency for a total of $2.5M.
- Management will negotiate the lowest possible cost.

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Five Months Ended November 30, 2021

Agenda

Santa Clara Family Health Plan

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Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$112 M		$565 M	
Medical Expense (MLR)	$103 M	92.0%	$512 M	90.7%
Administrative Expense (% Rev)	$6.3 M	5.6%	$30.6 M	5.4%
Other Income/(Expense)	$195K		$752K	
Net Surplus (Net Loss)	**$2.9 M**		**$22.8 M**	
Cash and Investments			$467 M	
Receivables			$534 M	
Total Current Assets			$1,011 M	
Current Liabilities			$765 M	
Current Ratio			1.32	
Tangible Net Equity			$278 M	
% of DMHC Requirement			**782.8%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $2.9M is $1.7M or 141.3% favorable to budget of $1.2M surplus. YTD: Surplus of $22.8M is $16.1M or 239.5% favorable to budget of $6.7M surplus.
Enrollment	Month: Membership was 289,288 (3,723 or 1.3% lower than budget of 293,011). YTD: Member Months YTD was 1,432,988 (11,837 or 0.8% lower than budget of 1,444,825).
Revenue	Month: $112.2M ($2.4M or 2.1% unfavorable to budget of $114.6M). YTD: $564.9M ($271K or 0.0% unfavorable to budget of $565.2M).
Medical Expenses	Month: $103.2M ($3.8M or 3.6% favorable to budget of $107.0M). YTD: $512.2M ($15.4M or 2.9% favorable to budget of $527.6M).
Administrative Expenses	Month: $6.3M ($489K or 7.2% favorable to budget of $6.8M). YTD: $30.6M ($2.2M or 6.6% favorable to budget of $32.8M).
Tangible Net Equity	TNE was $277.7M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $869K vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 289,288 members is 3,723 or 1.3% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 6,618 members or 2.3%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 2.3%, Medi-Cal Dual enrollment has increased 2.6%, and CMC enrollment has grown 3.3%.

	For the Month November 2021				For Five Months Ending November 30, 2021					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	278,873	282,466	(3,593)	(1.3%)	1,381,487	1,393,140	(11,653)	(0.8%)	1,267,955	9.0%
Cal Medi-Connect	10,415	10,545	(130)	(1.2%)	51,501	51,685	(184)	(0.4%)	46,972	9.6%
Total	**289,288**	**293,011**	**(3,723)**	**(1.3%)**	**1,432,988**	**1,444,825**	**(11,837)**	**(0.8%)**	**1,314,927**	**9.0%**

Santa Clara Family Health Plan Enrollment By Network
November 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	36,742	13%	10,415	100%	47,157	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	138,581	50%	-	0%	138,581	48%
North East Medical Services	3,443	1%	-	0%	3,443	1%
Palo Alto Medical Foundation	7,356	3%	-	0%	7,356	3%
Physicians Medical Group	43,165	15%	-	0%	43,165	15%
Premier Care	15,935	6%	-	0%	15,935	6%
Kaiser	33,651	12%	-	0%	33,651	12%
Total	**278,873**	**100%**	**10,415**	**100%**	**289,288**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	2.3%		3.3%		2.3%	

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

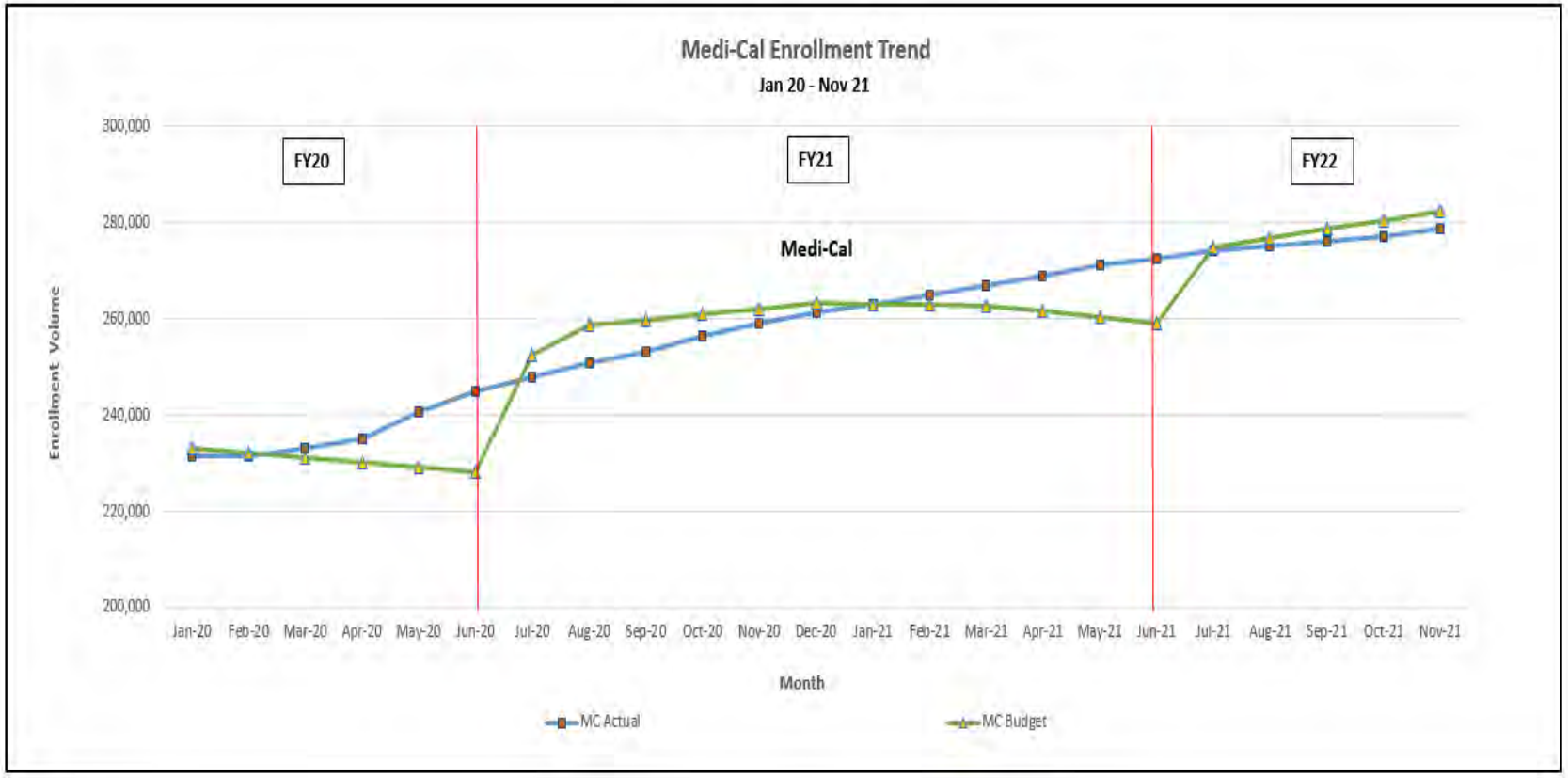
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD NOVEMBER - 2021

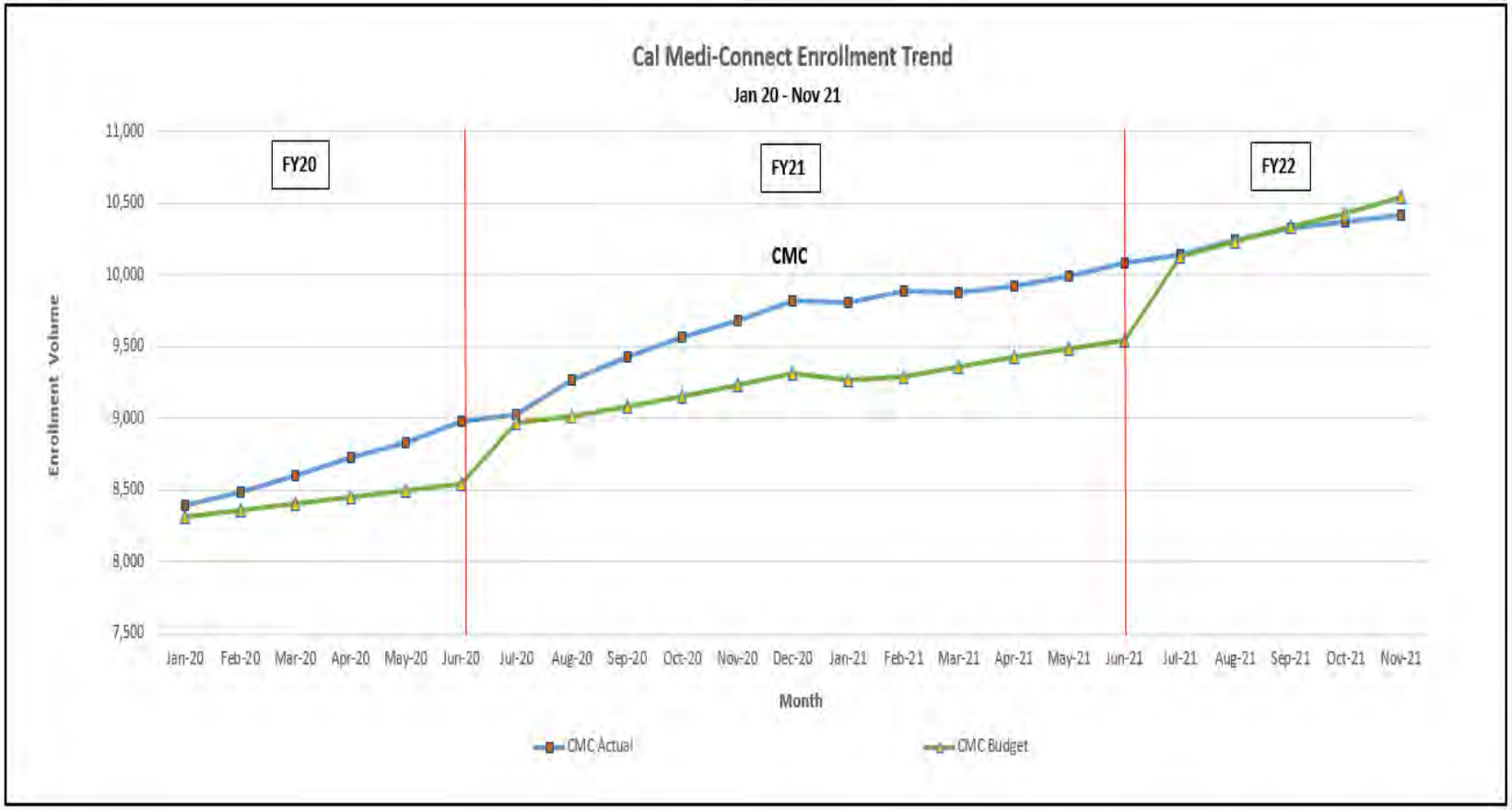
		2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	FYTD var	%
NON DUAL	Adult (over 19)	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	1,248	3.8%
	Child (under 19)	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	934	0.9%
	SPD	22,169	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	162	0.7%
	Adult Expansion	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	3,229	3.6%
	Long Term Care	389	393	388	380	373	375	367	365	414	408	401	391	385	20	5.5%
	Total Non-Duals	**233,383**	**235,227**	**237,137**	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**5,593**	**2.3%**
DUAL	Adult (over 21)	353	353	352	355	361	357	365	366	367	376	375	396	398	32	8.7%
	SPD	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	192	0.8%
	Long Term Care	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	46	4.3%
	SPD OE	498	537	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	420	44.1%
	Total Duals	**25,819**	**26,060**	**25,956**	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**690**	**2.6%**
	Total Medi-Cal	**259,202**	**261,287**	**263,093**	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**6,283**	**2.3%**
CMC	CMC Non-Long Term Care	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	316	3.2%
	CMC - Long Term Care	209	207	193	187	184	179	180	185	209	208	203	208	204	19	10.3%
	Total CMC	**9,679**	**9,820**	**9,807**	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**335**	**3.3%**
	Total Enrollment	**268,881**	**271,107**	**272,900**	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**6,618**	**2.3%**

Medi-Cal Enrollment Trend



- Actual Medi-Cal enrollment, represented by the blue line, showed steeper COVID enrollment growth in FY21 followed by a general flattening in FY22.
- Budgeted Medi-Cal enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to the protracted public health emergency.

Cal Medi-Connect Enrollment Trend

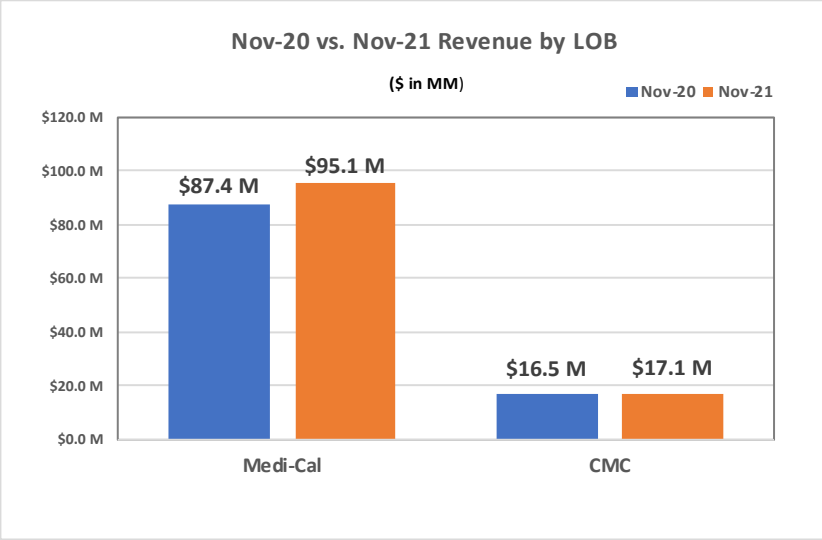


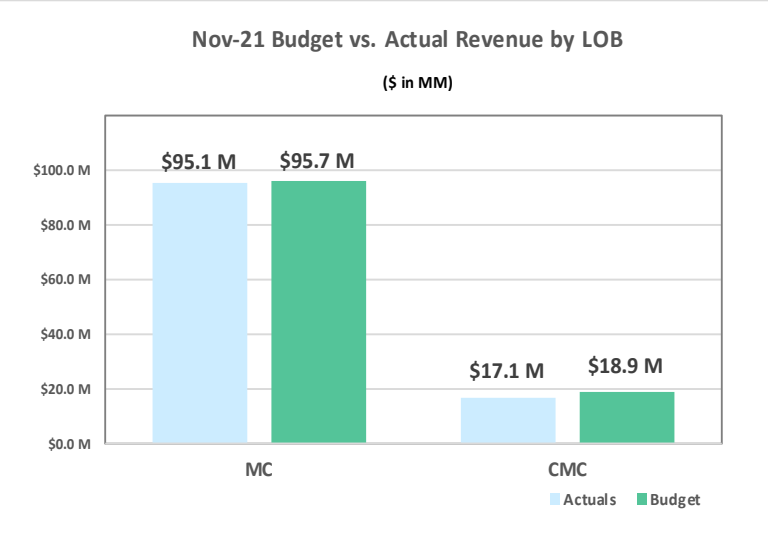
- Actual CMC enrollment, represented by the blue line, showed steeper COVID enrollment growth in FY21 followed by a general flattening in FY22.
- Budgeted CMC enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to the protracted public health emergency.

Current Month Revenue

Current month revenue of $112.2M was $2.4M or 2.1% unfavorable to budget of $114.6M. The current month variance was primarily due to the following:

- CMC revenue was $1.9M unfavorable to budget due to estimated CY20 Medical Loss Ratio payable to DHCS of $8M and lower enrollment, offset by CY20 Part-D reconciliation revision of $6M and higher CY22 CMC rate versus budget.
- Supplemental kick revenue was $251K unfavorable to budget due to lower BHT utilization, offset with higher maternity deliveries and Health Home visits.
- Medi-Cal Prop-56 revenue was $212K unfavorable to budget due to lower enrollment than estimated budget (offset with reduced Prop-56 expense).
- Medi-Cal revenue was $87K unfavorable to budget due to lower enrollment than budget, offset by higher CY21 MLTSS and Non Dual LTC and SPD rates.

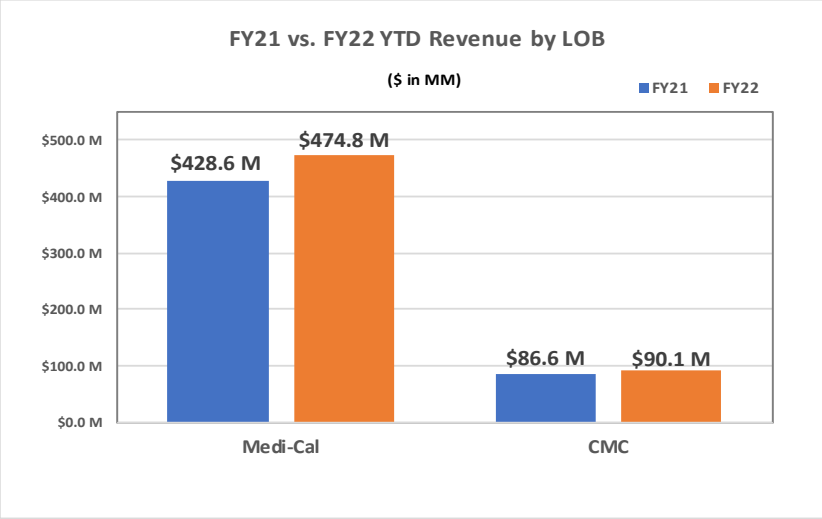


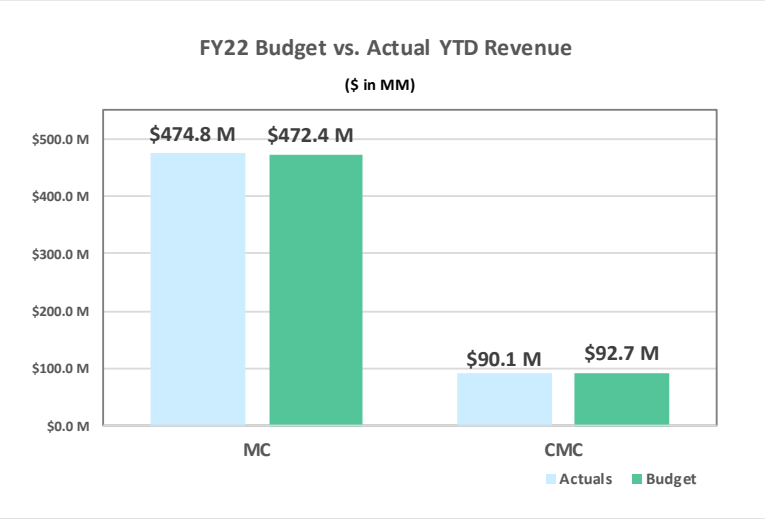


YTD Revenue

YTD revenue of $564.9M was $271K unfavorable to budget of $565.2M. The YTD variance was primarily due to the following:

- Supplemental kick revenue was $3.2M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C and higher maternity deliveries.
- CMC revenue was $2.7M unfavorable to budget due to estimated CY20 Medical Loss Ratio payable to DHCS and lower enrollment, offset by CY20 Part-D reconciliation revision and higher CY21 CCI rate.
- MCAL Prop-56 revenue is $965K unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Medi-Cal revenue is $218K favorable to budget due to higher CY21 CCI, Non Dual LTC and SPD rates, offset by lower enrollment than budget.

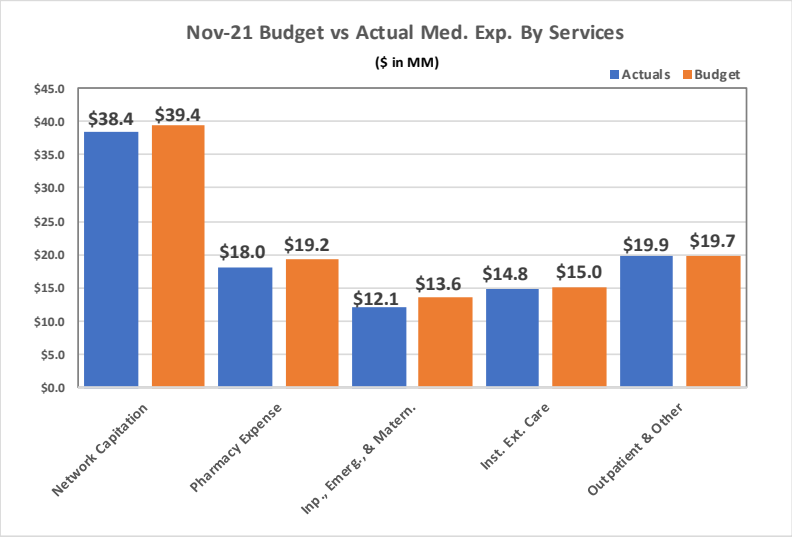


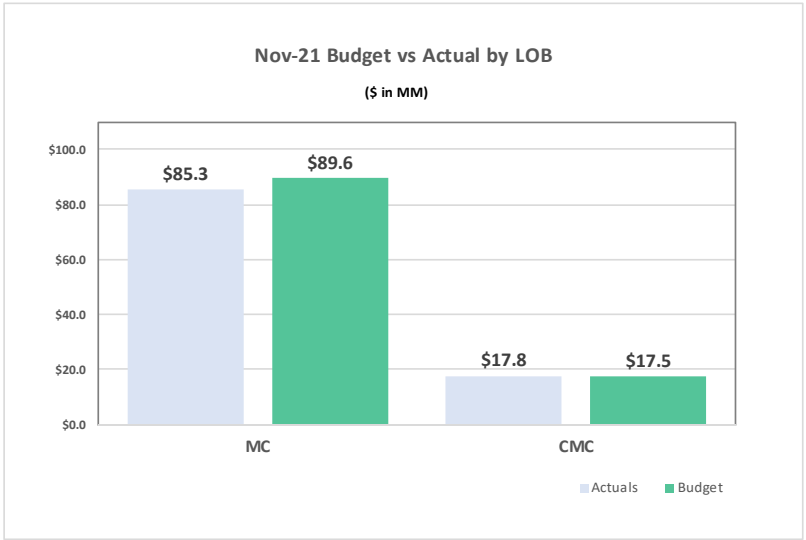


Current Month Medical Expense

Current month medical expense of $103.2M was $3.8M or 3.6% favorable to budget of $107.0M. The current month variance was due largely to:

- Fee-For-Service expenses reflected a $1.3M or 2.9% favorable variance due to lower enrollment, offset with increase in unit cost in PCP, Specialty, Outpatient, Other Non MLTSS, BHT, and Transportation services.
- Pharmacy expenses were $1.2M or 6.1% favorable to budget due to lower enrollment coupled with higher trend assumptions used in budget.
- Capitation expense was $1.0M or 2.7% favorable to budget due to lower capitated enrollment.
- Vision, Reinsurance and Other expenses were $301K or 8.0% favorable to budget due to a favorable Third Party Liability claim recovery and lower vision enrollment.

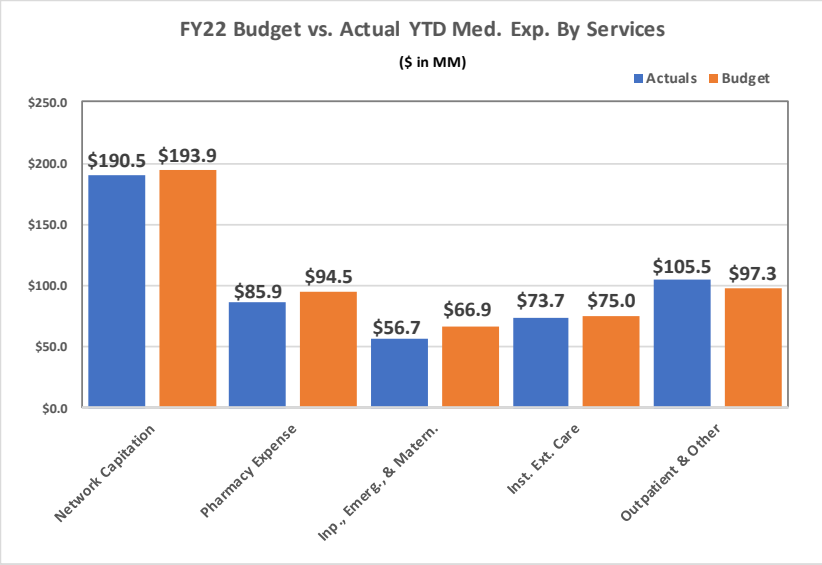


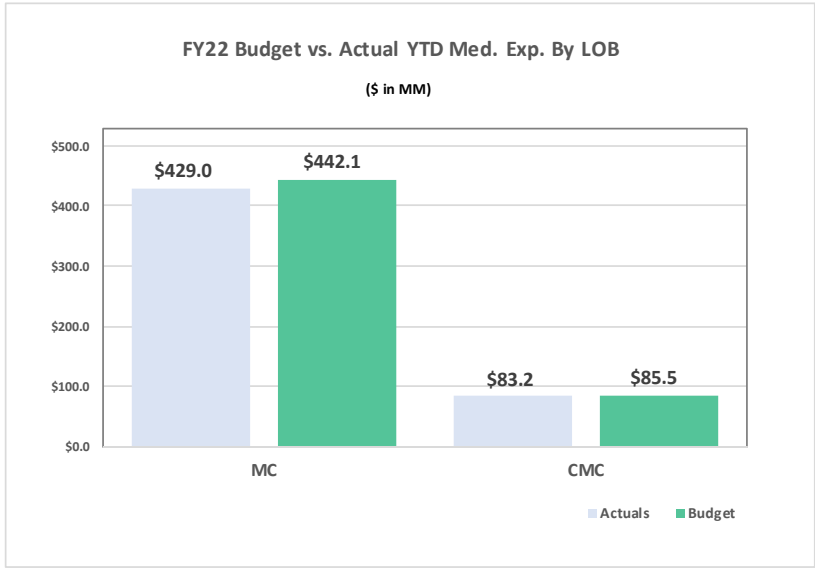


YTD Medical Expense

YTD medical expense of $512.2M was $15.4M or 2.9% favorable to budget of $527.6M. The YTD variance was due largely to:

- Pharmacy expenses were $8.5M or 9.1% favorable to budget due to lower enrollment coupled with higher trend assumptions used in budget.
- Fee-For-Service expenses reflected a net $2.1M or 0.9% favorable variance due to lower enrollment, resulted lower utilization in Inpatient and LTC, offset with unexpected cost increase in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).
- Capitation expense was $3.4M or 1.7% favorable to budget due to lower capitated MC enrollment.
- Vision, Reinsurance and Other expenses were $1.4M or 7.4% favorable to budget due to timing of spending on Board Designated expenses and lower vision enrollment.

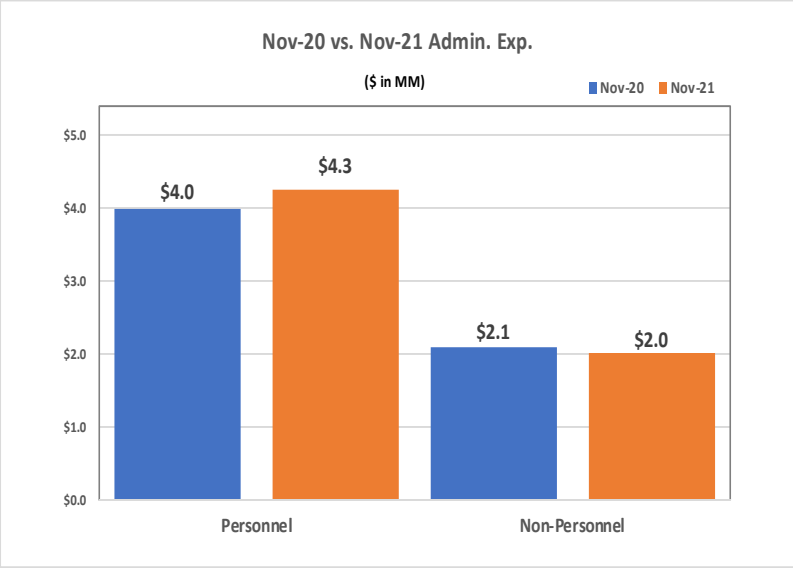


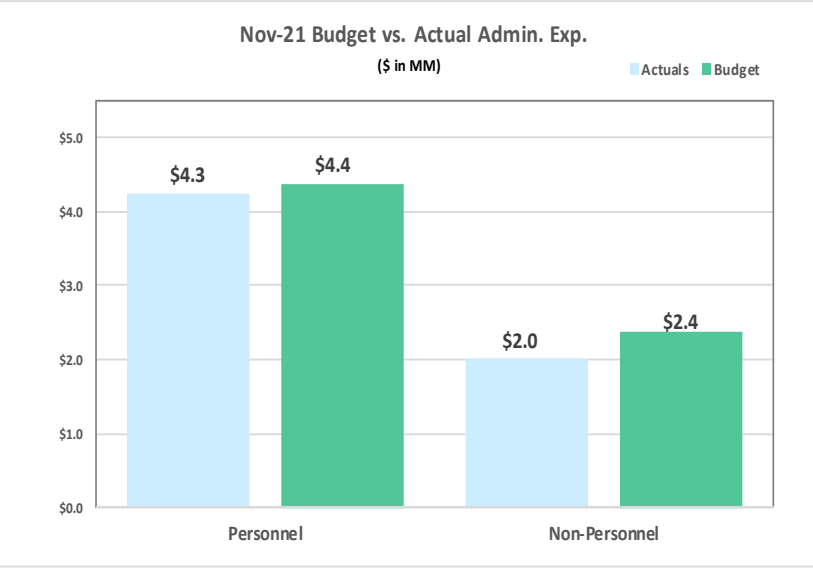


Current Month Administrative Expense

Current month expense of $6.3M was $489K or 7.2% favorable to budget of $6.8M. The current month variances were primarily due to the following:

- Personnel expenses were $131K or 3.0% favorable to budget due to lower headcount than budget including payroll tax and benefit savings, offset by monthly GASB OPEB true-up.
- Non-Personnel expenses were $358K or 15.1% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.

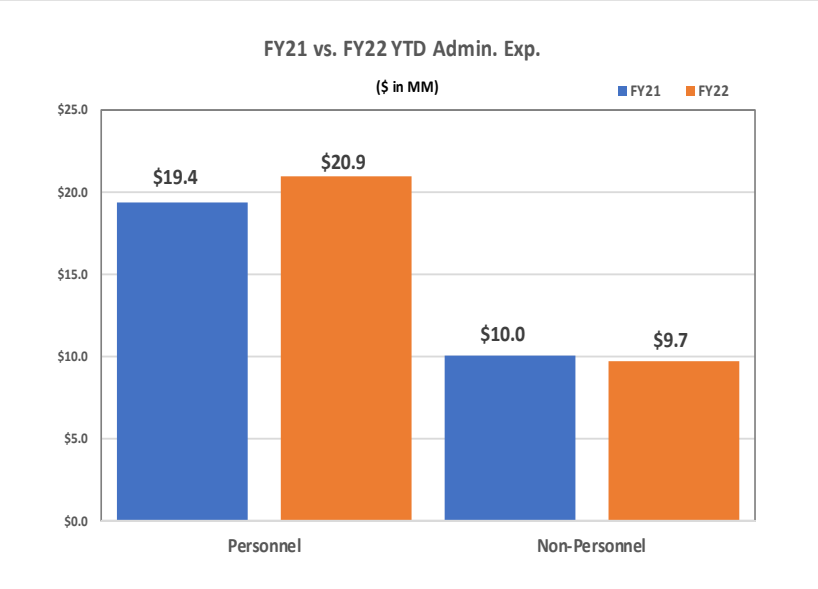


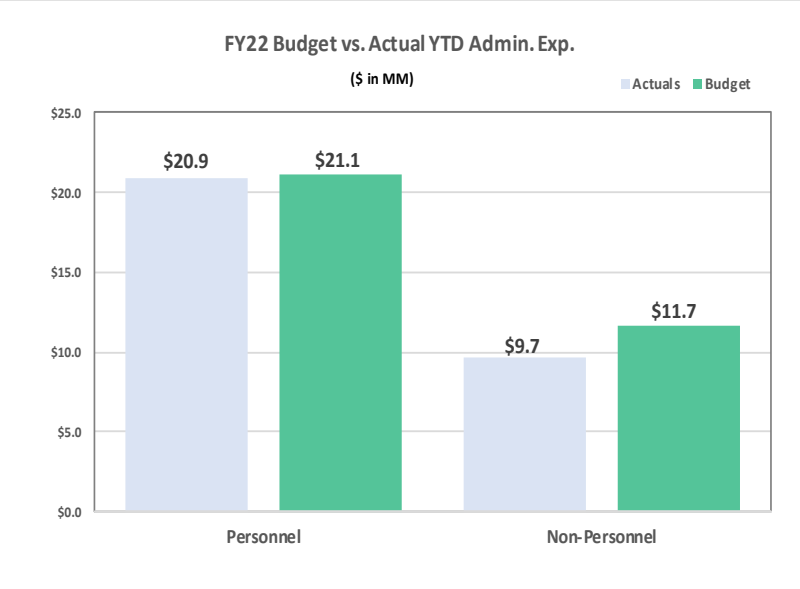


YTD Administrative Expense

YTD administrative expense of $30.6M was $2.2M or 6.6% favorable to budget of $32.8M. The YTD variance was primarily due to the following:

- Personnel expenses were $164K or 0.8% favorable to budget due to lower headcount than budget including lower payroll tax and benefits, offset by unfavorable YTD GASB OPEB true-up.
- Non-Personnel expenses were $2.0M or 17.2% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.





Balance Sheet

- Current assets totalled $1.01B compared to current liabilities of $764.9M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $58.7M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$183,007,193	0.75%	$157,858	$547,954
Wells Fargo Investments	$96,254,437	0.14%	($192)	$36,767
City National Bank Investments	$127,900,000	0.00%	$0	$0
	$407,161,629		$157,666	$584,721
Cash & Equivalents				
Bank of the West Money Market	$83,799	0.10%	$375	$2,313
City National Bank Accounts	$45,193,199	0.01%	$372	$383
Wells Fargo Bank Accounts	$14,024,115	0.01%	$274	$1,698
	$59,301,113		$1,022	$4,395
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.18%	$0	$0
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$466,788,242**		**$158,688**	**$589,116**

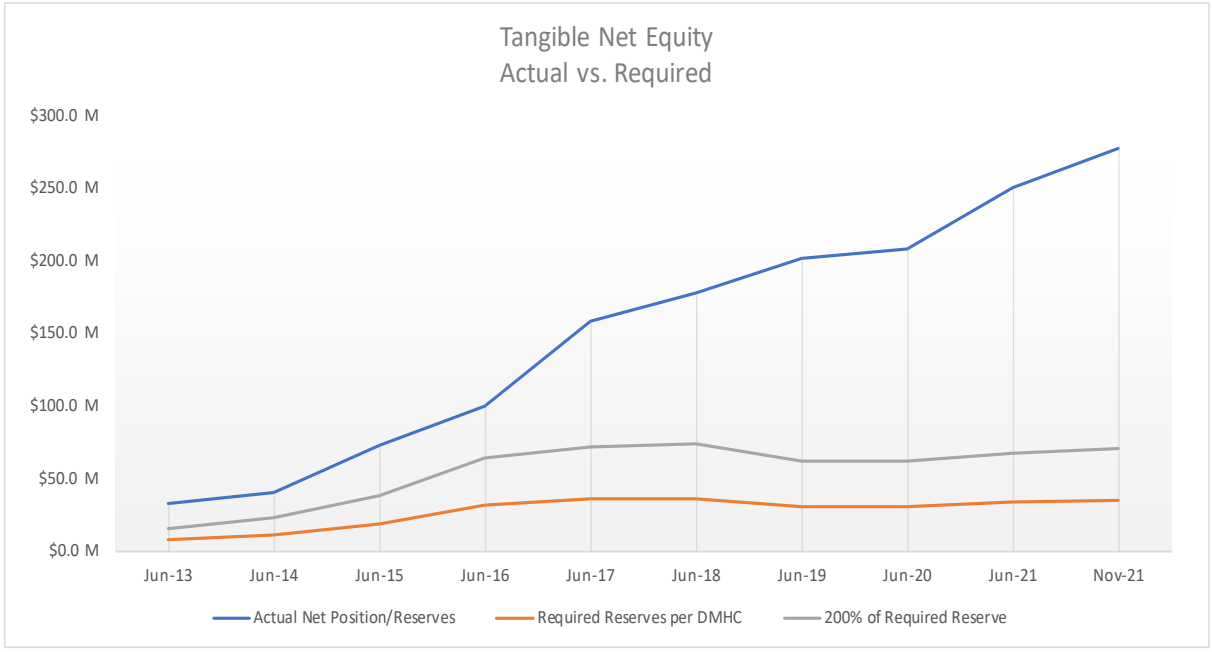
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was completed in December 2021.
- Overall cash and investment yield is lower than budget (0.32% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $277.7M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of November 30, 2021

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Nov-21
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	$277.7 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	$35.5 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	$70.9 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	782.8%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS NOVEMBER 2021

Financial Reserve Target #1: Tangible Net Equity	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				**$234,433,828** *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$1,081,743	$363,710	$3,636,290
Innovation & COVID-19 Fund	$16,000,000	$5,685,155	$2,939,010	$13,060,990
Subtotal	$20,000,000	$6,766,898	$3,302,720	$16,697,280
Net Book Value of Fixed Assets				$26,208,858
Restricted Under Knox-Keene Agreement				$325,000
Total Tangible Net Equity (TNE)				$277,664,965
Current Required TNE				$35,470,307
TNE %				782.8%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				$124,146,076
500% of Required TNE (High)				$177,351,537
Total TNE Above/(Below) SCFHP Low Target				**$153,518,889**
Total TNE Above/(Below) High Target				**$100,313,428**
Financial Reserve Target #2: Liquidity				
Cash & Investments				$466,788,242
Less Pass-Through Liabilities:				
Hospital Directed Payments				(578,102)
MCO Tax Payable to State of CA				(24,893,369)
Whole Person Care / Prop 56				(54,455,374)
Other Pass-Through Liabilities (Note 2)				(97,495,566)
Total Pass-Through Liabilities				**(177,422,412)**
Net Cash Available to SCFHP				289,365,831
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(170,649,447)
60 Days of Total Operating Expense				(227,532,595)
Liquidity Above/(Below) SCFHP Low Target				**118,716,384**
Liquidity Above/(Below) High Target				**$61,833,235**

- **Unrestricted Net Assets represents approximately three 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

Santa Clara Family Health Plan

- YTD Capital investments of $869K, largely due to software acquisition, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$60,124	$55,800
Hardware	$202,680	$1,060,000
Software	$493,973	$1,896,874
Building Improvements	$108,374	$62,000
Furniture & Equipment	$3,391	$179,101
TOTAL	**$868,542**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Five Months Ending November 30, 2021

	Nov-2021 Actuals	% of Rev	Nov-2021 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Nov-2021 Actuals	% of Rev	YTD Nov-2021 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 95,128,219	84.8%	$ 95,677,934	83.5%	$ (549,715)	(0.6%)	$ 474,831,341	84.1%	$ 472,426,791	83.6%	$ 2,404,551	0.5%
CMC MEDI-CAL	(3,911,513)	-3.5%	3,832,052	3.3%	(7,743,565)	(202.1%)	11,906,345	2.1%	18,782,150	3.3%	(6,875,805)	(36.6%)
CMC MEDICARE	20,973,168	18.7%	15,087,470	13.2%	5,885,699	39.0%	78,149,481	13.8%	73,949,347	13.1%	4,200,134	5.7%
TOTAL CMC	17,061,656	15.2%	18,919,522	16.5%	(1,857,866)	(9.8%)	90,055,826	15.9%	92,731,498	16.4%	(2,675,671)	(2.9%)
TOTAL REVENUE	**$ 112,189,875**	**100.0%**	**$ 114,597,456**	**100.0%**	**$ (2,407,582)**	**(2.1%)**	**$ 564,887,168**	**100.0%**	**$ 565,158,288**	**100.0%**	**$ (271,120)**	**(0.0%)**
MEDICAL EXPENSES												
MEDI-CAL	$ 85,329,619	76.1%	$ 89,554,297	78.1%	$ 4,224,678	4.7%	$ 429,013,374	75.9%	$ 442,074,091	78.2%	$ 13,060,717	3.0%
CMC MEDI-CAL	3,467,281	3.1%	3,060,478	2.7%	(406,803)	(13.3%)	16,388,088	2.9%	14,992,041	2.7%	(1,396,047)	(9.3%)
CMC MEDICARE	14,381,850	12.8%	14,395,532	12.6%	13,682	0.1%	66,799,997	11.8%	70,505,075	12.5%	3,705,078	5.3%
TOTAL CMC	17,849,131	15.9%	17,456,009	15.2%	(393,122)	(2.3%)	83,188,085	14.7%	85,497,117	15.1%	2,309,032	2.7%
TOTAL MEDICAL EXPENSES	**$ 103,178,751**	**92.0%**	**$ 107,010,307**	**93.4%**	**$ 3,831,556**	**3.6%**	**$ 512,201,459**	**90.7%**	**$ 527,571,208**	**93.3%**	**$ 15,369,749**	**2.9%**
GROSS MARGIN	**$ 9,011,124**	**8.0%**	**$ 7,587,150**	**6.6%**	**$ 1,423,974**	**18.8%**	**$ 52,685,709**	**9.3%**	**$ 37,587,080**	**6.7%**	**$ 15,098,628**	**40.2%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 4,251,972	3.8%	$ 4,382,933	3.8%	$ 130,961	3.0%	$ 20,934,405	3.7%	$ 21,098,106	3.7%	$ 163,701	0.8%
RENTS AND UTILITIES	43,049	0.0%	42,067	0.0%	(983)	(2.3%)	189,198	0.0%	210,334	0.0%	21,135	10.0%
PRINTING AND ADVERTISING	57,574	0.1%	107,542	0.1%	49,968	46.5%	282,813	0.1%	539,708	0.1%	256,895	47.6%
INFORMATION SYSTEMS	362,060	0.3%	376,194	0.3%	14,134	3.8%	1,545,936	0.3%	1,880,971	0.3%	335,035	17.8%
PROF FEES/CONSULTING/TEMP STAFFING	747,112	0.7%	1,089,065	1.0%	341,953	31.4%	4,264,280	0.8%	5,475,505	1.0%	1,211,225	22.1%
DEPRECIATION/INSURANCE/EQUIPMENT	400,891	0.4%	427,484	0.4%	26,594	6.2%	1,978,045	0.4%	2,074,939	0.4%	96,893	4.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	59,721	0.1%	62,242	0.1%	2,522	4.1%	277,010	0.0%	311,811	0.1%	34,801	11.2%
MEETINGS/TRAVEL/DUES	105,054	0.1%	169,158	0.1%	64,104	37.9%	520,425	0.1%	703,692	0.1%	183,266	26.0%
OTHER	239,218	0.2%	99,307	0.1%	(139,911)	(140.9%)	630,890	0.1%	501,883	0.1%	(129,007)	(25.7%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 6,266,650**	**5.6%**	**$ 6,755,991**	**5.9%**	**$ 489,341**	**7.2%**	**$ 30,623,004**	**5.4%**	**$ 32,796,949**	**5.8%**	**$ 2,173,945**	**6.6%**
OPERATING SURPLUS/(LOSS)	**$ 2,744,474**	**2.4%**	**$ 831,159**	**0.7%**	**$ 1,913,316**	**230.2%**	**$ 22,062,705**	**3.9%**	**$ 4,790,132**	**0.8%**	**$ 17,272,573**	**360.6%**
INTEREST & INVESTMENT INCOME	$ 158,688	0.1%	$ 350,000	0.3%	$ (191,312)	(54.7%)	$ 589,116	0.1%	$ 1,750,000	0.3%	$ (1,160,884)	(66.3%)
OTHER INCOME	35,842	0.0%	36,782	0.0%	(940)	(2.6%)	162,543	0.0%	180,725	0.0%	(18,182)	(10.1%)
NON-OPERATING INCOME	**$ 194,530**	**0.2%**	**$ 386,782**	**0.3%**	**$ (192,252)**	**(49.7%)**	**$ 751,659**	**0.1%**	**$ 1,930,725**	**0.3%**	**$ (1,179,065)**	**(61.1%)**
NET SURPLUS (LOSS)	**$ 2,939,004**	**2.6%**	**$ 1,217,940**	**1.1%**	**$ 1,721,064**	**141.3%**	**$ 22,814,364**	**4.0%**	**$ 6,720,857**	**1.2%**	**$ 16,093,507**	**239.5%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of November 30, 2021

	Nov-2021	Oct-2021	Sep-2021	Nov-2020
Assets				
Current Assets				
Cash and Investments	$ 466,788,242	$ 419,572,935	$ 449,737,033	$ 327,974,253
Receivables	534,499,409	543,449,653	523,104,967	519,117,475
Prepaid Expenses and Other Current Assets	9,457,131	9,965,990	11,700,387	9,277,640
Total Current Assets	**$ 1,010,744,782**	**$ 972,988,578**	**$ 984,542,387**	**$ 856,369,368**
Long Term Assets				
Property and Equipment	$ 52,391,413	$ 52,379,458	$ 52,197,243	$ 50,329,615
Accumulated Depreciation	(26,182,555)	(25,843,393)	(25,504,456)	(22,131,437)
Total Long Term Assets	26,208,858	26,536,065	26,692,788	28,198,178
Total Assets	**$ 1,036,953,640**	**$ 999,524,643**	**$ 1,011,235,174**	**$ 884,567,546**
Deferred Outflow of Resources	**$ 6,716,867**	**$ 6,939,744**	**$ 7,162,621**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,043,670,507**	**$ 1,006,464,387**	**$ 1,018,397,795**	**$ 892,969,806**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 6,408,024	$ 6,148,888	$ 7,115,339	$ 8,674,019
Deferred Rent	46,840	47,138	47,437	48,071
Employee Benefits	3,633,460	3,624,197	3,245,599	2,793,372
Retirement Obligation per GASB 75	2,138,537	2,058,287	1,978,037	2,534,233
Whole Person Care / Prop 56	54,455,374	51,365,781	48,292,369	45,872,521
Payable to Hospitals	103,310	103,313	103,357	534,979
Payable to Hospitals	474,793	474,714	23,516,453	203,428
Pass-Throughs Payable	23,359,600	22,600,898	182	26,787
Due to Santa Clara County Valley Health Plan and Kaiser	33,147,948	29,394,756	24,985,401	19,192,019
MCO Tax Payable - State Board of Equalization	24,893,369	14,763,539	35,014,087	18,230,783
Due to DHCS	74,135,967	64,964,098	67,081,490	46,989,606
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	113,815,295	106,913,541	103,669,528	103,064,639
Total Current Liabilities	**$ 764,897,474**	**$ 730,744,108**	**$ 743,334,237**	**$ 675,727,065**
Non-Current Liabilities				
Net Pension Liability GASB 68	568,750	455,000	341,250	1,420,760
Total Non-Current Liabilities	**$ 568,750**	**$ 455,000**	**$ 341,250**	**$ 1,420,760**
Total Liabilities	**$ 765,466,224**	**$ 731,199,108**	**$ 743,675,487**	**$ 677,147,825**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,636,290	$ 3,337,274	$ 3,337,274	$ 3,439,274
Board Designated Fund: Innovation & COVID-19 Fund	13,060,990	13,432,004	13,682,004	13,830,001
Invested in Capital Assets (NBV)	26,208,858	26,536,065	26,692,788	28,198,178
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	211,619,464	211,220,259	210,813,536	162,867,984
Current YTD Income (Loss)	22,814,364	19,875,360	19,332,389	5,519,368
Total Net Assets / Reserves	**$ 277,664,965**	**$ 274,725,961**	**$ 274,182,990**	**$ 214,160,155**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,043,670,507**	**$ 1,006,464,387**	**$ 1,018,397,795**	**$ 892,969,806**

Cash Flow Statement

Santa Clara Family Health Plan

	Nov-2021	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 140,441,818	$ 551,151,350
Medical Expenses Paid	(92,523,804)	(496,611,218)
Adminstrative Expenses Paid	(885,282)	4,292,928
Net Cash from Operating Activities	**$ 47,032,732**	**$ 58,833,059**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ (11,955)	$ (868,542)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	194,530	751,659
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ 47,215,307**	**$ 58,716,177**
Cash & Investments (Beginning)	419,572,935	408,072,066
Cash & Investments (Ending)	**$ 466,788,242**	**$ 466,788,242**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 2,744,474	$ 22,062,705
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	339,162	1,716,348
Changes in Operating Assets/Liabilities		
Premiums Receivable	8,950,244	(22,279,884)
Prepaids & Other Assets	508,859	(740,627)
Accounts Payable & Accrued Liabilities	4,196,720	32,674,971
State Payable	19,301,700	8,544,066
IGT, HQAF & Other Provider Payables	3,753,192	9,362,270
Net Pension Liability	113,750	568,750
Medical Cost Reserves & PDR	6,901,754	6,227,971
IHSS Payable	0	0
Total Adjustments	**$ 44,288,258**	**$ 36,770,355**
Net Cash from Operating Activities	**$ 47,032,732**	**$ 58,833,059**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

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

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$474,831,341	$11,906,345	$78,149,481	$90,055,826	**$564,887,168**
MEDICAL EXPENSE	$429,013,374	$16,388,088	$66,799,997	$83,188,085	**$512,201,459**
(MLR)	90.4%	137.6%	85.5%	92.4%	90.7%
GROSS MARGIN	$45,817,967	($4,481,743)	$11,349,484	$6,867,741	**$52,685,709**
ADMINISTRATIVE EXPENSE	$25,741,003	$645,453	$4,236,548	$4,882,001	**$30,623,004**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$20,076,965	($5,127,196)	$7,112,936	$1,985,740	**$22,062,705**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$631,828	$15,843	$103,989	$119,832	**$751,659**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$20,708,793	($5,111,353)	$7,216,924	$2,105,571	**$22,814,364**
PMPM (ALLOCATED BASIS)					
REVENUE	$343.71	$231.19	$1,517.44	$1,748.62	**$394.20**
MEDICAL EXPENSES	$310.54	$318.21	$1,297.06	$1,615.27	**$357.44**
GROSS MARGIN	$33.17	($87.02)	$220.37	$133.35	**$36.77**
ADMINISTRATIVE EXPENSES	$18.63	$12.53	$82.26	$94.79	**$21.37**
OPERATING INCOME/(LOSS)	$14.53	($99.56)	$138.11	$38.56	**$15.40**
OTHER INCOME/(EXPENSE)	$0.46	$0.31	$2.02	$2.33	**$0.52**
NET INCOME/(LOSS)	$14.99	($99.25)	$140.13	$40.88	**$15.92**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,381,487	51,501	51,501	51,501	1,432,988
REVENUE BY LOB	84.1%	2.1%	13.8%	15.9%	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 November 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$95,128,219	($3,911,513)	$20,973,168	$17,061,656	**$112,189,875**
MEDICAL EXPENSE	$85,329,619	$3,467,281	$14,381,850	$17,849,131	**$103,178,751**
(MLR)	89.7%	-88.6%	68.6%	104.6%	92.0%
GROSS MARGIN	$9,798,600	($7,378,794)	$6,591,318	($787,476)	**$9,011,124**
ADMINISTRATIVE EXPENSE	$5,313,628	($218,487)	$1,171,509	$953,022	**$6,266,650**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$4,484,972	($7,160,306)	$5,419,809	($1,740,498)	**$2,744,474**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$164,946	($6,782)	$36,366	$29,584	**$194,530**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$4,649,918	($7,167,089)	$5,456,175	($1,710,914)	**$2,939,004**
PMPM (ALLOCATED BASIS)					
REVENUE	$341.12	($375.57)	$2,013.75	$1,638.18	**$387.81**
MEDICAL EXPENSES	$305.98	$332.91	$1,380.88	$1,713.79	**$356.66**
GROSS MARGIN	$35.14	($708.48)	$632.87	($75.61)	**$31.15**
ADMINISTRATIVE EXPENSES	$19.05	($20.98)	$112.48	$91.50	**$21.66**
OPERATING INCOME/(LOSS)	$16.08	($687.50)	$520.38	($167.11)	**$9.49**
OTHER INCOME/(EXPENSE)	$0.59	($0.65)	$3.49	$2.84	**$0.67**
NET INCOME/(LOSS)	$16.67	($688.15)	$523.88	($164.27)	**$10.16**
ALLOCATION BASIS:					
MEMBER MONTHS	278,873	10,415	10,415	10,415	289,288
REVENUE BY LOB	84.8%	-3.5%	18.7%	15.2%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER - 2021

		2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	FYTD var	%
NON DUAL	Adult (over 19)	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	1,656	5.0%
	Child (under 19)	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	1,245	1.2%
	SPD	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	236	1.1%
	Adult Expansion	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	4,135	4.6%
	Long Term Care	393	388	380	373	375	367	365	414	408	401	391	385	392	27	7.4%
	Total Non-Duals	**235,227**	**237,137**	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**7,299**	**3.0%**
DUAL	Adult (over 21)	353	352	355	361	357	365	366	367	376	375	396	398	408	42	11.5%
	SPD	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	205	0.9%
	Long Term Care	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	51	4.8%
	SPD OE	537	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	479	50.3%
	Total Duals	**26,060**	**25,956**	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**777**	**2.9%**
	Total Medi-Cal	**261,287**	**263,093**	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**8,076**	**3.0%**
CMC	CMC Non-Long Term Care	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	326	3.3%
	CMC - Long Term Care	207	193	187	184	179	180	185	209	208	203	208	204	210	25	13.5%
	Total CMC	**9,820**	**9,807**	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**351**	**3.5%**
	Total Enrollment	**271,107**	**272,900**	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**8,427**	**3.0%**

Santa Clara Family Health Plan™

Cal MediConnect Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 Results- Follow up

CAHPS 2021- CMC

Opportunities for improvement: lowest performing measures within focus areas

Customer Service

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

Getting Needed Care

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

Getting Appointments and Care Quickly

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

Rating of Healthcare Quality

Getting needed Rx drugs

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

Doctors who communicate well

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

Access disparity finding by race

2019-2021 Survey Result for Q10: *In the last 6 months, how often was it easy to get the care, tests or treatment you needed?*

- **Sample Size**
  - CY21 N=553; White: 151, Asian: 277, Black/African American: 24, American Indian or Alaska Native: 15, Hispanic 131 (All race groups are similar to 2020 survey population)
- **Finding**
  - White/Caucasian reported statistically significant higher result than Other (assumed to be Asians) in 2019/2020 and Asian in 2021
- **Observation**
  - SPH analytics (our survey vendor) observed in their data sets that Asians tend to be less satisfied with all components of the survey when compared to other ethnicities

CAHPS 2022 Strategy

Next Steps

- Analyze ethnicity differences in rates and follow up with root cause analysis
  - Equity Steering Committee- Member and Provider and Vendor Equity Councils
    - Member Council focus: promote health equity and reduce health disparities among members
    - Provider and Vendor Council: promote culturally and linguistically appropriate standards of care for our members, and promote diversity of and opportunity for vendors
    - Councils to use disparity data on outcomes and member experience, SCFHP's Consumer and Provider Advisory Groups
  - Expand current focus group efforts to include CAPHS areas of improvements, by race
- Pharmacy - Drug plan/Rx
  - Evaluate and explore ways to improve member access for Rx information
- Customer service
  - Customer service retraining/education
  - Fulfil answers and need from members

CMC CAHPS 2022

Next steps

- Provider
  - Share, report and discuss relative CAHPS health care performance and feedback with our network providers
  - Reach out to contracted hospitals for HCAHPS results by demographic data for future analysis
  - Meet with other health plans (Alameda, HPSM, Partnership) to discuss provider satisfaction survey and CAHPS 2021
- Health Plan Alliance (HPA) meeting
  - Conduct discovery calls with high performing CAHPS health plans to discuss CAHPS performance and strategies

Santa Clara Family Health Plan™

Thank you!

Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name:	Parents Helping Parents
Project Name:	Connections California
Contact Name and Title:	Mark Fishler, Development Director, Parents Helping Parents mark@php.com 408-886-3896
Requested Amount:	$159,085
Time Period for Project Expenditures:	February 1, 2022 – June 30, 2023
Proposal Submitted to:	Executive/Finance Committee, January 27, 2022
Date Proposal Submitted for Review:	January 19, 2022

Summary of Proposal:

Parents Helping Parents (PHP) has been helping families of children with special needs, primarily in Santa Clara and San Mateo Counties, since 1976. As part of its 2021-2024 strategic plan, PHP is committed to developing a statewide hub of information called “Connections California,” which will provide information and resources in English, Spanish and Vietnamese for parents of individuals with disabilities who are transitioning to adulthood. 80% of the families PHP serves are people of color and nearly 70% live in underserved, lower income areas such as East San José and Gilroy. Most parents have no background in facilitating a successful transition from schooling to adulthood for their young adult with a disability, and there is no robust, comprehensive local or statewide program in place to train them. A comprehensive transition plan will aid the person with a disability in securing good health care, a post-secondary education, financial independence, and social integration within their communities, among other things. In terms of health care, transitioning into adulthood without a plan can create significant problems, e.g., a nonverbal adult shows up at the ER and their parents cannot participate in care decisions. Through Connections CA, PHP will provide families free and easy access to centralized, curated and organized information on transition planning, housing, employment, college/post-secondary education, day programs, social/recreational programs, public benefits, financial planning, legal considerations, etc. When compared to young adults without disabilities, children and adults with disabilities have increased rates of dropping out of high school, underemployment and unemployment, illiteracy, incarceration, and poverty. Providing young adults the opportunity to successfully transition into the next phase of their lives will help to create a more equitable society for people with disabilities while benefiting the entire community.

Summary of Projected Outcome/Impact:

Measurable outcomes during grant period:

- 60 workshops attended by 6,000 people total, with 70% being Santa Clara County residents
- 8,000 views of transition related videos on PHP's learning library
- 40,000 visits to PHP's website seeking information on transition services
- 1,500 people served 1:1 by PHP staff to learn more about transition services

Long-term outcomes may include:

- Increased or improved adult services for the person with a disability
- Increased self-advocacy skills for the person with a disability
- Increased independence or quality of life for the person with a disability
- Increased opportunities for meaningful employment for the person with a disability

Summary of Additional Funding and Funding Requests:

PHP has strong connections with state-wide organizations who have a focus on transition, including the CA Department of Rehabilitation, State Council on Developmental Disabilities, and the CA Independent Living Centers, all of who have expressed interest in participating in and promoting Connections CA. PHP believes Connections CA will require ongoing funding of approximately $150,000 per year. With this 17 month seed funding from SCFHP to enable PHP to build out a successful program, PHP is confident that it will be able to attract other funders/sponsors to sustain Connections CA.

Parents Helping Parents
Building Bright Futures for Children with Special Needs!

January 19, 2022

To: Santa Clara Family Health Care Plan
Subject: Special Project investment in transition services for young adults with disabilities

Today, a majority of people with disabilities have difficulty finding inclusive employment, accessible housing, and meaningful social and personal opportunities. This can place the primary responsibility for these life goals on parents and other unpaid family members. These families need encouragement and support to plan for what will happen as people with disabilities--and their caregivers--age. According to the Family and Individual Needs for Disability Supports (FINDS) survey, 52% of caregivers spend at least 40 hours a week supporting their family member with I/DD—nearly double what children caring for aging parents and spouses reported in a recent National Alliance for Caregiving/AARP study. Unfortunately, more than half of these families have no plan in place for what will happen when the caregiver either passes away or is no longer able to provide care. 39% of caregivers cite a lack of information regarding future planning and the steps involved as the greatest barrier to establishing such a plan. It is also worth noting that transitioning into the medical systems of care as an adult without a plan can create significant problems. For example, in some cases having a person with developmental disabilities cross into adulthood without consideration of a plan for conservatorship could become problematic. When a nonverbal adult shows up at the ER and their parents cannot participate in the care decisions that can create a real hardship for everyone involved.

Transition services for people with disabilities are intended to prepare them to move from the world of school to the world of adulthood. Transition planning begins during high school at the latest. The Individuals with Disabilities Education Act (Federal law) requires that transition planning start by the time the student reaches age 16. Transition services means a coordinated set of activities for a child with a disability that is designed to be within a results-oriented process:
1) focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and/or community participation;
2) Is based on the individual child's needs, taking into account the child's strengths, preferences, and interests. Learning how to speak up for yourself, ask for necessary accommodations, and be in control of your life is important for an individual with a disability.

Ultimately a comprehensive transition plan will aid the person with a disability in securing good health care, a post-secondary education, financial independence, and social integration within their communities, among other things.

Parents Helping Parents
Building Bright Futures for Children with Special Needs!

Preparing a child with a disability to perform functionally across this spectrum of areas and activities involves considerable planning, attention, and focused, coordinated services. When young adults with disabilities exit the public school system at age 18 or 22, their parents often need to take the lead role in locating resources, planning for and implementing all aspects of their child's life, including employment, continuing education, housing, specialized services (e.g. speech therapy), recreation, financial planning, etc.

Many families with aging caregivers are disconnected from both the aging and disability service systems. In some cases, these families sought services years or even decades ago, but did not receive the help or resources they needed at the time due to lack of availability or difficulty navigating the service system. As a result, they are unfamiliar with services available today and how services have changed over the past several years. Most parents have no background in facilitating a successful transition from schooling to adulthood for their young adult with a disability, and there is no robust, comprehensive local or statewide program in place to train them. Additionally, transition plans from school districts often fail to provide the academic, vocational, social and independent living skills needed to successfully transition to adulthood. Therefore, young adults are leaving school unprepared for their next phase of life. This causes challenges during the early years after exiting school that can carry over for a lifetime. Gathering and organizing actionable information even for highly educated parents with free time is an enormous undertaking. Then imagine a parent who may not possess these information-gathering skills and the hundreds of hours it would take to gather this information undertaking this effort, especially for those who speak a language other than English. While there is information on transition services available on the web on a range of topics, it's frequently not organized or kept up to date. It's overwhelming at best;this is why creating a centralized hub of information for parents and individuals with disabilities is so critical.

As part of its 2021-24 strategic plan, PHP is committed to developing a statewide hub of information called "Connections California" which will provide information and resources in English, Spanish and Vietnamese for parents of individuals with disabilities who are transitioning to adulthood. PHP will provide families **free** and easy access to centralized, curated and organized information on transition planning, housing, employment, college/post-secondary education, day programs, social/recreational programs, public benefits, financial planning, legal considerations, etc. so parents can build as independent a future as possible for their young adult with a disability. This free hub will contain E-learning videos available 24/7 and a robust calendar of regularly-scheduled, **free** workshops on various transition topics. Many of the workshops will be led by outside speakers who have expertise in various topics of interest to parents. A "landing page" has already been created on our website that outlines the content of the hub. The goal is to serve 50,000 people per year through this hub by 2024. PHP has strong connections with state-wide organizations who have a focus on transition such as the CA Dept. of Rehabilitation, State Council on Developmental Disabilities and the CA Independent Living Centers, all of whom have expressed interest in participating in and promoting Connections CA.

PHP has been helping families of children with special needs, primarily in Santa Clara and San Mateo Counties, since 1976. Our mission is to help children and adults with special needs receive the support and services they need to reach their full potential by providing information, training, and resources to build strong families and improve systems of care.

In fiscal year 2020-21, PHP provided 21,500 services to over 7,500 families and professionals to help change the course of their children's lives. 80% of the families PHP is privileged to serve are people of color and nearly

70% live in underserved, lower income areas like East San Jose and Gilroy. Over 40% of the families served have a child 15 or older which demonstrates PHP experience of helping parents with their issues and concerns around their children's transition to adulthood.

At PHP, we have specialists in the areas of community resources, early start, special education, and assistive technology. Our staff members speak many different languages, including English, Spanish, and Vietnamese. Over 90% of staff members are also parents of children with special needs who shifted their career path to help others. Over 80% of program staff have children transition-aged and older and are either familiar with or have had direct experience with transition services themselves. PHP has years of experience providing information and resources on transition and understands what information is valuable to parents. We have the knowledge necessary to curate existing resources on transition as well as create useful, novel resources on our own, as exhibited on our website:

https://www.php.com/adults-with-disabilities-and-special-needs/

In addition to information on transition, PHP serves families with a range of services:

- emotional support and guidance from staff and volunteer peer support parents
- weekly mental health session led by a Licensed Therapist in English and Spanish
- a parent advocacy program creating new parent leaders for the special needs community
- practical support such as information on health conditions, community resources, and securing supports and funding
- parent education and training on navigating the educational, legal, social service and medical systems of care
- 20 condition and culturally-specific parent/professional support and information groups
- an assistive technology demonstration center with services for infants through adults at-risk-of or with disabilities
- an ELearning library which has grown to 371 videos in 5 languages on topics like Special Education or how to access Public Benefits like IHSS or SSI.
- an Early Start program for parents of children with delays or disabilities ages 0-5
- BFF-a weekly friendship and social-networking building group for adults with disabilities 18+

When compared to young adults without disabilities, children and adults with disabilities have increased rates of dropping out of high school, underemployment and unemployment, illiteracy, incarceration, and poverty. Providing young adults the opportunity to successfully transition into the next phase of their lives whether it be college or early employment will allow them to lead productive lives. Santa Clara Family Health

Plan's support of PHP's Connections California will help to create a more equitable society for people with disabilities while benefiting the entire community.

PHP will track the following outputs and outcomes to measure the effectiveness of Connections California in the first year:

Outputs:

1. 60 workshops will be attended by 6,000 people total, 70% of which will be Santa Clara County residents.
2. 8,000 views of transition related videos on PHP's E-Learning Library will be recorded after one year.
3. 40,000 people will visit PHP's website seeking information on transition services.
4. 1,500 people will be served 1:1 by PHP staff to learn more about transition services.

Outcomes:

5. We will conduct surveys with workshop attendees measuring the following short-term outcomes: 80% of surveyed attendees will report:
   a. information gained during the training was useful
   b. increased knowledge/awareness of transition services and resources
   c. increased confidence in seeking out transition services

6. While long term outcomes will not be available to report on after the first year of funding, PHP will begin work on measuring longer term outcomes. Possible long-term outcomes may include:
   a. increased or improved adult services for the person with a disability
   b. increased self-advocacy skills for the person with a disability
   c. increased independence or quality of life for the person with a disability
   d. increased opportunities for meaningful employment for the person with a disability

Currently, PHP is funding the launch of the Connections California program through unrestricted funds plus limited funding from other grants for transition support and services. This existing funding is insufficient to pay for the program in its entirety, including the program coordinator, outreach, website hub creation/maintenance, or the research needed to get long term outcome measurements in place.

PHP is seeking $159,085 in pilot funding to get this vital project fully functional. The funding will be fully spent by June 30, 2023. PHP will utilize the funds to pay a Program Coordinator to oversee this critical project. Their duties will include: performing outreach to agencies all over California serving the disability community, coordinating and scheduling all webinars and interpreters, recruiting and communicating with presenters, hosting webinars, and working closely with PHP's marketing and website managers to develop marketing and website hub materials. The Program Coordinator will also be responsible for establishing and tracking the measurements of success for Connections California. Grant funding would also be used to support the hours of PHP's Marketing and Website managers who will be reorganizing PHP's website as well as implementing new Search Engine Optimization tools on our website so that PHP's Connections California will be easily found when doing a web search. Funding will also be used to increase other program staff hours to conduct client

1:1's and webinars on transition topics. We are proposing to provide an interim report on the success of Connections California by December 5, 2022.

We believe that after the first year, PHP will require approximately $150K per year in funding to manage the Connections California program. With funding from SCFHP to ensure a successful program is built, PHP is confident that after the first year we will be able to attract other funders/sponsors who will want to be associated with Connections California by becoming sponsors of this very important program.

Thank you very much for your consideration. I welcome the chance to discuss further with you at your convenience.

Mark Fishler
Development Director
Parents Helping Parents
408-886-3896
mark@php.com

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, February 24, 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
Bob Brownstein
Dave Cameron
Michele Lew

Members Absent
Alma Burrell

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Ashley Kerner, Manager, Administrative Services

Others Present
John Kennedy, Attorney, Nossaman LLP

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 10:30 AM. 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.

a. Approve January 27, 2022 **Executive/Finance Committee** minutes
b. Accept **Network Detection and Prevention Update**
c. 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 consent calendar was **unanimously approved**.

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

4. December 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the December 2021 unaudited financial statements, which reflected a current month net surplus of $2.4 million ($1.3 million favorable to budget) and a year-to-date net surplus of $25.2 million ($17.4 million favorable to budget).

Mr. Brownstein joined the meeting at 10:30 AM.

Mr. Jarecki stated enrollment increased by 1,809 members from the prior month to 291,097 members (3,974 members or 1.3% lower than monthly budget). 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 trailed budget by 15,811 member months or 0.9%).

Mr. Jarecki shared that revenue reflected an unfavorable current month variance of $1.9 million (1.6%) largely due to the impact of true-ups associated with prior year estimates coupled with lower enrollment than budgeted. YTD Revenue was $2.1 million (0.3%) unfavorable to budget due to the same factors.

Mr. Jarecki explained that medical expense reflected a favorable current month variance of $2.7 million (2.5%) largely due to favorable unit cost and utilization in certain fee-for-service categories of service, coupled with favorable pharmacy expense due to lower cost trends coupled with lower capitated enrollment. YTD Medical Expense was $18.0 million (2.8%) favorable to budget due to the same factors.

Mr. Jarecki further explained that administrative expense was $801 thousand (11.6%) favorable to budget for the month. YTD Administrative Expense was $3.0 million (7.5%) favorable to budget largely due to lower headcount than budgeted and deferred timing of certain non-personnel expenses.

Mr. Jarecki indicated the balance sheet reflected a Current Ratio, a key measure of liquidity, of 1.32:1 versus the DMHC minimum current ratio requirement of 1.00:1. Tangible net equity was $280.1 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $237.2 million. Capital investments of $937 thousand were made year-to-date, predominately computer software licenses.

It was moved, seconded, and the December 2021 unaudited financial statements were **unanimously approved**.

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

5. DHCS Comprehensive Quality Strategy Report

Johanna Liu, Director, Quality & Process Improvement, discussed an overview of the Department of Health Care Services (DHCS) Comprehensive Quality Strategy 2022, including the DHCS ten-year vision for Medi-Cal and overarching quality and health equity goals.

Ms. Liu reported that DHCS was restructuring the Medi-Cal Managed Care (MCMC) contract for all plans as part of the RFP for Commercial Medi-Cal plans, which was released on February 9, 2022. Additionally, Ms. Liu shared that Cal MediConnect (CMC) enrollees will transition to Medicare Dual-Eligible Special Needs Plans (D-SNPs) as of January 1, 2023, with an Exclusively Aligned Enrollment approach.

Ms. Liu noted the DHCS clinical focus areas include: children's preventive care, maternity outcomes and birth equity, and behavioral health integration. She shared DHCS' Bold Goals to lower related health disparities by 50% and ensure all health plans exceed the 50th percentile for all children's preventive care measures by 2025.

Ms. Murphy requested further discussion at the next meeting regarding a clearer understanding of the State's expectations of the Plan, and an assessment of gap improvements needed.

Ms. Liu introduced the CalAIM Population Health Management Program (PHM) Framework, and noted the launch of a statewide effort to integrate and centralize data. She also shared the Health Equity Roadmap, which includes standards for measuring race and ethnicity, and requires plans to identify a Chief Health Equity Officer.

Ms. Liu presented the Value-Based Payment (VBP) Roadmap scheduled to begin in 2023, which will incorporate plan performance on clinical quality, health equity, and member experience measures to adjust payment rates and member assignment. Ms. Murphy requested that the Plan ensure provider contracts are aligned with, and provide incentives for providers to meet, these DHCS goals.

Lastly, Ms. Liu noted DHCS' Quality Assessment and Performance Improvement (QAPI) program will leverage performance metrics to ensure all delivery systems are providing a necessary level of care, including utilization of a variety of penalties, with the goal of achieving greater than the 90th percentile on key measures across programs. Bob Brownstein and Dave Cameron further commented on the need to have conversations with providers, and include incentives to achieve expected performance standards.

6. Innovation Fund Expenditure Request

Laura Watkins, VP, Marketing & Enrollment, presented a funding request from the Santa Clara County Public Health Department (SCCPHD) Juntos Initiative (formerly known as Park Rx). The three-year initiative assists members in underserved neighborhoods with transportation to parks to encourage physical activity.

It was moved, seconded, and the SCCPHD request for $15,000 to fund the Juntos Initiative was **unanimously approved** as an expenditure from the Board Designated Innovation Fund.

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

7. CEO Update

Christine Tomcala, Chief Executive Officer, presented updated COVID vaccination graphs, including data by age group, ethnicity, and booster status. Ms. Tomcala shared that there is currently a 20% gap between SCFHP members and overall Santa Clara County residents who received at least one COVID vaccine dose (age five and up). To date, 24% of SCFHP members age five and up have received a booster dose.

Ms. Tomcala highlighted recent COVID-19 vaccination communication and outreach efforts, including informing members age 12+ of their opportunity to receive a free $50 gift card upon receiving their first COVID-19 vaccination. She further shared results of recent SCFHP Vaccine Clinics, including those held at the Children's Discovery Museum and SCFHP Blanca Alvarado Community Resource Center (CRC). The CRC clinics also provide a $50 gift card at point of care for each individual who receives a COVID shot, including both members and non-members. Member outreach efforts include a robocall campaign and ongoing live call outreach.

Ms. Tomcala shared a new collaboration with community partner Covid-19 Black, featuring monthly pop-up testing or vaccination events and outreach to target populations.

Ms. Tomcala also provided a brief update on the Medi-Cal Rx carve-out transition. She indicated that although the Magellan call wait times have been extraordinarily long, SCFHP team members have assisted members when needed, and she is not aware of any SCFHP members that have experienced immediate harm as a result of any medication delays.

8. Government Relations Update

Tyler Haskell, Interim Compliance Officer, presented federal issues of note including the Build Back Better (BBB) Act, Medicare Sequester, and Senate mental health legislation. Mr. Haskell shared the effort to create a scaled down version of the BBB Act that would contain a subset of items from the larger package. Mr. Haskell stated the Medicare sequestration, reducing what Medicare pays its providers by 2%, is due to return in full by June 1, 2022. Mr. Haskell shared the Senate Finance Committee's early efforts to draft bi-partisan wide ranging mental health legislation.

Mr. Haskell presented state issues including budget and legislation items. Mr. Haskell stated draft budget trailer bills are underway and highlighted the Medi-Cal eligibility expansion trailer bill and the statewide Kaiser program that mentions eligibility requirements but has few details. Mr. Haskell highlighted the Governor's Budget proposal to provide $400 million in provider payments through Medical Managed Care Plans to incentivize improvements in certain quality and equity outcomes. Mr. Haskell shared that most legislation introduced to date falls into one of four categories: COVID-19, behavioral health, covered services, and Federally Qualified Health Centers (FQHCs).

Mr. Haskell reported the new CalAIM activity of population health management and shared the Cal MediConnect transition to Dual-Eligible Special Needs Plan (D-SNP) and further reported SCFHP has submitted its D-SNP application to CMS, including a model of care, and will be submitting a bid in June.

Mr. Haskell highlighted reprocurement items including the commercial plan RFP process, with responses due April 11, 2022, and with the State making Intent to Award notices publically available on August 9, 2022. Mr. Haskell stated the State is upgrading all of the Managed Care Plan (MCP) contracts due to start in 2024 to ensure standardization of contract language and benefits among MCPs statewide.

Mr. Haskell concluded this portion of the presentation by detailing the Kaiser direct contract where Kaiser would act as a direct Medi-Cal Plan with the same contract as the remaining MCPs, but with limited enrollment. Mr. Haskell indicated SCFHP shares concerns with other Plans regarding the lack of transparency and consequences of creating a two-tiered system that would result from the Kaiser direct contract.

9. Adjourn to Closed Session

a. Anticipated Litigation
The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding anticipated litigation.

b. Report Involving Trade Secrets
The Executive/Finance Committee met in Closed Session to discuss plan contract rates.

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

10. Report from Closed Session

Ms. Murphy reported that the Executive/Finance Committee met in Closed session to discuss items 9. a., b., & c.

11. Adjournment

The meeting was adjourned at 12:32 PM.

_____
Michele Lew, Secretary

Santa Clara Family Health Plan™

Network Detection and Prevention Report

February 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

Oct/Nov/Dec/Jan

	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
Severity Level	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
Critical	28	17	21	24	3779	397	1,102	1,925	0.11	0.01	0.02	0.03
High	22	17	20	19	14,213	421,250	525,461	601,383	0.43	12.19	7.57	10.26
Medium	37	21	21	24	805,377	105,982	774,563	796,313	24.26	3.07	11.16	13.58
Low	15	12	10	11	80,248	61,453	2,122,808	1,474,999	2.42	1.78	30.60	25.16
Informational	40	31	38	35	2,415,961	2,866,097	3,513,246	2,988,340	72.78	82.95	50.64	50.97

Summary – Compare Jan 2022 to previous month of Dec 2021

- Critical Severity Level – number of threat attempts is **74.68%** higher
- High Severity Level - number of threat attempts is **14.45**% higher
- Medium Severity Level - number of threat attempts **2.81%** higher
- Low Severity Level - number of threat attempts is **30.52%** lower

2/14/2022

Top 5 Events for Nov/Dec/Jan

Critical Events – total 3,424 events

Top 5 Critical vulnerability events
- 780 events for “Realtek Jungle SDK Remote Code Execution Vulnerability” (**Code-Execution**)
- 694 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 490 events for “Cisco IOS and IOS XE Software Cluster Management Protocol Remote Code Execution Vulnerability” (**Code-Execution**)
- 358 events for “GPON Home Routers Remote Code Execution Vulnerability” (**Code-Execution**)
- 355 events for “D-Link DSL Soap Authorization Remote Command Execution Vulnerability” (**Code-Execution**)

High Events – total 1,548,094 events

Top 5 High vulnerability events
- 1,541,070 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 2,071 events for “SMB: User Password Brute Force Attempt” (**Brute Force**)
- 2,013 events for “HTTP: User Authentication Brute Force Attempt” (**Brute Force**)
- 1,904 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 675 events for “DCS-2530L Unauthenticated Information Disclosure Vulnerability” (**Brute Force**)

Medium Events – total 1,676,858 events

Top 5 Medium vulnerability events
- 1,347,828 events for “SCAN: Host Sweep” (**Info-Leak**)
- 299,713 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 18,733 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 3,691 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)
- 2,198 events for “PHP Vulnerability Scanning Detection” (**Info-Leak**)

Definitions:

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

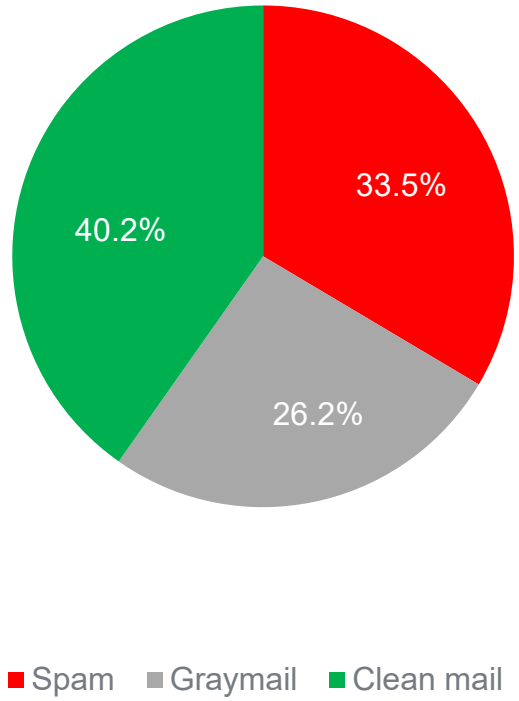
2/14/2022

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	24.3%	44.1k
Stopped as Invalid Recipients	0.4%	791
Spam Detected	8.4%	15.2k
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.0%	26
Stopped by Content Filter	0.4%	699
Stopped by DMARC	3.3%	5,910
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**33.5%**	**60.8k**
Marketing Messages	14.3%	25.9k
Social Networking Messages	0.3%	581
Bulk Messages	11.6%	21.1k
Total Graymails:	**26.2%**	**47.6k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.2%	73.0k
Total Attempted Messages:		**181.4k**



January

During the month.

- 33.5% of threat messages had been blocked.
- 26.2% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 40.2% were clean messages that delivered.

2/14/2022

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Six Months Ended December 31, 2021

Agenda

Santa Clara Family Health Plan

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Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$114 M		$678 M	
Medical Expense (MLR)	$105 M	92.7%	$617 M	91.0%
Administrative Expense (% Rev)	$6.1 M	5.4%	$36.7 M	5.4%
Other Income/(Expense)	$153K		$904K	
Net Surplus (Net Loss)	**$2.4 M**		**$25.2 M**	
Cash and Investments			$458 M	
Receivables			$548 M	
Total Current Assets			$1,017 M	
Current Liabilities			$768 M	
Current Ratio			1.32	
Tangible Net Equity			$280 M	
% of DMHC Requirement			**791.0%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $2.4M is $1.3M or 128.6% favorable to budget of $1.0M surplus. YTD: Surplus of $25.2M is $17.4M or 224.5% favorable to budget of $7.8M surplus.
Enrollment	Month: Membership was 291,097 (3,974 or 1.3% lower than budget of 295,071). YTD: Member Months YTD was 1,724,085 (15,811 or 0.9% lower than budget of 1,739,896).
Revenue	Month: $113.6M ($1.9M or 1.6% unfavorable to budget of $115.4M). YTD: $678.5M ($2.1M or 0.3% unfavorable to budget of $680.6M).
Medical Expenses	Month: $105.2M ($2.7M or 2.5% favorable to budget of $107.9M). YTD: $617.4M ($18.0M or 2.8% favorable to budget of $635.5M).
Administrative Expenses	Month: $6.1M ($801K or 11.6% favorable to budget of $6.9M). YTD: $36.7M ($3.0M or 7.5% favorable to budget of $39.7M).
Tangible Net Equity	TNE was $280.1M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $937K vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 291,097 members is 3,974 or 1.3% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 8,427 members or 3.0%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 3.0%, Medi-Cal Dual enrollment has increased 2.9%, and CMC enrollment has grown 3.5%.

	For the Month December 2021				For Six Months Ending December 31, 2021					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	280,666	284,386	(3,720)	(1.3%)	1,662,153	1,677,526	(15,373)	(0.9%)	1,529,242	8.7%
Cal Medi-Connect	10,431	10,685	(254)	(2.4%)	61,932	62,370	(438)	(0.7%)	56,792	9.1%
Total	**291,097**	**295,071**	**(3,974)**	**(1.3%)**	**1,724,085**	**1,739,896**	**(15,811)**	**(0.9%)**	**1,586,034**	**8.7%**

Santa Clara Family Health Plan Enrollment By Network
December 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	36,806	13%	10,431	100%	47,237	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	139,592	50%	-	0%	139,592	48%
North East Medical Services	3,457	1%	-	0%	3,457	1%
Palo Alto Medical Foundation	7,374	3%	-	0%	7,374	3%
Physicians Medical Group	43,521	16%	-	0%	43,521	15%
Premier Care	15,975	6%	-	0%	15,975	5%
Kaiser	33,941	12%	-	0%	33,941	12%
Total	**280,666**	**100%**	**10,431**	**100%**	**291,097**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	3.0%		3.5%		3.0%	

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

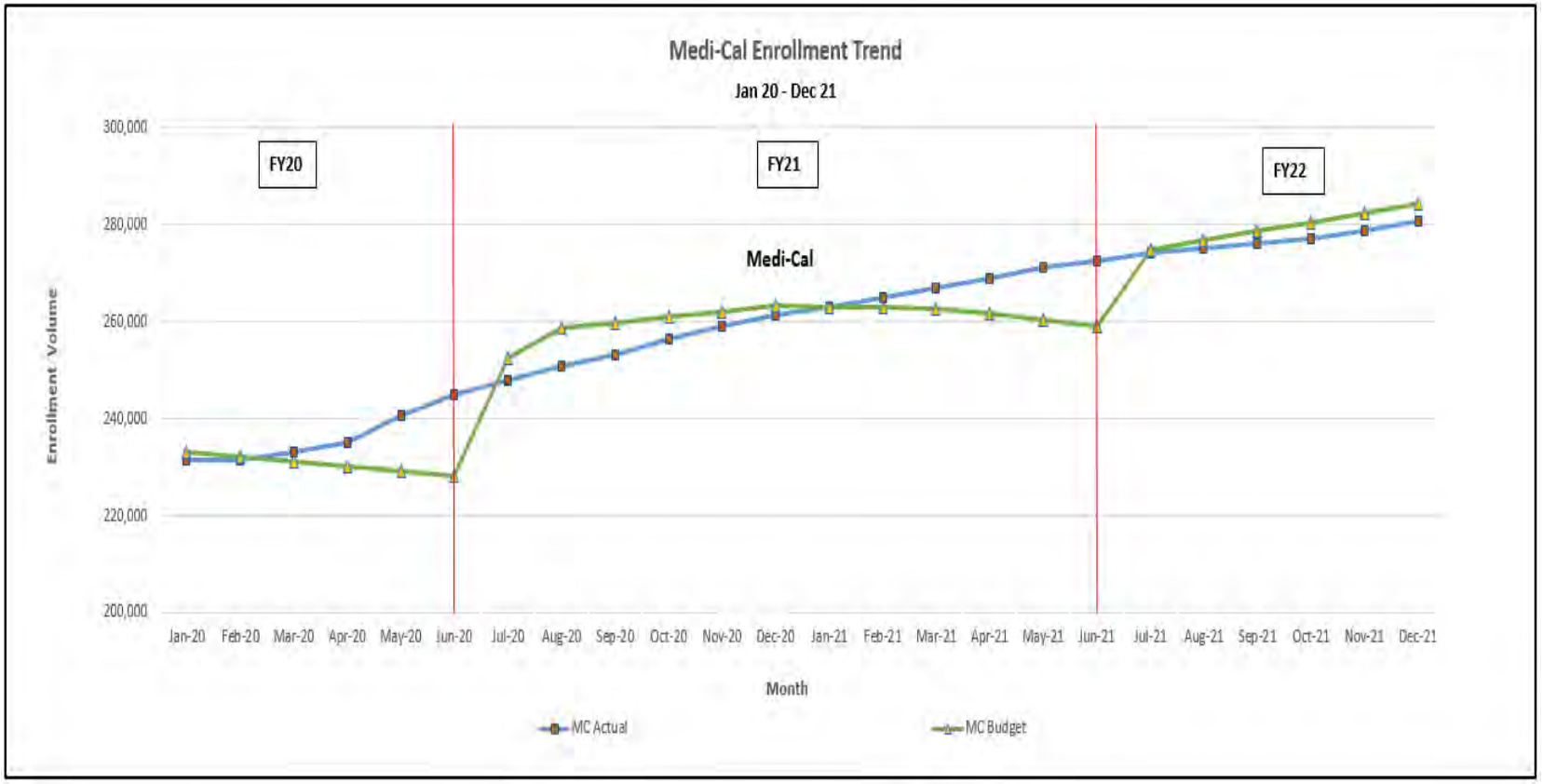
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER - 2021

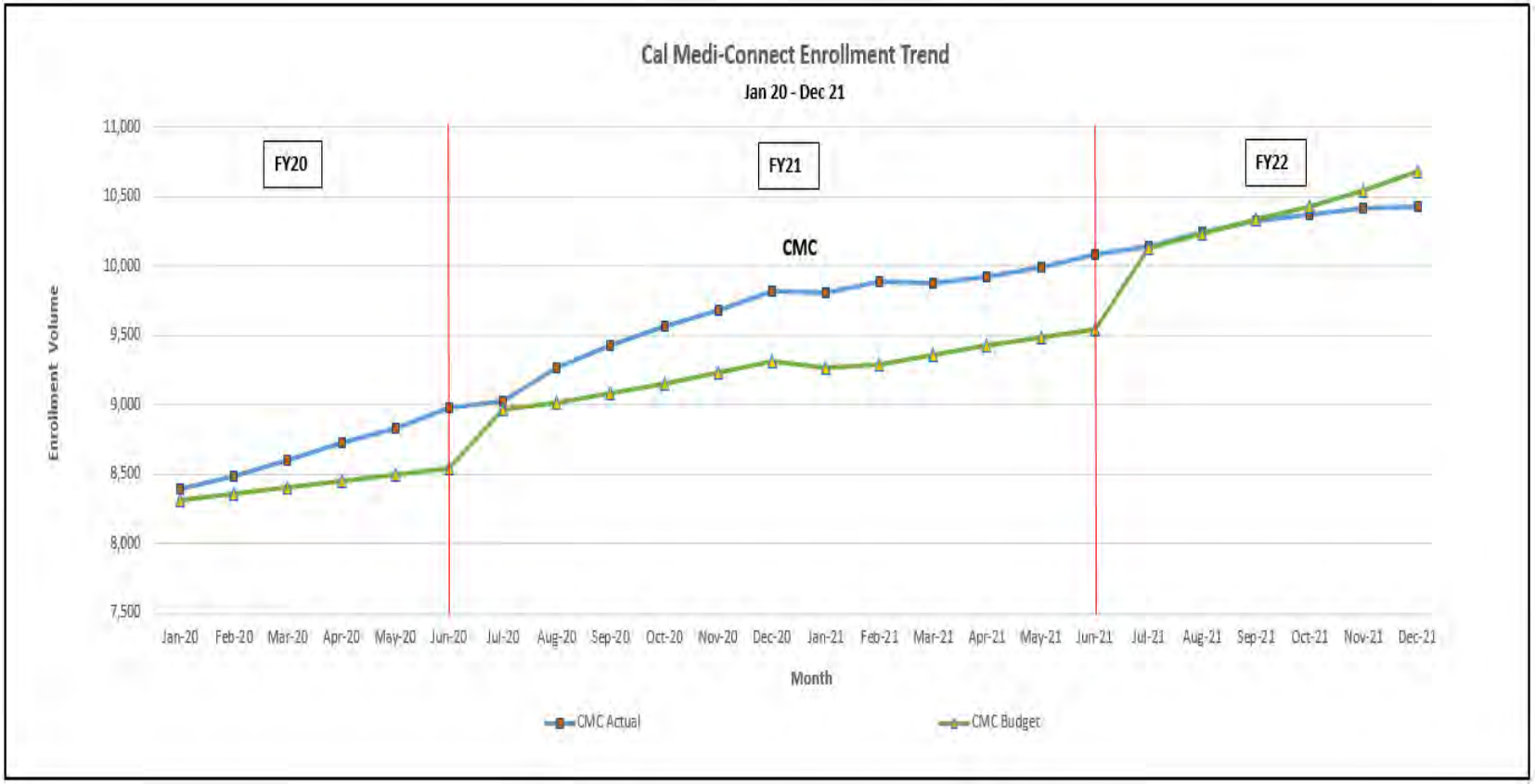
		2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	FYTD var	%
NON DUAL	Adult (over 19)	30,327	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	1,656	5.0%
	Child (under 19)	99,012	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	1,245	1.2%
	SPD	22,245	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	236	1.1%
	Adult Expansion	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	4,135	4.6%
	Long Term Care	393	388	380	373	375	367	365	414	408	401	391	385	392	27	7.4%
	Total Non-Duals	**235,227**	**237,137**	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**7,299**	**3.0%**
DUAL	Adult (over 21)	353	352	355	361	357	365	366	367	376	375	396	398	408	42	11.5%
	SPD	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	205	0.9%
	Long Term Care	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	51	4.8%
	SPD OE	537	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	479	50.3%
	Total Duals	**26,060**	**25,956**	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**777**	**2.9%**
	Total Medi-Cal	**261,287**	**263,093**	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**8,076**	**3.0%**
CMC	CMC Non-Long Term Care	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	326	3.3%
	CMC - Long Term Care	207	193	187	184	179	180	185	209	208	203	208	204	210	25	13.5%
	Total CMC	**9,820**	**9,807**	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**351**	**3.5%**
	Total Enrollment	**271,107**	**272,900**	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**8,427**	**3.0%**

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. New budget effective July 2021.

Cal Medi-Connect Enrollment Trend

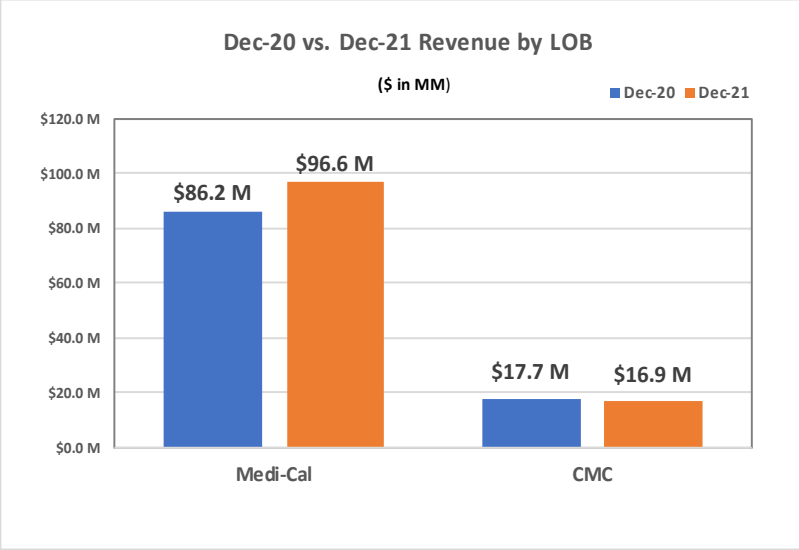


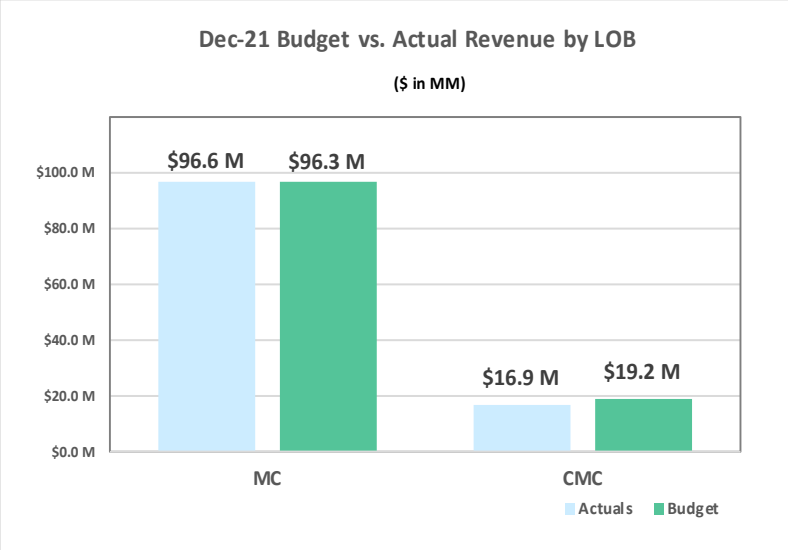
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained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

Current Month Revenue

Current month revenue of $113.6M was $1.9M or 1.6% unfavorable to budget of $115.4M. The current month variance was primarily due to the following:

- CMC revenue was $2.3M unfavorable to budget due to additional CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS and lower enrollment versus budget, partially offset by higher CY22 Medi-Cal CMC rate.
- Medi-Cal revenue was $737K favorable to budget due to higher CY21 MLTSS, Non Dual LTC and SPD rates and new COVID program revenue, partly offset by lower enrollment than budget.
- MCAL Prop-56 revenue was $214K unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Supplemental kick revenue was $153K unfavorable to budget due to lower BHT utilization, offset with higher maternity deliveries and Health Home visits.

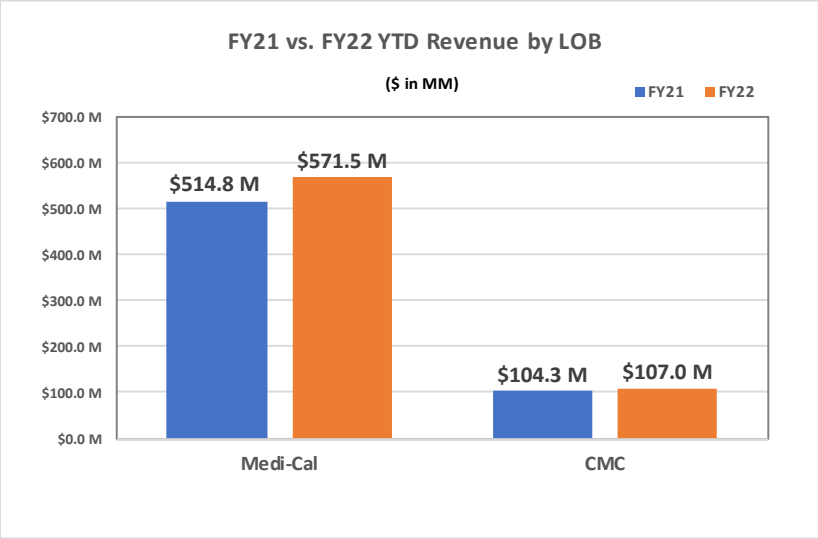


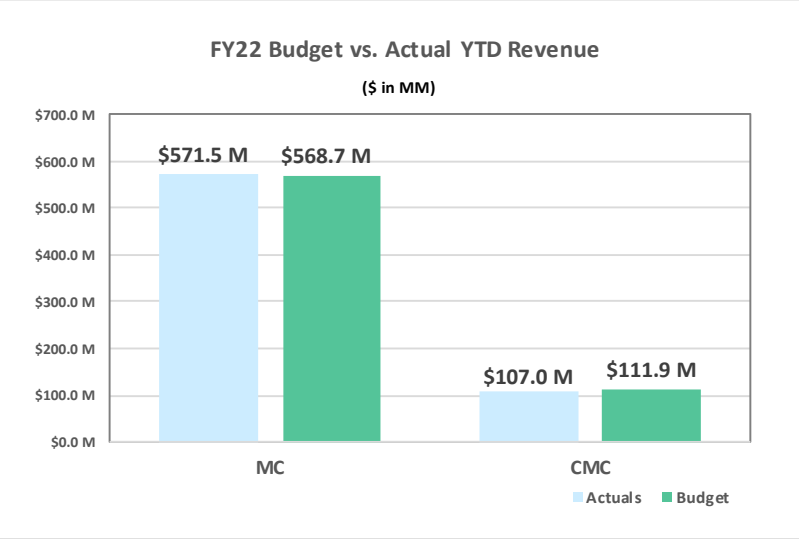


YTD Revenue

YTD revenue of $678.5M was $2.1M unfavorable to budget of $680.6M. The YTD variance was primarily due to the following:

- Supplemental kick revenue was $3.0M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C and higher maternity deliveries.
- CMC revenue was $4.9M unfavorable to budget due to potential CY20 Medical Loss Ratio reserves to DHCS and CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment and higher CY21 CCI rate.
- MCAL Prop-56 revenue is $1.2M unfavorable to budget due to lower enrollment than estimated budget (offset with favorable Prop-56 expense).
- Medi-Cal revenue is $1.0M favorable to budget due to higher CY21 CCI, Non Dual LTC and SPD rates and COVID program revenue, offset by lower enrollment than budget.

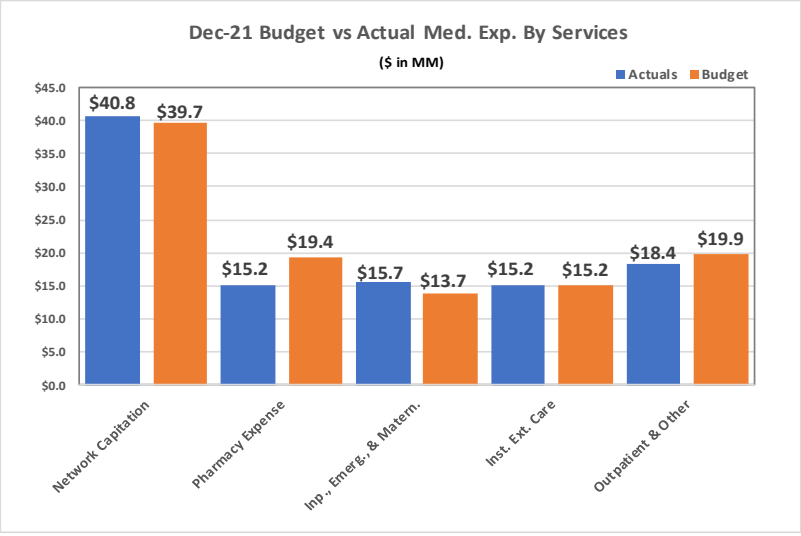


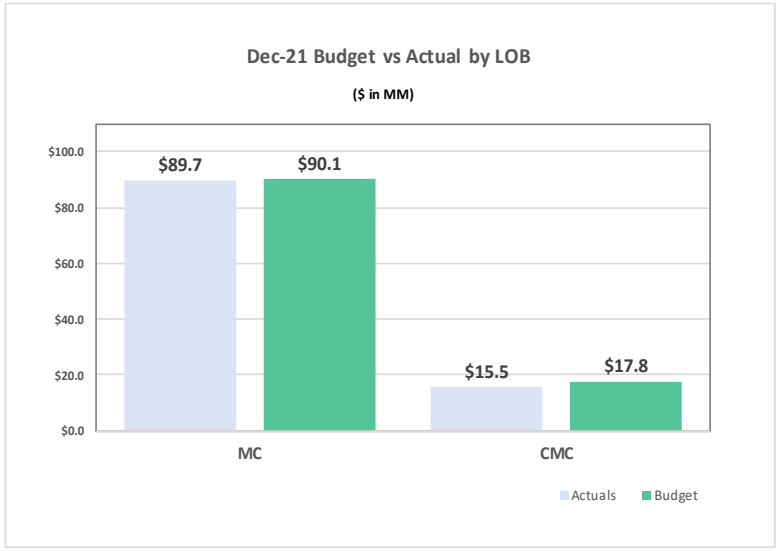


Current Month Medical Expense

Current month medical expense of $105.2M was $2.7M or 2.5% favorable to budget of $107.9M. The current month variance was due largely to:

- Pharmacy expenses were $4.2M or 21.6% favorable to budget due to lower enrollment, thus lower overall pharmacy costs compared with budget and rebate balance reconciliation with PBM statement. Our budget was based on historical mix of drugs and diabetic drugs made up 24.4% of the pharmacy budget. The actual costs of diabetic drugs were lower due to the decreased enrollment.
- Capitation expense was $1.0M or 2.6% unfavorable to budget due to CY21 MLTSS Dual cap rate increase, offset by lower capitated enrollment.
- Fee-For-Service expenses reflected a $815K or 1.8% unfavorable variance due to differences in unit costs in Outpatient, PCP, Specialty, Other Non MLTSS, Behavior Health and Transportation services.
- Vision, Reinsurance and Other Expenses were $322K or 8.5% favorable to budget due to a favorable third party liability claim recovery and lower VSP enrollment.

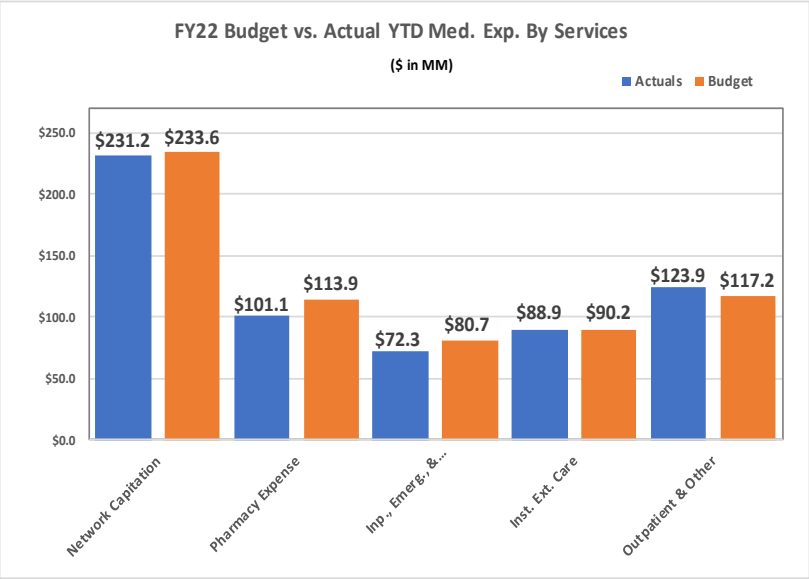


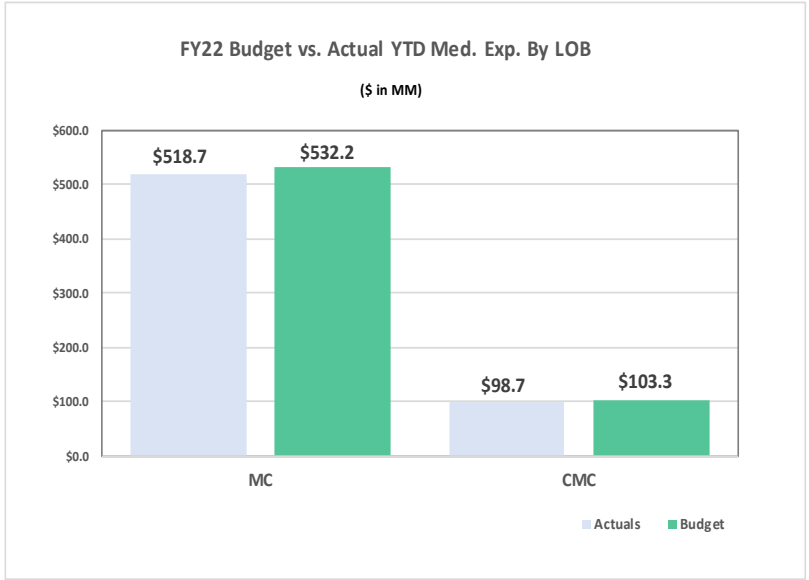


YTD Medical Expense

YTD medical expense of $617.4M was $18.0M or 2.8% favorable to budget of $635.4M. The YTD variance was due largely to:

- Pharmacy expenses were $12.7M or 11.2% favorable to budget, due to lower enrollment, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment.
- Capitation expense was $2.3M or 1.0% favorable to budget due to lower capitated MC enrollment.
- Vision, Reinsurance and Other expenses were $1.7M or 7.6% favorable to budget due to timing of spending on Board Designated expenses and lower VSP enrollment.
- Fee-For-Service expenses reflected a net $1.2M or 0.5% favorable variance due to lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).

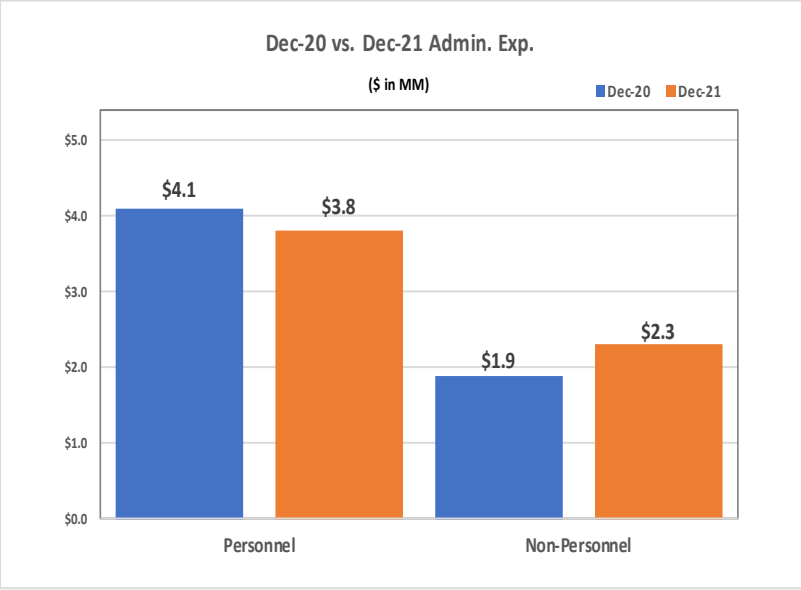


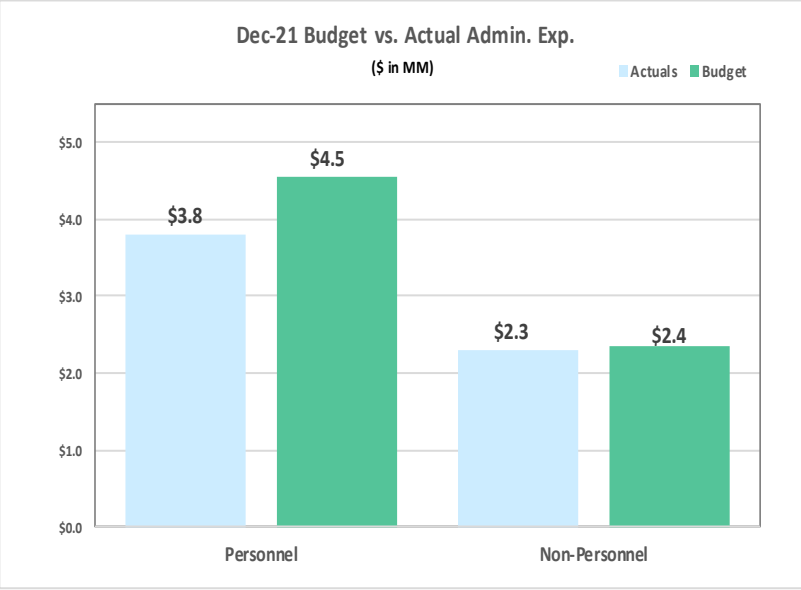


Current Month Administrative Expense

Current month expense of $6.1M was $801K or 11.6% favorable to budget of $6.9M. The current month variances were primarily due to the following:

- Personnel expenses were $742K or 16.3% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were $59K or 2.5% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.

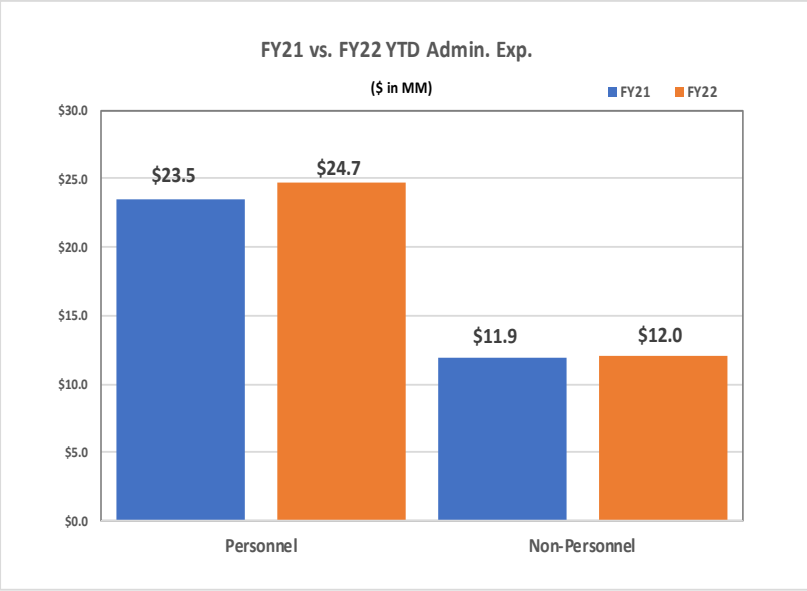


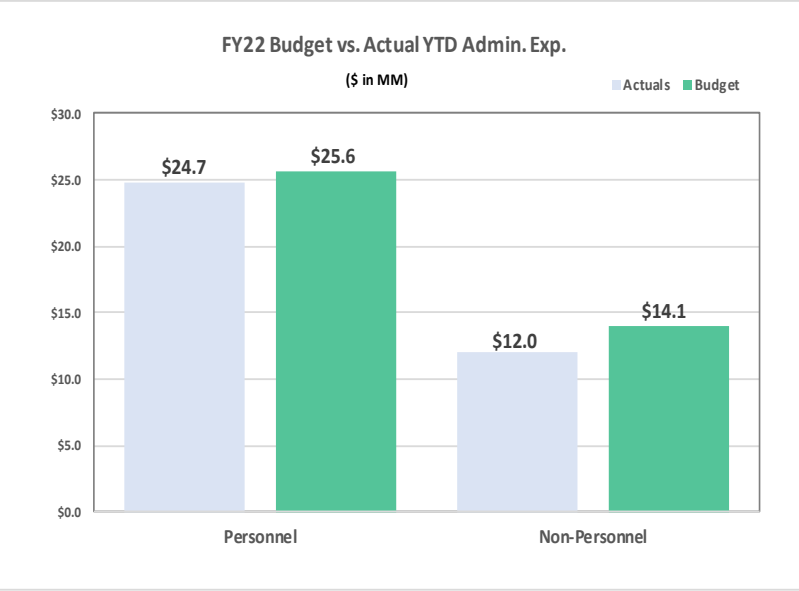


YTD Administrative Expense

YTD administrative expense of $36.7M was $3.0M or 7.5% favorable to budget of $39.7M. The YTD variance was primarily due to the following:

- Personnel expenses were $905K or 3.5% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.
- Non-Personnel expenses were $2.1M or 14.7% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees) which are expected to be incurred later in the fiscal year.





Balance Sheet

- Current assets totaled $1.02B compared to current liabilities of $768.4M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $50.4M 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	$183,007,193	0.75%	$100,000	$647,954
Wells Fargo Investments	$45,011	0.00%	($2,254)	$34,513
City National Bank Investments	$224,633,070	0.00%	$21,796	$21,796
	$407,685,274		$119,542	$704,263
Cash & Equivalents				
Bank of the West Money Market	$66,875	0.10%	$976	$3,289
City National Bank Accounts	$36,528,151	0.01%	$444	$827
Wells Fargo Bank Accounts	$13,829,036	0.01%	$194	$1,892
	$50,424,061		$1,613	$6,009
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.18%	$0	$0
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$458,434,836**		**$121,155**	**$710,272**

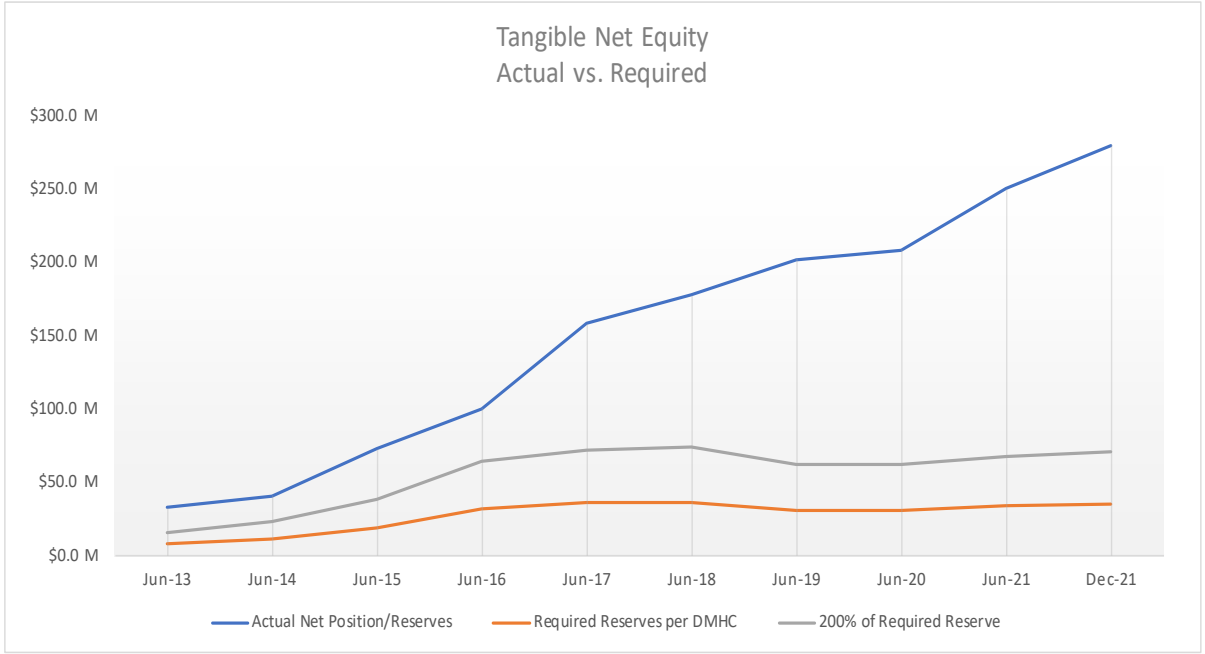
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in December.
- Overall cash and investment yield is lower than budget (0.30% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $280.1M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of December 31, 2021

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Dec-21
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	$280.1 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	$35.4 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	$70.8 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	791.0%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS DECEMBER 2021

Financial Reserve Target #1: Tangible Net Equity

	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				**$237,235,184** *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$483,710	$363,710	$3,636,290
Innovation & COVID-19 Fund	$16,000,000	$6,442,273	$3,076,590	$12,923,410
Subtotal	$20,000,000	$6,925,983	$3,440,300	$16,559,700
Net Book Value of Fixed Assets				$25,938,175
Restricted Under Knox-Keene Agreement				$325,000
Total Tangible Net Equity (TNE)				$280,058,059
Current Required TNE				$35,405,599
TNE %				791.0%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				$123,919,598
500% of Required TNE (High)				$177,027,997
Total TNE Above/(Below) SCFHP Low Target				**$156,138,461**
Total TNE Above/(Below) High Target				**$103,030,062**

Financial Reserve Target #2: Liquidity

Cash & Investments	$458,434,836
Less Pass-Through Liabilities:	
Hospital Directed Payments	(18,627,663)
MCO Tax Payable to State of CA	(35,024,325)
Whole Person Care / Prop 56	(51,817,008)
Other Pass-Through Liabilities (Note 2)	(77,498,212)
Total Pass-Through Liabilities	**(182,967,209)**
Net Cash Available to SCFHP	275,467,627
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(172,178,440)
60 Days of Total Operating Expense	(229,571,253)
Liquidity Above/(Below) SCFHP Low Target	**103,289,187**
Liquidity Above/(Below) High Target	**$45,896,374**

- **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 $937K, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$61,683	$55,800
Hardware	$243,071	$1,060,000
Software	$515,173	$1,896,874
Building Improvements	$113,589	$62,000
Furniture & Equipment	$3,391	$179,101
TOTAL	**$936,906**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Six Months Ending December 31, 2021

	Dec-2021 Actuals	% of Rev	Dec-2021 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Dec-2021 Actuals	% of Rev	YTD Dec-2021 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 96,645,527	85.1%	$ 96,274,870	83.4%	$ 370,657	0.4%	$ 571,476,869	84.2%	$ 568,701,661	83.6%	$ 2,775,208	0.5%
CMC MEDI-CAL	10,092,099	8.9%	3,882,995	3.4%	6,209,104	159.9%	21,998,444	3.2%	22,665,145	3.3%	(666,701)	(2.9%)
CMC MEDICARE	6,830,349	6.0%	15,287,777	13.2%	(8,457,428)	(55.3%)	84,979,830	12.5%	89,237,125	13.1%	(4,257,295)	(4.8%)
TOTAL CMC	16,922,448	14.9%	19,170,773	16.6%	(2,248,324)	(11.7%)	106,978,275	15.8%	111,902,270	16.4%	(4,923,996)	(4.4%)
TOTAL REVENUE	**$ 113,567,976**	**100.0%**	**$ 115,445,643**	**100.0%**	**$ (1,877,667)**	**(1.6%)**	**$ 678,455,143**	**100.0%**	**$ 680,603,931**	**100.0%**	**$ (2,148,788)**	**(0.3%)**
MEDICAL EXPENSES												
MEDI-CAL	$ 89,682,636	79.0%	$ 90,116,167	78.1%	$ 433,531	0.5%	$ 518,696,010	76.5%	$ 532,190,258	78.2%	$ 13,494,248	2.5%
CMC MEDI-CAL	3,206,290	2.8%	3,100,291	2.7%	(106,000)	(3.4%)	19,594,378	2.9%	18,092,332	2.7%	(1,502,046)	(8.3%)
CMC MEDICARE	12,341,049	10.9%	14,670,654	12.7%	2,329,605	15.9%	79,141,046	11.7%	85,175,730	12.5%	6,034,683	7.1%
TOTAL CMC	15,547,340	13.7%	17,770,945	15.4%	2,223,605	12.5%	98,735,425	14.6%	103,268,062	15.2%	4,532,637	4.4%
TOTAL MEDICAL EXPENSES	**$ 105,229,976**	**92.7%**	**$ 107,887,112**	**93.5%**	**$ 2,657,136**	**2.5%**	**$ 617,431,435**	**91.0%**	**$ 635,458,320**	**93.4%**	**$ 18,026,885**	**2.8%**
GROSS MARGIN	**$ 8,338,000**	**7.3%**	**$ 7,558,531**	**6.5%**	**$ 779,469**	**10.3%**	**$ 61,023,708**	**9.0%**	**$ 45,145,611**	**6.6%**	**$ 15,878,097**	**35.2%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,803,501	3.3%	$ 4,545,022	3.9%	$ 741,522	16.3%	$ 24,737,906	3.6%	$ 25,643,128	3.8%	$ 905,223	3.5%
RENTS AND UTILITIES	25,461	0.0%	42,067	0.0%	16,605	39.5%	214,660	0.0%	252,400	0.0%	37,741	15.0%
PRINTING AND ADVERTISING	53,356	0.0%	107,542	0.1%	54,186	50.4%	336,169	0.0%	647,250	0.1%	311,081	48.1%
INFORMATION SYSTEMS	291,324	0.3%	376,194	0.3%	84,871	22.6%	1,837,260	0.3%	2,257,165	0.3%	419,905	18.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,049,633	0.9%	1,100,065	1.0%	50,432	4.6%	5,313,913	0.8%	6,575,570	1.0%	1,261,657	19.2%
DEPRECIATION/INSURANCE/EQUIPMENT	402,134	0.4%	435,817	0.4%	33,683	7.7%	2,380,179	0.4%	2,510,756	0.4%	130,577	5.2%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	55,912	0.0%	62,242	0.1%	6,330	10.2%	332,923	0.0%	374,053	0.1%	41,131	11.0%
MEETINGS/TRAVEL/DUES	76,761	0.1%	129,008	0.1%	52,247	40.5%	597,186	0.1%	832,699	0.1%	235,513	28.3%
OTHER	339,522	0.3%	100,557	0.1%	(238,965)	(237.6%)	970,412	0.1%	602,440	0.1%	(367,972)	(61.1%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 6,097,604**	**5.4%**	**$ 6,898,514**	**6.0%**	**$ 800,911**	**11.6%**	**$ 36,720,607**	**5.4%**	**$ 39,695,463**	**5.8%**	**$ 2,974,856**	**7.5%**
OPERATING SURPLUS/(LOSS)	**$ 2,240,396**	**2.0%**	**$ 660,016**	**0.6%**	**$ 1,580,380**	**239.4%**	**$ 24,303,101**	**3.6%**	**$ 5,450,148**	**0.8%**	**$ 18,852,952**	**345.9%**
INTEREST & INVESTMENT INCOME	$ 121,155	0.1%	$ 350,000	0.3%	$ (228,845)	(65.4%)	$ 710,272	0.1%	$ 2,100,000	0.3%	$ (1,389,728)	(66.2%)
OTHER INCOME	31,543	0.0%	36,782	0.0%	(5,239)	(14.2%)	194,086	0.0%	217,507	0.0%	(23,421)	(10.8%)
NON-OPERATING INCOME	**$ 152,698**	**0.1%**	**$ 386,782**	**0.3%**	**$ (234,084)**	**(60.5%)**	**$ 904,357**	**0.1%**	**$ 2,317,507**	**0.3%**	**$ (1,413,149)**	**(61.0%)**
NET SURPLUS (LOSS)	**$ 2,393,094**	**2.1%**	**$ 1,046,798**	**0.9%**	**$ 1,346,296**	**128.6%**	**$ 25,207,458**	**3.7%**	**$ 7,767,655**	**1.1%**	**$ 17,439,803**	**224.5%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of December 31, 2021

	Dec-2021	Nov-2021	Oct-2021	Dec-2020
Assets				
Current Assets				
Cash and Investments	$ 458,434,836	$ 466,788,242	$ 419,572,935	$ 335,480,779
Receivables	547,776,814	534,499,409	543,449,653	561,944,558
Prepaid Expenses and Other Current Assets	10,313,774	9,457,131	9,965,990	10,139,670
Total Current Assets	**$ 1,016,525,423**	**$ 1,010,744,782**	**$ 972,988,578**	**$ 907,565,007**
Long Term Assets				
Property and Equipment	$ 52,459,777	$ 52,391,413	$ 52,379,458	$ 50,627,203
Accumulated Depreciation	(26,521,602)	(26,182,555)	(25,843,393)	(22,461,569)
Total Long Term Assets	25,938,175	26,208,858	26,536,065	28,165,634
Total Assets	**$ 1,042,463,598**	**$ 1,036,953,640**	**$ 999,524,643**	**$ 935,730,641**
Deferred Outflow of Resources	**$ 6,493,990**	**$ 6,716,867**	**$ 6,939,744**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,048,957,589**	**$ 1,043,670,507**	**$ 1,006,464,387**	**$ 944,132,901**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 7,102,079	$ 6,408,024	$ 6,148,888	$ 8,192,320
Deferred Rent	46,542	46,840	47,138	48,243
Employee Benefits	3,812,771	3,633,460	3,624,197	2,858,642
Retirement Obligation per GASB 75	2,218,787	2,138,537	2,058,287	2,618,301
Whole Person Care / Prop 56	51,817,008	54,455,374	51,365,781	44,179,230
Payable to Hospitals	18,152,889	103,310	103,313	37,699,413
Payable to Hospitals	474,774	474,793	474,714	832,942
Pass-Throughs Payable	759,037	23,359,600	22,600,898	26,787
Due to Santa Clara County Valley Health Plan and Kaiser	29,971,646	33,147,948	29,394,756	22,553,954
MCO Tax Payable - State Board of Equalization	35,024,325	24,893,369	14,763,539	27,346,174
Due to DHCS	76,739,175	74,135,967	64,964,098	45,596,872
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	113,956,220	113,815,295	106,913,541	107,840,726
Total Current Liabilities	**$ 768,360,212**	**$ 764,897,474**	**$ 730,744,108**	**$ 727,356,210**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	568,750	455,000	1,704,912
Total Non-Current Liabilities	**$ (0)**	**$ 568,750**	**$ 455,000**	**$ 1,704,912**
Total Liabilities	**$ 768,360,212**	**$ 765,466,224**	**$ 731,199,108**	**$ 729,061,122**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,636,290	$ 3,636,290	$ 3,337,274	$ 3,419,274
Board Designated Fund: Innovation & COVID-19 Fund	12,923,410	13,060,990	13,432,004	13,830,001
Invested in Capital Assets (NBV)	25,938,175	26,208,858	26,536,065	28,165,634
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	212,027,726	211,619,464	211,220,259	162,920,529
Current YTD Income (Loss)	25,207,458	22,814,364	19,875,360	4,769,165
Total Net Assets / Reserves	**$ 280,058,059**	**$ 277,664,965**	**$ 274,725,961**	**$ 213,409,952**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,048,957,589**	**$ 1,043,670,507**	**$ 1,006,464,387**	**$ 944,132,901**

Cash Flow Statement

Santa Clara Family Health Plan

	Dec-2021	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 113,024,735	$ 664,176,085
Medical Expenses Paid	(108,265,353)	(604,876,572)
Adminstrative Expenses Paid	(13,197,122)	(8,904,194)
Net Cash from Operating Activities	**$ (8,437,740)**	**$ 50,395,319**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ (68,365)	$ (936,906)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	152,698	904,357
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ (8,353,407)**	**$ 50,362,770**
Cash & Investments (Beginning)	466,788,242	408,072,066
Cash & Investments (Ending)	**$ 458,434,836**	**$ 458,434,836**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 2,240,396	$ 24,303,101
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	339,047	2,055,395
Changes in Operating Assets/Liabilities		
Premiums Receivable	(13,277,405)	(35,557,288)
Prepaids & Other Assets	(856,643)	(1,597,269)
Accounts Payable & Accrued Liabilities	(6,236,049)	26,438,921
State Payable	12,734,164	21,278,230
IGT, HQAF & Other Provider Payables	(3,176,302)	6,185,967
Net Pension Liability	(568,750)	0
Medical Cost Reserves & PDR	140,925	6,368,896
Total Adjustments	**$ (10,678,136)**	**$ 26,092,218**
Net Cash from Operating Activities	**$ (8,437,740)**	**$ 50,395,319**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Six Months Ending December 31, 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$571,476,869	$21,998,444	$84,979,830	$106,978,275	**$678,455,143**
MEDICAL EXPENSE	$518,696,010	$19,594,378	$79,141,046	$98,735,425	**$617,431,435**
(MLR)	90.8%	89.1%	93.1%	92.3%	91.0%
GROSS MARGIN	$52,780,858	$2,404,066	$5,838,784	$8,242,850	**$61,023,708**
ADMINISTRATIVE EXPENSE	$30,930,531	$1,190,641	$4,599,436	$5,790,077	**$36,720,607**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$21,850,327	$1,213,425	$1,239,348	$2,452,773	**$24,303,101**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$761,759	$29,323	$113,275	$142,598	**$904,357**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$22,612,086	$1,242,749	$1,352,623	$2,595,372	**$25,207,458**
PMPM (ALLOCATED BASIS)					
REVENUE	$343.82	$355.20	$1,372.15	$1,727.35	**$393.52**
MEDICAL EXPENSES	$312.06	$316.39	$1,277.87	$1,594.26	**$358.12**
GROSS MARGIN	$31.75	$38.82	$94.28	$133.10	**$35.39**
ADMINISTRATIVE EXPENSES	$18.61	$19.22	$74.27	$93.49	**$21.30**
OPERATING INCOME/(LOSS)	$13.15	$19.59	$20.01	$39.60	**$14.10**
OTHER INCOME/(EXPENSE)	$0.46	$0.47	$1.83	$2.30	**$0.52**
NET INCOME/(LOSS)	$13.60	$20.07	$21.84	$41.91	**$14.62**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,662,153	61,932	61,932	61,932	1,724,085
REVENUE BY LOB	84.2%	3.2%	12.5%	15.8%	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 December 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$96,645,527	$10,092,099	$6,830,349	$16,922,448	**$113,567,976**
MEDICAL EXPENSE	$89,682,636	$3,206,290	$12,341,049	$15,547,340	**$105,229,976**
(MLR)	92.8%	31.8%	180.7%	91.9%	92.7%
GROSS MARGIN	$6,962,891	$6,885,809	($5,510,700)	$1,375,109	**$8,338,000**
ADMINISTRATIVE EXPENSE	$5,189,017	$541,857	$366,730	$908,587	**$6,097,604**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$1,773,874	$6,343,952	($5,877,430)	$466,522	**$2,240,396**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$129,945	$13,569	$9,184	$22,753	**$152,698**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$1,903,819	$6,357,521	($5,868,246)	$489,275	**$2,393,094**
PMPM (ALLOCATED BASIS)					
REVENUE	$344.34	$967.51	$654.81	$1,622.32	**$390.14**
MEDICAL EXPENSES	$319.54	$307.38	$1,183.11	$1,490.49	**$361.49**
GROSS MARGIN	$24.81	$660.13	($528.30)	$131.83	**$28.64**
ADMINISTRATIVE EXPENSES	$18.49	$51.95	$35.16	$87.10	**$20.95**
OPERATING INCOME/(LOSS)	$6.32	$608.18	($563.46)	$44.72	**$7.70**
OTHER INCOME/(EXPENSE)	$0.46	$1.30	$0.88	$2.18	**$0.52**
NET INCOME/(LOSS)	$6.78	$609.48	($562.58)	$46.91	**$8.22**
ALLOCATION BASIS:					
MEMBER MONTHS	280,666	10,431	10,431	10,431	291,097
REVENUE BY LOB	85.1%	8.9%	6.0%	14.9%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY - 2022

		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	FYTD var	%
NON DUAL	Adult (over 19)	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	2,655	8.0%
	Child (under 19)	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	2,039	2.0%
	SPD	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	439	2.0%
	Adult Expansion	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	5,862	6.5%
	Long Term Care	388	380	373	375	367	365	414	408	401	391	385	392	391	26	7.1%
	Total Non-Duals	**237,137**	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**11,021**	**4.5%**
DUAL	Adult (over 21)	352	355	361	357	365	366	367	376	375	396	398	408	410	44	12.0%
	SPD	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	215	0.9%
	Long Term Care	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	25	2.4%
	SPD OE	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	544	57.1%
	Total Duals	**25,956**	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**828**	**3.1%**
	Total Medi-Cal	**263,093**	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**11,849**	**4.3%**
CMC	CMC Non-Long Term Care	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	122	1.2%
	CMC - Long Term Care	193	187	184	179	180	185	209	208	203	208	204	210	202	17	9.2%
	Total CMC	**9,807**	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**139**	**1.4%**
	Total Enrollment	**272,900**	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**11,988**	**4.2%**

Santa Clara County Health Authority
Innovation Fund Request Summary

Organization Name:	Santa Clara County Public Health Department
Project Name:	Juntos Initiative (formerly ParkRx)
Contact Name and Title:	Michelle Wexler Program Manager Santa Clara County Public Health Department michelle.wexler@phd.sccgov.org
Requested Amount:	$15,000
Time Period for Project Expenditures:	March 1, 2022 – June 30, 2024
Proposal Submitted to:	Executive/Finance Committee, February 24, 2022
Date Proposal Submitted for Review:	February 1, 2022

Summary of Proposal:

The Juntos Initiative is a three-year initiative coordinated by the Santa Clara County Public Health Department (PHD) in collaboration with medical staff at Santa Clara Valley Medical Center's Pediatric Healthy Lifestyle Center who were observing high rates of childhood obesity, diabetes and other chronic disease in children treated at their clinics. The primary objective of this initiative is to make the outdoors more inclusive and accessible to these children and their families. Many of the patients seen by Pediatric Healthy Lifestyle physicians live in underserved neighborhoods with limited park access. While physical activity, park utilization and other outdoor activities were widely recommended, many patients were not able to utilize parks and outdoor resources. The Juntos Initiative was specifically designed to address social inequities that prevent these patients from utilizing parks, including linguistic barriers (many families are monolingual Spanish speakers), limited access to transportation to local parks, and lack of information about park resources and park safety, in order to promote physical activity at parks while also supporting families with building social connections in the community. The goal of the initiative is for families to explore parks in the County of Santa Clara, participate in park hikes, and become familiar and comfortable in park settings. The Juntos objectives align with Santa Clara Family Health Plan's (SCFHP) mission of ensuring that underserved communities have equitable access to health for all. Over 80% of participants are enrolled in Medi-Cal, over 75% are SCFHP members, and the majority have chronic health conditions (pre-diabetes, fatty liver, obesity). This funding request is to close the transportation budget gap, to ensure families are able to participate in park activities, including families in South County.

Summary of Projected Outcome/Impact:

Measurable outcomes during grant period:

- Participation
- Biometric changes for participants
- Assessment of changes via behavioral health questionnaires, patient surveys, focus groups

Results to date indicate that participants who have attended at least one park walk reported an increase number of days that they played outside compared to their baseline prior to park prescription attendance. Participants also reported decreased screen time. Additionally, preliminary biometric data indicates that most participants had improved BMI's, ALT, and Hgb A1c levels.

Summary of Additional Funding and Funding Requests:

The Juntos Initiative is funded from a grant from the Santa Clara Valley Open Space Authority (OSA), from County general funds, and from partner organizations funding specific components. The initiative is currently seeking funds to cover transportation costs for participants who are Santa Clara Family Health Plan members or who are uninsured (participating Anthem Medi-Cal members are able to use their transportation benefit to access park programs).

The sustainability plan involves working with partners to identify additional resources to leverage after the three-year funding cycle ends. All partnering organizations, including the City of San Jose, Veggielution, and Santa Clara County Parks, have strong records of securing grant funding and leveraging community resources. The Initiative continues to engage key stakeholders to develop a sustainability plan and develop new community partnerships. The volunteer components of the Initiative have been carefully designed to ensure sustainability by developing a cohort of youth and Promotores with capacity to co-lead nature walks and promote environmental stewardship.

February 1, 2022

Jocelyn Ma
Community Outreach Program Manager
Santa Clara County Family Health Plan
6201 San Ignacio Ave.
San Jose, CA 95119

Dear Jocelyn,

The Santa Clara County Public Health Department is pleased to present our Juntos Initiative grant request to the Santa Clara County Family Health Plan (SCFHP) Executive Management Team.

We are requesting $15,000 to support transportation needs for this important Initiative over a three-year period. The funding will enhance our ability to provide transportation to ensure families are able to participate in park activities.

From our past successful experience implementing a park prescription program approximately 30% of participants requested transportation assistance Currently, our program partners with Yellow Checker Cab to transport families from their homes (or agreed upon locations) to and from park locations. Additional funding would enhance participation for those requiring transportation. Furthermore, we are planning to provide transportation to park walks in South County to ensure South County patients also have access to parks.

Enclosed you will find a project summary, goals and objectives, budget, metrics and a sustainability plan for your review.

Thank you for considering our grant request.

Sincerely,

DocuSigned by:
Laurie Cammon
520E0529A33A4B5...

Dr. Laurie Cammon
Valley Medical Center Pediatric Healthy Lifestyle Center
Juntos Initiative Physician Lead

DocuSigned by:
Michelle Wexler
663F8C04F6E3478...

Michelle Wexler
Santa Clara County Public Health Department
Program Manager
michelle.wexler@phd.sccgov.org

Santa Clara County Public Health -Juntos Initiative

Initiative Project Description, Goals and Objectives

The Juntos Initiative is a 3-year Initiative funded in part from a grant from the Santa Clara Valley Open Space Authority (OSA) and coordinated by the Santa Clara County Public Health Department (PHD). The Juntos Initiative builds on experience from a previous park prescription program. Recognizing the evidence that access to parks and green spaces can help alleviate health disparities in vulnerable populations, PHD developed the Juntos Initiative in collaboration with medical staff at the Santa Clara Valley Medical Center's Pediatric Healthy Lifestyle Center (VMC) who were observing high rates of childhood obesity, diabetes and other chronic disease in children treated in their clinics.

Many of the patients seen by the team of Pediatric Healthy Lifestyle physicians live in underserved neighborhoods with limited park access and clinic providers are concerned that while physical activity, park utilization and other outdoor activities were widely recommended, many patients were not able to utilize parks and outdoor resources. The Juntos Initiative was specifically designed to address social inequities that prevent these patients from utilizing parks, including linguistic barriers, as many families in the community are monolingual Spanish speakers, limited access to transportation to local parks and lack of information about park resources and park safety. Through this collaboration, this Initiative is designed to address all these challenges to promote physical activity at parks while also supporting families with building social connections in the community.

The Juntos Initiative is comprised of the following three components:

1) Quarterly Park Activities (quarterly activities range from nature hikes to gardening-activities are designed for pediatric patients who receive prescriptions and their families).
2) Capitanes del Bosque (youth volunteer program)
3) Promotores (parent leadership program)

The Juntos objectives align with the Santa Clara Family Health Plan (SCFHP) mission of ensuring that underserved communities have equitable access to health for all. The primary objectives of this initiative are to make the outdoors more inclusive and accessible. The initiative also seeks to support families in building social connections to address social/linguistic isolation by engaging participants in building leadership capacity. Leadership capacity building will be developed through Promotores and Capitanes del Bosque programs.

Overview of Participants

- Over 80% of participants are Medi-Cal recipients, over 75% are Family Health Plan members (the majority have chronic health conditions (pre-diabetes, fatty liver, obesity).
- Over 33% of participants have shared that a major barrier to participation is transportation.
- Over half of the participants are monolingual Spanish speakers. Bilingual staff support program communication and provide interpretation.

- Most participants attend multiple walks each quarter.

Metrics

Metrics and return on investment will be measured in several ways including tracking participation, using behavioral questionnaires, analyzing biometric changes of Juntos participants, and by patient surveys and focus groups. Building on our successful park prescription program implemented prior to the pandemic, results to date indicate that participants who have attended at least one park walk reported an increased number of days that they played outside compared to their baseline prior to park prescription attendance. Participants also reported decreased screen time. Additionally, preliminary biometric data indicates that most participants had improved BMI's, ALT and Hgb A1c levels.

Results from patient surveys and separate parent and child focus groups conducted by Lucile Packard Children's Hospital from our previous park prescription programming suggests that adult participants value medical staff attendance at the walks and they enjoyed meeting new people and being in nature. Surveys of children participating in the program indicated that they feel connected to the natural environment, that they like to explore nature with their friends, and they enjoy meeting new people at the park activities.

Implementation Overview (please see attached process map)

Timeline

The Juntos Initiative is a 3-year Initiative. Activities launched October 2021 and will continue for three consecutive years, with OSA funding, until 2024. Below is a high-level timeline.

October 2021- Quarterly activities for pediatric patients and their families started.

October 2022 to December 2022-Launch Promotor and Youth Leadership Components of Juntos Work

February 2021 to July 2023- Expand the number of physicians writing park prescriptions to include all pediatricians working at VMC.

June 2022 to 2024-Provide Park activities for South County families.

Three Year Budget and Budget Narrative (includes funding received from the Open Space Authority)

Personnel	$ 57,056.00	Public Health Staff salaries/benefits for program coordination. Also includes stipends for promotor (parent leadership volunteers)
Contracted Services (Includes Promotore and Capitanes Del Bosque training and curriculum)	$ 7,500.00	Environmental Organization to coordinate and implement curriculum and facilitate promotor trainings, assist with youth leadership component. Includes program supplies for gardening and outdoor programming.

Supplies & Materials	$ 11,444.00	Supplies to implement programming (outdoor equipment, healthy snacks, supplies)
Other Direct Costs ($4,000 for staff travel and $20,000 for transportation)	$ 24,000.00	Mileage for staff to Juntos events and transportation for program participants. Taxi transportation/transportation vouchers to park activities. Based on projections, budget of $20,000 over 3 years will not meet transportation needs. As Open Space funding boundaries do not cover most of South County, budget does not include South County transportation needs to ensure Gilroy clinic families have transportation to South County park programs.
TOTAL	**$ 100,000.00**	

Funding Gap

The Juntos Initiative will have a total of 24 activities per year.

The program averages 30 families per activity.

Of the 30 families, 30% will need transportation to and from each event.

24 activities x 9 families equal 216 round trip taxi rides per year.

Estimating $50 a trip x 216 trips, equals $10,800.

$10,800 x 3 years totals $32,400.

In addition, plans are underway to provide transportation via shuttles, bus services or taxi cabs to County parks in South County that are not accessible to South County families. Given the current transportation budget gap, plans for expansion and plans to ensure South County families who cannot be served with current Open Space funding, we are respectfully requesting $15,000 to address these gaps over a three-year period.

Program Sustainability/Who Else is Doing this Work?

Park prescription programs are a growing movement around the Country with many programs currently being implemented by Bay area counties. There has been significant research focused on the numerous health benefits of time in nature. The impetus behind Rx programs is the growing number of children that spend less than 10 minutes a day playing outdoors and the lack of access to nature in underserved communities. According to the Children and Nature Network Research Digest, “The barriers experienced by people from immigrant or low-income communities, or communities of color are not solely physical (such as distance to a park); they

are often social and cultural and sometimes relate to discrimination." The Juntos Initiative helps break down some of these existing barriers and inequities that exist when it comes to access to nature and underserved communities within Santa Clara County.

Our sustainability plan involves working with partners to identify additional resources to leverage after the three-year funding cycle ends. All partnering organizations have strong records of securing grant funding and leveraging community resources. We will continue to engage our key stakeholders to develop a sustainability plan and develop new community partnerships. The volunteer components of this Initiative have been carefully designed to ensure sustainability by developing a cohort of youth and Promotores with capacity to co-lead nature walks and promote environmental stewardship. Both youth and promotores will play an important role as ambassadors to others referred, as well as to those they meet in the community. This program also is supported with County general funds that cover the costs of staffing, including management staff not covered by the Open Space Grant.

This initiative also seeks to increase the capacity of health care providers to incorporate messaging about the importance of parks in their conversations with families which is a well-researched best practice approach for improved health outcomes. Data collected for this Initiative will be incorporated into presentations to local funders and stakeholders, and other organizations promoting this work in the Bay area and nationally.

Partnerships and Collaborations

Contributing to the success of this Initiative is Champion Provider, Dr. Laurie Cammon of the Valley Medical System Pediatric Healthy Lifestyle Center. Dr. Cammon plays a key role in engaging other pediatricians and overseeing the protocols for the clinic referrals. Through Laurie's leadership, referrals to the Juntos Initiative are embedded in existing systems, including the electronic medical record.

Additionally, the strong partnerships with City of San Jose, Veggielution and Santa Clara County Parks staff have enhanced program offerings for families. Santa Clara County Parks (SCCParks) has extensive experience leading park walks and partnering with Public Health. The City of San Jose, and Veggielution have extensive experience engaging youth and their families on gardening activities using best practice curriculum. There already exists a strong relationship between SCCPHD and the Santa Clara Valley Hospital & Clinics pediatric community with proven success with the implementation of the 2016 Parks Rx program.

Santa Clara County Juntos Initiative (former Park Rx)
Referral Source: Pediatric Healthy Lifestyle Center (PHLC)

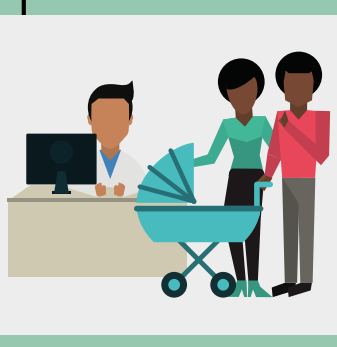
Juntos Referral Process

Referral to PHLC

- Santa Clara Valley Health & Hospital System providers refer pediatric patients to PHLC to receive high-quality, family-centered, community-linked preventive care, lifestyle management and medical interventions for children and youth at risk for Type 2 diabetes and other lifestyle-related conditions.

Providers Intervention

- Provider completes motivational interviews by asking questions to family about physical activity patterns and determine if a Park Rx is a viable option for family.



Families Receives Rx from Provider

- Parent/Guardian consent to the referral of Public Health Department services is documented in the EMR.
- Prescription is entered as a communication in the Electronic Medical record (EMR).
- Patient receives a colorful flyer (includes free parking pass) with park locations, and walk dates.
- Provider enters an order for "ParkRx to PHD" in the Wrap-up.

Provider shares prescription with Public Health Department (PHD) staff

- Medical Assistants will batch park prescriptions and send them to PHD staff at the end of the clinic shift.
- Park Prescription including patient/guardian contact information is shared with PHD staff for follow-up via scanned copy of the prescription and emailed to Olivia.Nunez@PHD.scc.org. cc'ing Laurie.Cammon@hhs.scc.org.
- Fax Park Prescriptions via EMR rather than emailed.

PHD staff provides follow up with family

- PHD staff track all prescriptions received, patient information/needs and attendance.
- PHD staff follow up via call or text with family to ensure family has directions and logistical information for park activities.
- PHD staff coordinates transportation for patients.

Patient Transporation/ Guidelines/Restrictions

<u>Anthem Blue Cross</u>

- Give patient a card with information.
- Anthem provides transportation thru Modivcare.
  - 75 mile range (in each direction)
  - Patient needs to schedule 5 days in advance.

<u>Santa Clara Family Health Plan</u>

- <u>Does not provide transportation</u>, please send patient information to PH department. PHD will provide Yellow Checkered Cab Service.

<u>Other Plans</u>

- Send patient information to PH department. PHD will provide Yellow Checkered Cab Service.

PHD staff provides support to families on walks

- PHD staff greets families at the park.
- PHD staff provides translation as needed.
- Attendance is taken at the park and entered into tracking sheet after walks.
- Clinic staff to attend walks voluntarily.

PHD staff will follow up with clinic staff

- PHD staff follow up with park staff on programming/feedback provided by participants.
- Attendance is shared regularly with clinic staff.
- Follow up is made with provider who wrote prescription so they are aware of who participated and who needs more encouragement.

Staff provide extra support/encouragement

- PHD staff follow up with park staff on programming/feedback provided by participants.
- Attendance is shared regularly with clinic staff.
- Follow up is made with provider who wrote prescription so they are aware of who participated and who needs more encouragement.

Santa Clara Family Health Plan™

DHCS Comprehensive Quality Strategy 2022 - Overview

Johanna Liu, Director, Quality & Process Improvement

DHCS ten-year vision for Medi-Cal

- The people served by Medi-Cal should have **longer, healthier, and happier lives**. In this whole-system, person-centered, and population health approach to care, **health care services are only one element of supporting better health** in the population. **Partnerships** with Medi-Cal beneficiaries, communities, community-based organizations (CBO), schools, public health agencies, counties, and health care systems will be **essential to preventing illness, supporting health care needs, addressing health disparities, and reducing the impact of poor health**.

DHCS Comprehensive Quality Strategy (CQS) 2022

- Overview of all DHCS health care, including managed care, FFS, and other programs
- Includes overarching quality and health equity goals
- Reinforces DHCS' commitment to health equity in all program activities
- Review and evaluation of effectiveness of 2018 Managed Care Quality Strategy

1.2 Medi-Cal Program Changes

- DHCS currently restructuring the MCMC contract and an RFP for commercial MCMCs statewide was released on February 9, 2022
  - Procurement and updated standard contract demonstrates shift in expectations for MCMCs and will be a primary vehicle by which DHCS will ensure quality, transparency, and accountability in the managed care program
  - Implementation date for new contracts is January 1, 2024
- Cal MediConnect enrollees will transition to Medicare D-SNPs and affiliated MCMC plans as of January 1, 2023 in a D-SNP Exclusively Aligned Enrollment approach

2.1 Clinical Focus Areas

Figure 17: DHCS Clinical Focus Areas

- Preventive care for children in Medi-Cal were below national benchmarks
- Maternal mortality for Black mothers remains three times as high as white mothers. Black mothers also have the highest C-section rates in the state.
- Behavioral health networks struggle to meet demand

Santa Clara Family Health Plan

BOLD GOALS:
50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up after emergency department visit for mental health or substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

2.2 Population Health Management (PHM) Framework

Figure 20: Population Health Management Program Framework

*Rising risk is when a significant health event occurs that drastically changes the health status of the patient, developing chronic diseases, etc(e.g. accidents, developing diseases, etc.)

2.3 Goals, Guiding Principles, and Objectives for the Quality Strategy

2.5 Health Equity Roadmap

- Changes to Medi-Cal application to better collect demographic info such as race, ethnicity, sexual orientation and gender identity
- Creating DHCS-wide standards for measuring race and ethnicity, in alignment with federal standards
- Requirement for MCMC plans, via the procurement process, to identify a Chief Health Equity Officer, offer DEI training and establish a Quality Improvement and Health Equity committee

2.6 Value-Based Payment (VBP) Roadmap

- Starting in 2023, incorporate MCMC performance on the key measures (including high priority clinical quality measures, health equity measures, and member experience) to adjust payment rates and member assignment
- Starting in 2023, incorporate health disparity rates on the health equity measures in addition to quality performance scores in its auto-assignment algorithm that determines to which plan members are assigned
- Launch FQHC alternative payment methodology (APM) pilot in 2023 to support primary care transformation efforts
  - Opportunity for innovation using team-based care that is not always reimbursable through PPS as well as other alternative models of care delivery, such as electronic communication, pharmacist and nurse-led virtual, and in-person care and home visits

3.2 Quality Assessment and Performance Improvement (QAPI)

- DHCS will leverage required, standardized performance metrics and MPLs to ensure that all delivery systems are providing a necessary level of care to all Medi-Cal members, independent of where the member lives or their individual demographics.
  - A variety of penalties, including CAPs, sanctions, and liquidated damages may be levied if targets are not met, as described in more detail in the state standards section.
- DHCS cannot accept the 50th percentile, or ”average”, as our goal. This foundation must be coupled with opportunities for incentives that can support local innovation and transformation efforts and achieve our **vision of achieving greater than the 90th percentile on key measures**, or “excellent care” across programs

Santa Clara Family Health Plan™

Questions?

JLiu@scfhp.com

Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Thursday, February 24, 2022, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Sue Murphy, Chair
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer

Members Absent
Chelsea Byom, VP, Marketing, Communications & Outreach

Staff Present
Barbara Granieri, Controller
Daniel Quan, Director, Compliance, Compliance
Anna Vuong, Manager, Compliance, Compliance
Ashley Kerner, Manager, Administrative Services
Alicia Zhao, Compliance Audit Program Manager, Compliance
Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, Compliance
Sonia Lopez, Compliance Coordinator, Compliance
Alejandro Rodriguez, Compliance Analyst, Compliance
Megha Shah, Compliance Analyst, Compliance
Sue Won, Compliance Audit Program Manager, Compliance

1. Roll Call
Sue Murphy, Chair, called the meeting to order at 2:00 PM. Roll call was taken and a quorum was established.

2. Public Comment
There were no public comments.

3. Meeting Minutes
Ms. Murphy reviewed the November 18, 2021 Compliance Committee minutes.

It was moved, seconded, and the November 18, 2021 Compliance Committee minutes were **unanimously approved**.

Motion: Mr. Haskell
Second: Mr. Jarecki
Ayes: Ms. Turner, Ms. Tomcala, Mr. Tamayo, Ms. Watkins, Ms. Nakahira, Mr. Jarecki, Ms. Bui-Tong, Ms. Chapman, Mr. Haskell, Ms. Murphy
Absent: Ms. Byom

4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, discussed the status of regulatory audits, related corrective action plans, and other compliance issues.

Mr. Haskell stated the peer-review Compliance Program Effectiveness (CPE) Audit concluded in January and SCFHP is now working to address findings related to Production Services and Provider Network Operations.

Ms. Murphy requested insight into the Plan's experience with a peer-review CPE Audit versus using an outside consulting firm. Mr. Quan shared that while a peer-review audit is cost-effective and collaborative, there is the risk of the peer organization conducting low quality work.

Mr. Haskell shared SCFHP has received the final report for the Performance Measure Validation audit in December and both data sets assessed were deemed reportable.

Mr. Haskell identified two CMS Notices of Noncompliance received by the Plan regarding late submissions that have resulted in no penalties or required corrective actions.

Mr. Haskell shared the Department of Health Care Services (DHCS) Annual Audit covering both Medi-Cal and Cal MediConnect will take place in March 2022.

Mr. Haskell stated the Plan has received notification of the triennial Department of Managed Health Care (DMHC) Financial Audit, which is scheduled to begin in June.

5. Oversight Activity Report

Daniel Quan, Director, Compliance, reviewed the FY 2021–2022 compliance dashboard.

Mr. Quan, shared the Plan is at 89.6% for recorded metrics, with the fiscal year goal of reaching 95%, and reviewed areas in which compliance standards were not met during the preceding quarter.

Mr. Quan reported the Compliance Program Effectiveness (CPE) peer-review audit findings. Mr. Quan highlighted the findings, citing outdated policies and procedures, no evidence that staff were trained when a policy and procedure was updated to address a Corrective Action Plan (CAP), am impact analysis was not performed to address findings, and an audit finding CAP was not completed timely. Mr. Quan stated corrective actions are being taken to address the findings.

Mr. Quan presented the SCFHP Website CMC internal monitoring audit scope and findings. Findings included outdated material and incorrect documents posted on the website, which has been corrected. Mr. Quan shared that no observations were found as a result of the audit.

Mr. Quan reported the 2021 Premier Care of Northern California (PCNC) audit scope and preliminary audit findings. Mr. Quan stated there were four observations and twenty findings related to various compliance requirements: outdated policies and procedures; outdated Your Rights template; missing documentation of various medical records including member's Individual Care Plan and Health Risk Assessment; incorrect denial of claims; and incorrect payment of overturned PDRs.

Mr. Quan shared the 2021 Kaiser Delegation Audit results. The audit was completed with local plan partners in Northern California where each health plan was responsible to review policies and procedures for two delegated areas. Mr. Quan shared that for 2021, SCFHP reviewed Compliance and Claims policies and conducted sample reviews for all areas. Mr. Quan highlighted open CAPs for Utilization Management, Claims and PDR, Population Health Management, and Health Education.

Mr. Quan presented the Annual Risk Assessment and 2022 Audit Schedule for delegates and internal operational departments. The results of the Risk Assessment were used to develop the Audit Work Plan for the year.

6. Compliance Program

Mr. Quan reviewed proposed amendments to the Compliance Program adding explicit mention of Medicare Advantage Prescription Drug Plan (MAPD) with Medicare Parts C and D, in preparation for D-SNP transition in 2023.

It was moved, seconded, and the proposed amendments to the Compliance Program were **unanimously approved**.

Motion: Ms. Tomcala
Second: Mr. Jarecki
Ayes: Ms. Turner, Ms. Tomcala, Mr. Tamayo, Ms. Watkins, Ms. Nakahira, Mr. Jarecki, Ms. Bui-Tong, Ms. Chapman, Mr. Haskell, Ms. Murphy
Absent: Ms. Byom

7. Fraud, Waste, and Abuse Report

Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, presented the Fraud, Waste, and Abuse Report activities and investigations.

Ms. Nguyen shared there are a total of 42 reported leads for the year 2021 comprised from CMC, Medi-Cal, and CMC Medi-Cal.

Ms. Nguyen shared the majority of intake come from the G&A team while the majority of allegations are originated by members. She detailed the largest initial allegation type listed is for services not rendered. Ms. Nguyen stated a total of 35 investigations were opened in 2021.

Ms. Nguyen concluded her presentation by providing an update on SCFHP open investigations.

8. Adjournment

The meeting was adjourned at 2:56 PM.

_____
Sue Murphy, Secretary

SANTA CLARA COUNTY HEALTH AUTHORITY
d/b/a
SANTA CLARA FAMILY HEALTH PLAN

Compliance Program
2022

Governing Board approval date: December 16, 2021

Compliance Program Overview

Santa Clara County Health Authority d/b/a Santa Clara Family Health Plan ("SCFHP" or "Plan") has developed this Compliance Program to provide guidance and ensure its activities as a Medi-Cal Managed Care Plan, ~~and~~ a Cal MediConnect Managed Care Plan, and a soon to be Medicare Advantage Prescription Drug Plan (MAPD) with Medicare Parts C and D, are conducted in an ethical and legal manner, in accordance with the 3-way Contract between the United States Department of Health and Human Services Centers for Medicare and Medicaid Services ("CMS"), the California Department of Health Care Services ("DHCS"), and the Plan; the Plan's Medi-Cal contract with DHCS; the Plan's Standards of Conduct and policies and procedures; and with applicable State and Federal law and regulations. The Compliance Program includes seven core elements and focus on the following areas: oversight of first tier, downstream and related entities (FDRs), and fraud, waste and abuse (FWA) prevention, detection and correction principles. These elements serve as the directional basis and source of guidance for development of operational and oversight policies and procedures for all Plan lines of business. This Compliance Program also articulates the framework and guiding principles for how the Plan will effectively ensure its compliance with applicable program requirements. The Compliance Program reflects the Plan's commitment to compliance with all applicable program requirements, including all applicable Federal and State standards. It is updated annually, and as appropriate from time-to time, and such updates are reviewed, approved and adopted by the Plan's Compliance Committee and Governing Board ("Board").

The Compliance Program described herein governs the activities of the Plan's employees (including temporary staff), contractors and volunteers, as well as Board and Committee members, collectively referred to as "Personnel."

The Compliance Program also applies to any subcontractors, vendors, agents or entities otherwise defined as FDRs under the Centers for Medicare & Medicaid Services (CMS) regulations and guidance, to whom Plan has delegated administrative or health care service functions relating to the Plan's 3-Way contract, Medicare Parts C and D, and their employees (including temporary staff) and contractors who provide health and/or administrative services in connection with Plan's Cal Medi-Connect plan or that relate to Plan's Medicare functions.

The information contained in this Compliance Program is effective as of the date of approval by the Board.

Element I: Written Policies and Procedures and Standards of Conduct

SCFHP's Standards of Conduct is a policy and reference guide that describes the Plan's Standards of Conduct and Code of Ethics, including by way of practical application of the organization's core values and cultural attributes. This document sets forth the expectation of employees to report instances of potential non-compliance and Fraud Waste and Abuse ("FWA"). The Standards of Conduct, together with Plan's policies and procedures, are accessible to all employees within a shared location and demonstrate the Plan's commitment to comply with all applicable Federal and State laws and regulations. It is the Plan Leadership's expectation that all Personnel and FDRs shall adhere to the Plan's Standards of Conduct and policies and procedures, as well as applicable law, in the course of performing their duties on behalf of the Plan and its enrolled beneficiaries. This expectation is promoted through communications and training, and enforced through disciplinary, contractual and other standards.

The Standards of Conduct emphasize the need to maintain a high ethical standard for individual and organizational behavior and legal business practices. In addition, the Standards of Conduct and our policies and procedures provide practical guidance for Personnel and FDRs for effectuating compliance with law and promoting ethical and business practices in their daily roles. In doing so, the Standards of Conduct and our policies and procedures support the Plan's FWA prevention, detection and correction efforts, including but not limited to :

- Federal and state False Claims Acts;
- Federal and state Anti-Kickback Statutes;
- Health Insurance Portability and Accountability Act of 1996, as amended;
- Prohibition on inducements to beneficiaries; and
- Plan Conflict of Interest rules.

The Standards of Conduct, as well as SCFHP's policies and procedures, also describes the process that any and all Personnel and FDRs (and their employees) are expected to use to report possible compliance and FWA issues to management, or anonymously using the Plan's free hotline, and includes a statement of non-intimidation and non-retaliation for good faith participation in the Compliance Program. Disciplinary actions, such as suspension or termination of employment, termination of contractual relationship or removal from office or Board membership may be taken for failure to comply with the Standards of Conduct. Reported issues are investigated and resolved in accordance with Plan's established policies and procedures.

FDRs to whom Plan has delegated administrative or health care service functions relating to the Plan's Three-way contract may either adopt the Plan's policies and procedures (as relevant to delegated functions) and Standards of Conduct (as provided upon contracting and annually thereafter) or implement their own policies, procedures, and/or standards of conduct consistent with Plan's and in full compliance with DHCS, DMHC and CMS requirements. FDRs shall distribute such Standards of Conduct and/or policies and procedures to their employees upon hire, appointment or contracting, at any time material revisions are made, and annually thereafter. The FDR's compliance program, policies, procedures and standards of conduct are subject to review upon audit by the Plan.

The Standards of Conduct is presented to Personnel at the time of hire, appointment or contracting and any time material revisions are made. All Personnel must attest that they have read and agree to comply with the Standards of Conduct and guidelines. Such attestations are kept with the employee or other individual's record. Attestations of FDRs and their employees concerning receipt of the relevant materials are maintained by the FDRs and can be audited by the Plan at any time.

In addition to the Standards of Conduct, Plan has issued and implemented policies and procedures that are detailed and specific, and describe the operation of the Compliance Program. Compliance policies and procedures are reviewed and updated as necessary, but no less than annually, to incorporate any relevant changes in applicable laws, regulations and other program requirements. Proposed revisions are developed under the direction of the Chief Compliance Officer, referred to the Compliance Committee for review and approval, and reported to the Board.

Element II: Compliance Officer, Compliance Committee and High Level Oversight

The success of the Compliance Program is the responsibility of many individuals within the Plan. The Chief Compliance Officer, Senior Management, the Compliance Committee and the Board all play an important role in the implementation and success of the Compliance Program. As used in this Compliance Program, the phrase "Senior Management" refers to the Chief Executive Officer, the Chief Operating Officer, the Chief Financial Officer, the Chief Medical Officer, the Chief Information Officer, the Vice President of Human Resources, the Vice President of Marketing and Enrollment, and such other executive level staff as may join the organization.

The sections below serve to describe the responsibilities of the Chief Compliance Officer, Compliance Committee, the Board and Senior Management.

A. The **Chief Compliance Officer** (CCO) serves as the Compliance Officer (as the term is used within Chapters 9 and 21 of the Prescription Drug Benefit Manual and Medicare Managed Care Manual, respectively) and is an employee of, and reports directly to, the Plan's CEO and Board. The CCO has detailed involvement in, and familiarity with, the Plan's operational and compliance activities (but shall be independent from, and not have direct responsibility over program operations). The CCO is responsible for implementing the Compliance Program to define the program structure, educational requirements, reporting and compliant mechanisms, response and correction procedures, and compliance expectations of all Personnel and FDRs, in accordance with regulatory requirements.. The CCO is also a member of Senior Management and has direct access to the Plan's Chief Executive Officer (CEO) and the Board, and is provided with sufficient resources and authority to effectively carry out his or her duties.

The CCO shall have the authority to:

- Provide periodic written and/or in-person reports (as appropriate) directly to the Governing Board;
- Interview or delegate the responsibility to interview Plan employees and other relevant individuals;
- Review and retain company contracts and other documents pertinent to the Medi-Cal and Cal MediConnect programs;
- Review or delegate the responsibility to review the submission of data to CMS and DHCS to ensure that it is accurate and in compliance with their respective reporting requirements;
- Independently seek advice from legal counsel;
- Report misconduct and potential FWA to CMS, its designee and/or law enforcement;
- Conduct and direct audits and investigations of any first tier entities, downstream entities, or related entities;
- Conduct and/or direct audits of any area or function involved with Medi-Cal or Cal MediConnect plans (excluding those conducted under the purview of SCFHP's Executive/Finance Committee, such as external financial audits);
- Recommend policy, procedure and process changes;
- Enforce compliance program requirements at all levels of the Plan organization.

The duties for which the CCO is responsible include, but are not limited to:

- Communicating regularly with and reporting to the Board, Senior Management and the Compliance Committee on the status of the Compliance Program, including issues identified, investigated and resolved;
- Developing, implementing, managing, and monitoring the effectiveness of the Compliance Program and ensuring that the Board and Senior Management are aware of performance metrics and potential issues and their potential solutions;
- Identification and resolution of potential or actual instances of noncompliance or FWA;
- Creating, coordinating, and/or participating in educational training programs to ensure Personnel and FDRs are knowledgeable of Plan's Compliance Program, Standards of Conduct, operational and compliance policies and procedures, and applicable statutory, regulatory, and other program requirements;
- Monitoring Federal and State legal and regulatory developments (including but not limited to, Fraud Alerts and Advisory Opinions issued by the U.S. Department of Health and Human Services' Office of Inspector General (OIG) and Health Plan Management Systems (HPMS) memos and updating the Compliance Program as appropriate);
- Developing, maintaining and promoting use of retribution-free methods and programs for reporting in good faith suspected Medicare program non-compliance, misconduct or potential FWA by Personnel, FDRs or others;
- Working with Human Resources to ensure that the Plan conducts appropriate background checks, including routine screening, against all required exclusion lists;
- Developing risk analyses that are used to focus Compliance Program efforts in a manner designed to promote overall effectiveness;
- Developing and monitoring the implementation of, and adherence to, compliance policies and procedures through the creation and implementation of a compliance work plan (Work Plan) that defines internal monitoring, audit requirements, schedule and methodology;
- Maintaining documentation and tracking of each report of potential non-compliance and FWA received through any of the reporting methodologies or as self-identified through monitoring, auditing or other means;
- Conducting self-evaluations of the Compliance Program to assess overall effectiveness and identify areas for improvement;
- Conducting (or evaluating information obtained from) exit interviews; and,
- Responding to reports of potential instances of FWA, including through coordination of internal investigations and the development of appropriate corrective or disciplinary actions, or referral to law enforcement, as necessary.

B. The **Compliance Committee** assists the Plan's Board in the oversight of the Compliance Program and is accountable to provide support and guidance necessary to the CCO in overseeing the outcomes and performance of activities initiated under the Compliance Program. The Compliance Committee,

through the CCO, shall periodically report directly to the Board on the activities and status of the Compliance Program, including issues identified, investigated, and resolved by the Compliance Program.

The Compliance Committee shall include individuals from a variety of backgrounds to support the CCO in implementing the Compliance Program. Such members shall have both decision-making authority and understanding of vulnerabilities within their areas of expertise. Members shall include representatives from areas including, but not necessarily limited to, finance, health plan operations (including enrollment, appeals and grievances, and customer service), medical management, pharmacy services, quality improvement, marketing and sales, information technology and legal counsel. The Compliance Committee is a Brown Act Committee. The CCO will act as the Compliance Committee chairperson.

The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information, as necessary.

The Committee has been delegated by the Board to uphold certain responsibilities, including but not limited to:

- Meeting on a quarterly basis, or more frequently as necessary, to enable reasonable oversight of the Compliance Program;
- Development, implementation and annual review and approval of compliance policies;
- Reviewing and approving relevant compliance documents, including but not limited to:
    - CCO's performance goals;
    - Compliance and FWA training;
    - Compliance risk assessment;
    - Compliance and FWA monitoring and auditing Work Plan and audit results; and
    - Corrective action plans resulting from audits or other means of identification (and monitoring of their effectiveness);
- Developing strategies to promote compliance and the detection of any potential compliance violations, especially as they relate to core beneficiary protection issues such as, but not limited to, appeals and grievances, enrollment, transition, coverage determinations and exceptions;
- Reviewing effectiveness of the system of internal controls, such as dashboards, scorecards, self-assessment tools, etc. designed to reveal compliance issues or FWA issues, and metrics concerning operational compliance with key Medicare regulatory requirements, such as, but not limited to, those governing enrollment, appeals and grievances, and prescription drug benefit administration; and
- Ensuring that SCFHP has an easy to use system for employees and FDRs to ask compliance questions and report potential instances of noncompliance and potential FWA confidentially or anonymously (if desired) without fear of retaliation

The Compliance Committee will collect and review measurable evidence (using tools such as dashboards reports, scorecards and key performance indicators) concerning Compliance Program

performance as a concrete means of measuring/demonstrating the extent to which the Compliance Program is detecting and correcting noncompliance and FWA on a timely basis, and providing insights into any potential needed process improvements. The CCO will provide the Compliance Committee with data showing the status of organizational compliance through:

- Use of monitoring tools to track and review open/closed corrective action plans, FDR compliance, Notices of Non-Compliance, Warning Letters, CMS sanctions, marketing material approval rates, training completion/pass rates, results of CMS readiness checklist review, past performance review metrics, etc.;
- Implementation of new or updated Medicare program requirements (*e.g.*, tracking HPMS memo from receipt to implementation) including monitoring or auditing and quality control measures to confirm appropriate and timely implementation;
- Increase or decrease in number and/or severity of complaints from employees, FDRs, providers, or beneficiaries through customer service calls or the Complaint Tracking Module (CTM), including those relating to alleged marketing misrepresentations, etc.;
- Timely response to reported instances of potential noncompliance and FWA (including issues raised by CMS), and effective resolution (*i.e.*, non-recurring issues);
- Application of consistent, timely and appropriate disciplinary action; and
- Detection of noncompliance and FWA issues through monitoring and auditing:
    - Whether root cause was determined and corrective action appropriately and timely implemented and tested for effectiveness;
    - Detection of FWA trends and schemes via, for instance, daily claims reviews, outlier reports, pharmacy audits, etc.; and
    - Actions taken in response to non-compliance or FWA reports submitted by FDRs.

C. The governing body providing appropriate oversight of the Compliance Program is SCFHP's Board. The Board reviews and approves the Compliance Program and subsequent updates as revisions are made. As mentioned previously, the Board has delegated certain responsibilities to the Compliance Committee, but the Board as a whole remains accountable for Compliance Program oversight.

In addition to the above, the duties for which the Board is responsible include, but are not limited to, active oversight of the effectiveness of the Compliance Program and compliance results as follows:

- Understanding the Compliance Program structure, content and operation (including through appropriate training that educates Board Members regarding the Compliance Program operations, compliance risks and strategies and methods of gauging Compliance Program effectiveness);
- Evaluation of SCFHP's Senior Management team's commitment to ethics and the Compliance Program;
- Reviewing, understanding and questioning information provided within reports presented to them, including by the CCO, at least quarterly, on the activities of the Compliance Program. Such activities include, but are not limited to, actively considering:

  - Compliance Program outcomes (such as results of internal and external audits);
  - The effectiveness of corrective action plans implemented in response to identified issues;
  - Governmental compliance enforcement activity, such as Notices of Non-Compliance, Warning Letters, Corrective Action Plan requests, contract actions and/or other sanctions;
  - Reports of potential noncompliance and/or FWA issues identified, investigated, and resolved;
  - Identified risks and mitigation performed; and
  - The results of performance and effectiveness assessments (including self-assessments) of the Compliance Program;
- Conducting follow-up on issues and taking appropriate action when necessary; and
- Approval of Standards of Conduct and Compliance Program (and modifications thereto).

The Board shall document in meeting minutes and related records its active engagement in the oversight of the Compliance Program and include documentation of the Board's discussion, follow-up on issues and actions taken in response and to ensure an effective Compliance Program.

D. Senior Management

The CCO shall provide SCFHP's CEO with periodic reports of risk areas facing the organization, the strategies being implemented to address them, and the results of those strategies. The CCO shall notify the CEO and the Senior Management team, as appropriate, of all governmental compliance enforcement activity, including the issuance of Notices of Non-compliance, Warning Letters, Corrective Action Plan requests, and contract actions and/or other sanctions, and seek consultation and assistance regarding how best to respond to and address the same.

Element III: Effective Training and Education

A. General Compliance Training

SCFHP provides a comprehensive education and training program to ensure communication and understanding of the Compliance Program and SCFHP's Standards of Conduct and Compliance policies and procedures. The education, training and communication program is designed to ensure that all Personnel (including without limitation the CEO, Senior Management and Board members), and any other applicable individual acting on behalf of SCFHP in connection with its Medicare program(s), such as FDRs and their employees, are fully capable of carrying out their duties in compliance with the Compliance Program, Standards of Conduct and relevant policies and procedures. The education program includes general Compliance Program awareness training, and specific training and education tailored to individuals' roles and responsibilities, delivered by the Compliance Department or operational business units. For example, employees whose job primarily focuses on enrollment or claims would receive additional training in these areas.

Compliance Program education and training occurs within ninety (90) days of hire (or appointment to Board), and, at a minimum, annually thereafter. The education and training may be provided through a variety of teaching methods, including classroom study, computer-based training, and distance learning. Additional tools may be used to communicate the Compliance Program process, such as use of posters, written Compliance Program updates, internet and intranet resources, and topical newsletters and other publications. SCFHP shall document and/or maintain records of Personnel who complete the required Compliance Program education and training in a format that is easily accessible. SCFHP shall implement controls to ensure that all Personnel are trained, as required. SCFHP shall review and update the general Compliance Program training, as necessary, whenever there are material changes in statute, regulation or Medicare Part C or Part D program guidance, and at least annually.

B. FWA Training

SCFHP provides Personnel with standard FWA training within ninety (90) days of initial hiring (or appointment to the Board), and annually thereafter. SCFHP may require that particular individuals participate in specialized or refresher training on issues posing FWA or other risks relevant to the individual's particular job function. Training may be required, as appropriate, when the Plan's program requirements change, when an individual is found to be non-compliant or needs additional training, or when training is appropriate to address an identified organizational deficiency or with respect to an area where FWA was identified in the past or presents heightened risk.

C. First Tier, Downstream and Related Entity Training

SCFHP requires FDRs, to whom SCFHP has delegated administrative or health care service functions relating to SCFHP's regulatory contract(s), to conduct training that meets CMS training requirements and is consistent with SCFHP's training materials. SCFHP shall accept the

certificate of completion of the CMS Standardized General Compliance Program Training and Education Module as satisfaction of the training requirement.

Any FDR that has met the FWA certification requirements through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier is deemed to have met, and fully satisfied, SCFHP's training and educational requirements related to FWA. In such context, no additional documentation beyond the documentation necessary for proper credentialing is required to establish that an employee or FDR or employee of an FDR has met SCFHP's FWA training requirements. In the case of chains, such as chain pharmacies, each individual location must be enrolled into Medicare Part A or B to be deemed. Such deemed individuals must, however, participate in the CMS general Medicare compliance training. FDRs that do not qualify for deeming status must take both the General Compliance and the FWA training programs offered by CMS.

Element IV: Effective Lines of Communication

SCFHP has established numerous mechanisms to ensure effective lines of communication exist between the CCO, members of the Compliance Committee, Personnel (including the Board) and SCFHP's FDRs (and their employees).

For instances, in order to facilitate communication among all Personnel, FDRs and the CCO, SCFHP offers a phone hotline, available 24 hours a day, 7 days a week, which can be used anonymously if preferred, through which an individual may seek guidance or disclose information about potential compliance or FWA issues. Through Compliance Program activities, Personnel and FDRs are encouraged to ask compliance and FWA related questions through various means, such as direct contact with the CCO, in order to assist such individuals in evaluating and dealing with suspected, detected or reported compliance or FWA issues. The CCO shall treat all communications confidential. The CCO also communicates with Personnel, FDRs and enrollees concerning compliance and FWA issues through various educational mechanisms, as discussed more fully below.

A. Procedures for Reporting Noncompliant or Unethical Behavior

All Personnel and FDRs are required to report compliance concerns and suspected or actual violations related to SCFHP's programs to SCFHP. The reporting process set forth in this Compliance Program, as well as CCO name and contact information, is communicated to Personnel and FDRs and their employees through various means, including general Compliance Program training. An individual may confidentially report compliance and FWA concerns in multiple ways, at their option, including: 1) directly to his/her supervisor or manager (as applicable), 2) to SCFHP's CCO, or 3) anonymously using SCFHP's toll-free phone hotline reporting tool (available 24/7). SCFHP's non-intimidation and non-retaliation policy provides the individual who makes a report, complaint, or inquiry in good faith with protection from retaliatory action, including with respect to reporting of False Claims Act complaints and/or reporting to appropriate officials. SCFHP has a no tolerance policy for intimidation of, or retaliation taken against, individuals making such good faith reports, complaints or inquiries and shall take disciplinary action against individuals who are determined to have intimidated or retaliated against such individuals.

SCFHP recognizes that enrollees, contracted providers and FDRs are important sources for identifying potential non-compliance and/or FWA. SCFHP widely publicizes the methods by which individuals and entities outside the SCFHP organization can report possible instances of fraud, waste, abuse or non-compliance to the organization and can ask questions, including through the hotline (which is accessible to all).

Hotline information is provided to enrollees through the quarterly enrollee newsletter FDRs receive quarterly informational bulletins containing, as a standing item, hotline availability and reasons for use (including for compliance questions). The CCO's contact information is also always contained within these materials. SCFHP customer service representatives, who intake

calls from both enrollees and FDRs, including providers, have also been trained to recognize potential instances of non-compliance or FWA, and to properly memorialize and direct issues within the Plans Sponsor organization for appropriate follow-up by the CCO or others.

B. Education

The CCO engages in active communication with Personnel, FDRs and enrollees concerning a wide range of compliance issues, including the standards for compliance with laws, regulation and guidance; changes in legal authorities and/or compliance policies and procedures; and guidance on how to identify and report FWA issues. Such communication is accomplished through various educational means, including through newsletters and posters, SCFHP Websites, formal training, and individual and group meetings.

C. Follow-Up and Tracking

Once received, issues of potential non-compliance or FWA will be documented and forwarded to the CCO and/or his or her designee for investigation/resolution and reporting to the Compliance Committee and the applicable State and/or Federal agency, or law enforcement, as required.

D. Integrated Communications

To enhance SCFHP's day-to-day communication, understanding and focus on its actual compliance, and to ensure that potential compliance and FWA issues are examined early and corrective actions are implemented timely, each department maintains a set of compliance "dashboard" metrics that are routinely shared with the CCO. These dashboard results are i) reported to department staff to increase their attention to compliance, and ii) reported to the CCO for monitoring and auditing activities (such as trend analysis and identification of anomalies), and to provide status of any corrective actions undertaken and implemented (including barriers to implementation). Reports on these and other compliance activities will be routinely reviewed by Senior Management and reported to the Compliance Committee and the Board at each meeting, as appropriate.

Element V: Well-Publicized Disciplinary Standards

Compliance training, in its various forms (*e.g.* mandatory formal training, newsletters, websites and posters), demonstrates practical application of the Standards of Conduct. These training programs provide instruction regarding various regulations and laws pertinent to our business, as well as "Questions and Answers" that describe the expectation that SCFHP has of Personnel when confronted with certain situations, including appropriate reporting and the duty to assist in issues resolution. These programs set forth the expectation by SCFHP of Personnel and FDRs and their employees to report illegal or unethical behavior and potential compliance and/or FWA issues, as well as to assist in their resolution. They also encourage Personnel to contact the CCO or others if they have questions concerning potential compliance or FWA issues.

In various communications, SCFHP explains the ramifications faced by SCFHP for non-compliance with regulations and laws affecting its business, as well as disciplinary action to be taken against individual(s) or entities who have either committed a crime and/or participated in or knew about potential non-compliance, unethical behavior and/or FWA, but failed to report it to SCFHP. *Disciplinary action will be assessed based on the infraction and could range from retraining of the individual/entity, up to termination of employment/Board membership/contract.*

Enforcement of the standards will be timely, consistent and effective when non-compliance or unethical behavior (such as fraud) is determined. As set forth in Element IV, Part A, employees have an affirmative obligation to identify non-compliance and unethical behaviors, and failure to meet this obligation will result in appropriate action according to the disciplinary standards. Records of enforcement of standards will be maintained for ten years for all disciplinary actions based on compliance violations or FWA (or the failure to report the same), and such records will capture the date the violation was reported, a description of the violation, the date(s) of investigation, a summary of findings, the disciplinary action taken and the date it was taken. SCFHP may, from time-to time, review such records to ensure that discipline is appropriate to the seriousness of the offense, fairly and consistently applied, and imposed within a reasonable time frame after the infraction and/or discovery of such.

Finally, compliance is a measurement on SCFHP's annual employee performance evaluation to reinforce the importance that compliance plays in each individual's role within the organization. Issues of non-compliance will be considered by SCFHP in connection with whether to renew or continue any particular arrangement with an FDR.

Element VI: Effective System for Routine Monitoring, Auditing and Identification of Compliance Risks and FWA

SCFHP will establish and implement an effective system for identification of non-compliance or unethical behavior (such as activities involving fraud and abuse) and evaluation of the Compliance Program through risk analysis, engagement in monitoring and auditing activities and review of reported issues (including any issues identified by CMS). The system will include, among other things, routine and targeted internal monitoring and auditing of operational areas and auditing and monitoring of FDRs. SCFHP may from time-to-time engage external auditors to assist with focused review of particular areas where it deems such appropriate (*e.g.*, because of expertise required or resource limitations).

Multiple methods will be employed to facilitate monitoring and auditing of operational areas in a focused and efficient manner, including without limitation conducting risk assessments, developing annual Work Plans, engaging in on-site audits or desk reviews, conducting monitoring, including through periodic reports, and analyzing and responding to such monitoring and auditing results.

A. Risk Assessment

SCFHP will regularly conduct a risk assessment of all business operational areas, and those of FDRs to whom SCFHP has delegated functions under its regulatory contract(s). Each operational area (including those delegated to FDRs) will be assessed for the types and levels of risks the area presents to the Medi-Cal and CMC programs, to SCFHP and to its Medicare-Medi-Cal beneficiaries, paying close attention to those areas CMS considers high risk, such as but not limited to:

- enrollment and disenrollment non-compliance;
- appeals and grievances;
- benefit and formulary administration;
- credentialing;
- quality assessment;
- organization determinations;
- coverage determinations;
- transition and protected class policy;
- utilization management;
- accuracy of claims processing;
- previously identified areas of vulnerability for potentially fraudulent claims;
- outbound enrollment verification calls;
- marketing and enrollment violations, agent/broker misrepresentation, and selective marketing; and
- FDR oversight and monitoring.

In addition, SCFHP's risk assessment(s) will take into account information received from the OIG's annual work plan and Medicare Managed Care Manual and Medicare Prescription Drug

Benefit Manual chapter guidance updates, as well as other CMS program guidance, Fraud Alerts, CMS audits and other CMS indicators regarding plan performance (such as Warning Letter, Deficiency Notices, audit results, etc.). The risk assessment will expressly take into account CMS guidance provided concerning its prior year audits findings and any recent interim sanction or civil monetary penalties assessed by the agency, as well as DHCS Policy, All Plan and Dual Plan Letters, and DHCS and DMHC audit findings. The CCO will rank those risks identified during this process in order to identify those areas presenting the greatest potential risk to SCFHP. Risks identified through CMS audits and oversight, as well as SCFHP's own monitoring, auditing and investigations, will be considered priority items in the overall risk analysis. The CCO will develop the proposed annual Work Plan in consultation with the Compliance Committee and/or departmental staff as appropriate, taking into account the results of the risk assessment.

B. Annual Monitoring and Auditing Work Plan

An annual Work Plan, based on the results of the risk assessment, will be developed and brought to the Compliance Committee for review, input and approval. The Work Plan will include the audits to be performed (both of SCFHP and FDRs), the audit schedule, methodology to be used, if it is to be performed desktop and/or onsite, and the responsible party for performing the audit, as well as specify routine monitoring to be conducted. Such monitoring and auditing activities are designed to test controls and prevent, detect and correct compliance issues and FWA through verification of compliance standards and adherence to State and Federal laws, contractual requirements, Medicare regulatory requirements, Part C and Part D program instruction, SCFHP Compliance Program policy and procedures, and Standards of Conduct. During the course of the year, the CCO may propose modifications to the Work Plan to the Compliance Committee, as developments warrant (such as changes in law or identified compliance or FWA issues).

C. Audits

The Compliance Department, which is independent from the Plan’s daily operations, will perform, or will arrange for independent, external parties to perform, audits of SCFHP’s internal operations and FDRs. The CCO shall coordinate with auditors regarding audit design and related considerations, and receive regular reports from the auditors regarding audit status and results. Auditors will be directed to use a standard audit report format addressing audit objectives, scope and methodology, findings (including regarding condition, cause and effect), and recommendations. They will use care in selecting sample and sample size, based on whether a targeted or statistically valid sample is intended. Auditors shall be knowledgeable about CMS and DHCS operational requirements for the operational areas (whether internal or of FDRs) under review. Operations staff may assist auditors, as long as such assistance does not interfere with the auditors' independent review. Such assistance can take the form of gathering data for samples or providing other basic information to auditors. Auditors shall have access to relevant Personnel, records and areas of operation under review, including the operational departments at SCFHP, as well as FDR employees and operations. All Personnel and FDRs have a duty to cooperate with monitoring and auditing efforts directed by the CCO.

D. Monitoring

Routine operational metrics relative to regulatory standards and compliance measures will be maintained by the business units and the results reported to the CCO. Monitoring will also be conducted in each instance to determine whether corrective action plans are effective in addressing the compliance issue identified.

E. Analyzing and Responding to Monitoring and Auditing Results

Results of audits and monitoring, and any required root cause analyses and corrective action plans will be reported by the CCO (or his or her designee) to the Compliance Committee and, as appropriate, Senior Management (including the CEO) and/or the Board. Audit findings will also serve to identify Personnel, business units and/or FDRs requiring additional training (general or focused); the need for clarification or amendment of policies and/or procedures; the need for correction of system logic; and/or other necessary actions. The CCO shall be responsible for overseeing follow-up reviews of areas found to be non-compliant, as necessary, to determine if implemented corrective action has fully addressed the underlying problem identified. If applicable and appropriate, the CCO will consider whether to voluntarily self-report audit findings of non-compliance and/or potential fraud or misconduct related to the Plan's programs to CMS or its designee, such as the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC), DHCS or DMHC.

F. Excluded Parties

SCFHP, in an effort to prevent FWA, shall screen Personnel against United States Department of Health & Human Services' (DHHS) OIG List of Excluded Individuals and Entities and the General Services Administration's (GSA) Excluded Parties Lists System, prior to hiring or contracting and monthly thereafter, to ensure that such individual or entity does not appear on such list(s) (*i.e.*, is not an excluded individual or entity). SCFHP also requires its FDRs to have a similar policy and audits accordingly to ensure compliance with such requirements.

G. Compliance Program Effectiveness

SCFHP is committed to a process of continual process improvement with respect to its Compliance Program. As such, SCFHP will conduct an annual audit of the effectiveness of the Compliance Program. After completion of a baseline compliance program effectiveness audit, such audit will be conducted by external auditors (or Personnel not part of the Compliance department). To assist in determining effectiveness, the Compliance Committee will annually evaluate whether activities under the Work Plan were completed in a timely and appropriate manner, actual performance of the CCO against performance goals (if relevant), CMS compliance assessments *(e.g.*, Warning Letters, Notices of Non-compliance, CAP requests, audits, sanctions), results of CMS readiness checklist assessment, and past performance review measurements as they relate to compliance. Results of this audit will be shared with the Compliance Committee, Senior Management and the Board. Either the CCO, Compliance Committee and/or the Board may recommend modifications, such as enhancing or increasing internal monitoring frequency in areas that have previous low threshold results or areas that have become the subject of increased

scrutiny (through regulation, audit or guidance), by state and/or federal regulatory agencies, including but not limited to CMS or the OIG.

Element VII: Procedures and System for Prompt Response to Compliance and FWA Issues

SCFHP has established and will maintain a process for assuring prompt response to reports or other identification of potential non-compliance and/or FWA, including timely investigation of potential problems, implementation of corrective actions to address past issues and mitigate future occurrences; appropriate self-reporting of fraud and misconduct, and processes to ensure appropriate action is taken with regard to identified overpayments.

A. Investigations of Compliance and FWA Issues

SCFHP will establish and implement procedures and a system for promptly responding to potential compliance and FWA issues as they are raised. Compliance or FWA problems identified in the course of self-evaluations, reports or complaints to the SCFHP, audits and/or other means and verified through investigation will be corrected promptly and thoroughly to address the issue, reduce the potential for recurrence, and promote ongoing compliance with CMS requirements. External legal counsel, auditing, and other expert resources may be engaged to provide additional services and guidance, as applicable. SCFHP will immediately cease, or instruct its FDR to immediately cease, questionable practices upon knowledge or clear indication of a violation. In addition:

- SCFHP will conduct a timely, reasonable inquiry into any evidence of misconduct related to a payment or delivery of items or services under the contract with CMS and/or DHCS (with such inquiry initiated within 2 weeks after the date the potential non-compliance or FWA incident is identified);
- SCFHP will conduct appropriate corrective actions (for example, repayment of overpayments and/or disciplinary actions against responsible individuals) in response to the potential violations referenced above; and,
- SCFHP will have procedures to consider whether to voluntarily self-report fraud or misconduct related to the Plan's programs to CMS or its designee (such as NBI MEDIC), DHCS and DMHC in appropriate situations, consistent with guidelines and time frames.

SCFHP and its Pharmacy Benefit Manager (PBM) shall monitor Fraud Alerts and will review its contractual agreements (or direct the PBM to review contractual agreements) with the identified parties, as appropriate, to determine whether any additional action should be taken. SCFHP and/or its PBM will review past paid claims from the identified entities to determine if there are any claims that it may have paid that were not payable (*e.g.*, related to an Excluded Individual) and should be removed for prior sets of prescription drug event drug submissions.

Responses to detected offenses will vary according to the offense and circumstance; however the response will always be in accordance with requirements of regulation and law. The CCO shall maintain a record of reported issues, including documentation of the status, investigation, finding and resolution of each issue. This information shall be reported to the Compliance Committee regularly.

Any determination that potential FWA related to the Plan's programs has occurred will be referred to the appropriate regulatory agency, as appropriate, for further investigation after the determination that a violation may have occurred. SCFHP will, as appropriate, provide information timely in response to follow-up requests for information.

B. Corrective Action Plans (CAPs)

Corrective action plans will be implemented whenever it is determined by the CCO and the Compliance Committee that any Personnel, FDRs or their employees have engaged in an activity that violated SCFHP policies and procedures, federal or state laws or regulations or CMS contractual or other requirements. These corrective action plans will be in writing and developed based on a root cause analysis conducted in response to any wrongful activity discovered by way of investigation resulting from any report, complaint, and/or internal or external audit or monitoring efforts, or as identified by CMS. Through the root cause analysis, SCFHP will undertake to determine what caused or allowed the non-compliance or FWA to occur so that an appropriate and effective remedy can be developed.

The goal of any CAP implemented is to remedy underlying issues and prevent future recurrence. Each CAP will be tailored to the particular misconduct identified and include specific time frames for completion. SCFHP will immediately cease any non-compliant practice upon knowledge or clear indication of a violation. When developing a corrective action plan to address non-compliance by an FDR, the elements of the corrective action plan, and the ramifications for non-compliance, will be included in a written CAP provided to the FDR. Corrective actions may include, for instance, disciplinary action against any Personnel; prompt identification and refund of any overpayment to the government or any enrollee; and/or suspension or termination of any FDR contract (or delegated functions thereunder).

CAPs will be monitored to ensure the required remediation has been carried out, and is sustained over time. All corrective action plans recommended, in progress, and implemented, along with results of ongoing monitoring will be documented and reported at least quarterly to the Compliance Committee and to the Board.

C. Government Investigations

SCFHP's policy is to be forthright and cooperative when dealing with government investigations, inquiries, or requests for information. Any Personnel or FDR made aware of a government investigation, inquiry or request for information is required to notify the CCO and/or Compliance Department immediately to ensure prompt response to the request(s).

Appendix A
Fraud, Waste and Abuse (FWA)
(Measures for Prevention, Detection and Correction)

SCFHP employs multiple measures to prevent, detect and correct potential instances of FWA. Many of these measures are outlined in the Compliance Program, including, for instance:

- Communicating standards of individual and organizational ethical and legal business practices in the,including compliance with Federal laws and regulations designed to prevent or ameliorate fraud, waste, and abuse;
- Educating Personnel and FDRs about FWA issues through appropriate training and the sharing of educational materials;
- Communicating to all (including FDRs and enrollees) the availability of an anonymous compliance hotline for potential FWA issue reporting and asking fraud related questions;
- Engaging in monitoring and auditing of Part C and Part D operations, based on risk analyses conducted that expressly consider FWA concerns;
- Engaging in timely and vigorous investigation of suspected FWA, in whatever manner reported to SCFHP;
- Responding to identified FWA, including as appropriate, by reporting to the MEDIC and/or returning identified overpayments and making adjustments to prescription drug event or other claims payment data.

SCFHP actively engages FDRs to assist in its FWA prevention, detection and correction efforts. Thus, for instance, FDRs perform compliance and FWA related activities on SCFHP's behalf, such as monitoring, auditing and training. SCFHP performs oversight of the FWA and compliance related activities of each FDR and has processes in place to revoke delegated functions in accordance with 42 C.F.R. § 42.422.504(i)(5) and42 C.F.R. § 423.505(i)(4) and its contractual rights if such functions are not being performed satisfactorily.

If identified instances of FWA are discovered, SCFHP, directly or through its FWA/SIU vendor, engages in vigorous investigation and will, as it determines appropriate, report to CMS, the MEDIC or other appropriate regulatory or law enforcement entities.

The purpose of this Appendix is to provide additional information concerning specific measures SCFHP will use to prevent, detect and correct FWA.

Targeted Efforts

A. Credentialing

SCFHP's credentialing program for contracted providers and pharmacies is comprehensive and includes elements that have both a direct and indirect effect on the quality, delivery, and outcome of health care provided to SCFHP’s members. SCFHP’s credentialing program is based on National Committee for Quality Assurance (NCQA) standards and in accordance with CMS requirements.

SCFHP has contracted with a PBM to provide pharmacy benefits to its members enrolled in the Plan. By contract, the PBM employs a similar, vigorous credentialing program for each pharmacy in

SCFHP's network, with each pharmacy needing to partake in the credentialing and re-credentialing process, performed at a minimum every three years, for participation, or continued participation, within the SCFHP's network.

B. Claims Adjudication

The Plan's claims are processed on a system using adjudication rules which employ FWA edits. Thus, for instance, such adjudication rules are designed to eliminate duplicate payments for services and make payment (or denial) of claims based on SCFHP eligibility rules, contracted provider pricing, referrals and authorizations and Correct Coding Initiative (CCI) edits. In addition, Local Coverage Determinations (LCDs) and national coverage determinations (NCDs) are also reviewed to ensure payment consistent with Medicare guidelines. Claims processes also ensure claims submitted, intentionally or unintentionally, by providers who have opted out of Medicare are not paid. Finally, certain check run controls are also in place to prevent inappropriate payments under Medicare or Medi-Cal.

Similarly, Part D has point of sale system edits that ensure appropriate authorizations are in place before dispensing and that prevent SCFHP from paying for prescriptions written by excluded prescribers.

C. Auditing and Data Analytics

SCFHP engages in auditing -- directly or through contracted entities -- pursuant to the terms of the annual compliance Work Plan. As part of its standing audit practice, SCFHP, by engagement of an external consultant and use of internal coding staff, performs Part C retrospective coding reviews annually. The reviewers substantiate the documentation of the Hierarchical Condition Categories (HCCs) supporting the Risk Adjustment Factors (RAF) scores submitted to CMS for member premium payment. SCFHP submits "additions" *and* "deletions" as appropriate dependent upon its ability to substantiate the HCCs within the audited documentation. In addition to ensuring accurate payment is received by the SCFHP ("adds"), and paid by CMS ("deletes"), these reviews can reveal potential fraudulent provider documentation practices and allow SCFHP to take corrective actions, as appropriate. It also allows SCFHP to identify providers who may need additional training regarding the appropriate provision of encounter data.

Where claims administration is delegated to an FDR, SCFHP audits the FDR annually for proof of data integrity, timeliness of claims payment, proper payment consistent with contractual and other requirements, and proper payment amounts.

Similarly, SCFHP has engaged its PBM to engage in analysis of pharmacy, prescribing provider, and beneficiary data to detect potentially defective claims. Such data analysis is a tool for identifying coverage and payment errors, and other indicators of potential FWA and non-compliance. To gather and analyze data to protect against FWA, on behalf of the SCFHP, the PBM, among other audits, performs retrospective (post-pay) audits. Standardized algorithms are applied to root out overpayments or erroneous payments to pharmacies. Through use of sophisticated modeling

techniques, auditors can identify patterns in the data that may indicate potential FWA that may not be readily apparent. Such data mining activities will focus on areas of concern identified by CMS in guidance and entities identified by the MEDIC, as well as known areas of potentially aberrant behavior or high incidence of fraud based on industry experience. SCFHP's PBM employs staff pharmacists, physicians and others (as appropriate) to engage in follow-up research and investigation of suspect claims.

Pharmacies within the SCFHP's network are also subject to desk top and/or onsite audit. Pharmacies can be chosen for a variety of reasons, such as aberrant claims patterns revealed through the modeling techniques noted above. Claim sample selection will focus on identifying claims and/or claims patterns that potentially deviate from the norm. SCFHP can designate particular pharmacies for in-depth audits, upon request.

If FWA is found through any of the auditing methodologies applied by the PBM, the SCFHP will receive a FWA alert and take appropriate follow-up action in a prompt manner.

In addition to PBM audits, SCFHP receives various reports daily, weekly and monthly from the PBM. The reports are reviewed promptly and on a routine basis by the SCFHP's Pharmacy Department. Review of these reports can reveal potential fraudulent activity requiring investigation and action. Examples of reports received and reviewed regularly include (but are not limited to): summaries of controlled substances claims per member; top 3% prescribers; prescriber dispensing patterns; and FWA reports, which include results of all claims adjusted or reversed during the quarter due to audit results.

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, February 8, 2022, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Draft

Members Present	Specialty
Ria Paul, MD, Chair	Geriatrics
Ali Alkoraishi, MD	Adult & Child Psychiatry
Nayyara Dawood, MD	Pediatrics
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Internist
Laurie Nakahira, D.O., Chief Medical Officer	
Christine Tomcala, Chief Executive Officer	

Members Absent
None

Staff Present
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, Vice President, Strategy & Analytics
Tyler Haskell, Interim Compliance Officer
Lori Andersen, Director, Long Term Services and Support
Johanna Liu, PharmD, Quality and Process Improvement
Desiree Funches, Quality Improvement RN
Lucille Baxter, Manager, Quality & Health Education
Mauro Oliveira, Manager, Grievance and Appeals
Byron Lu, Process Improvement Project Manager
Amber Tran, Process Improvement Project Manager
Karen Fadley, Provider Database Analyst
Claudia Graciano, Provider Network Associate Lead
Tu Le, Medical Management Care Coordinator
Zara Hernandez, Health Educator
Nancy Aguirre, Administrative Assistant

1. **Roll Call**

   Ria Paul, MD, Chair, called the meeting to order at 6:02 pm. Roll call was taken and quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   Meeting minutes of the 12/7/2021 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the 12/7/2021 QIC meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Dawood
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

4. Network Adequacy Assessment 2021

Karen Fadley, Provider Database Analyst, presented the Network Adequacy Assessment 2021 for the Cal Medi-Connect (CMC) line of business. On an annual basis, Santa Clara Family Health Plan (SCFHP) conducts a quantitative analysis against availability and accessibility standards, and a qualitative analysis on performance. Provider types included in this assessment are primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers.

Ms. Fadley reviewed the results for Appointment Availability for each provider type. Also reviewed were the contributing factors to the results and opportunities for improvement.

It was moved, seconded and the Network Adequacy Assessment 2021 was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

5. Clinical, Behavioral, & Medical Preventative Practice Guidelines

Johanna Liu, PharmD, Director, Quality and Process Improvement, presented the Clinical, Behavioral, & Medical Preventative Practice Guidelines, in place of Lan Tran, Quality Improvement Nurse. These clinical practice guidelines are intended to assist providers in clinical decision-making.

Practice guidelines are reviewed and updated at least every two (2) years and more frequently when updates are released. SCFHP monitors compliance and member outcomes related to these clinical guidelines for quality improvement initiatives.

It was moved, seconded and the Clinical, Behavioral, & Medical Preventative Practice Guidelines were **unanimously approved.**

Motion: Dr. Alkoraishi
Second: Dr. Lin
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

6. Quality Improvement (QI) Program Description 2022

Lucille Baxter, Manager, Health and Education, presented an overview of the contents included within the QI Program Description 2022.

It was moved, seconded and the QI Program Description 2022 was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Dawood
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Ms. Tomcala

7. Health Education (HE) Evaluation 2021, HE Program Description 2022, HE Work Plan 2022

Zara Hernandez, Health Educator, presented the HE Evaluation 2021 and noted item 3B (Evaluation of Plan's self-management tools for usefulness to members) and 3C (Review of Plan's online web-based self-management tools) are still in progress. The Plan is in need of a solution to meet Medicaid requirements by 12/2023, as both items are part of the NCQA 2020 Health Plan Accreditation Requirements. Also in progress

is item 4D (Comprehensive Tobacco Prevention and Cessation Services).

Ms. Hernandez reviewed the overall changes made to the HE Program Description 2022. Changes include the specification that the HE Program Description 2022 includes Medicaid and Medicare. Additionally, modifications to the HE Program Description 2022 is permitted, and is subject to change, based on NCQA requirements. Furthermore, Initial Health Assessment (IHA) and Facility Site Review (FSR) were removed.

Ms. Hernandez reviewed the HE Work Plan 2022. Items 5C and 5D were added to the HE Work Plan 2022 to lead improvement in the health of communities impacted by disparities.

It was moved, seconded and the HE Evaluation 2021, HE Program Description 2022, and HE Work Plan 2022 were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

8. Cultural and Linguistics (C&L) Evaluation 2021, C&L Program Description 2022, C&L Work Plan 2022

Ms. Hernandez presented the C&L Evaluation 2021 and noted SCFHP fulfilled all requirements and goals. Ms. Hernandez highlighted items 3A and 3B. Goals for both items were met by focusing on despaired groups.

Ms. Hernandez reviewed the overall changes made to the C&L Program Description 2022. Changes include the specification that the C&L Program Description 2022 includes Medicaid and Medicare, and that the C&L Program Description 2022 can be modified and is subject to change based on DHCS requirements.

Ms. Hernandez noted item 3C was added to the C&L Work Plan 2022.

It was moved, seconded and the C&L Evaluation 2021, C&L Program Description 2022, and C&L Work Plan 2022 were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

9. Grievance and Appeals (G&A) Report Q3 and Q4 2021

Mauro Oliveira, Manager, Grievance and Appeals presented the G&A Report for Q3 2021. Mr. Oliveira reviewed the correction made to the Q3 2021 report, specific to the total G&As per 1000 members, for both MC and CMC.

Mr. Oliveira presented the G&A Report for Q4 2021. The top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories were reviewed, as well as the MC Appeals by Case Type, and Disposition. In addition, the Top 3 Cal MediConnect (CMC) Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, and Disposition.

It was moved, seconded and the G&A Report Q3 and Q4 2021 were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

10. SCFHP Equity Steering Committee

Ngoc Bui-Tong, Vice President, Strategy & Analytics, presented the SCFHP Equity Steering Committee. The purpose of this committee is to align, develop, coordinate, strengthen, and/or expand organization-wide efforts, as well as raise health equity for our members and create an equitable and inclusive workplace. Additionally, the SCFHP Equity Steering Committee serves as an advisory body to the executive team in support of the Strategic Plan and Plan Objectives.

Ms. Bui-Tong reviewed the structure of this committee, reflecting a support of three (3) councils. The councils include: The Member Equity Council, The Provider and Vendor Equity Council, and The Staff Council. Ms. Bui-Tong reviewed the focus of each Council.

11. Health Outcomes Survey (HOS) 2021

Byron Lu, Process Improvement Project Manager, presented the HOS Cohort 2021 results. Mr. Lu noted there were 121 respondents, reflecting a 66.5% response rate. Mr. Lu reviewed the HOS questions, results, and trends over a 3-year cohort.

Also reviewed were the findings for the Cohort 21 Performance Measurements, and the top chronic conditions at SCFHP. Mr. Lu noted the top three (3) reported chronic conditions for all 3 cohorts (19, 20, 21) have remained the same.

Mr. Lu reviewed the Star Ratings for each measure, as well as the interventions to improve the HOS outcome.

12. American with Disabilities Act (ADA) Work Plan 2022

Desiree Funches, Quality Improvement RN, presented the ADA Work Plan 2022. The ADA Work Plan 2022 is comprised of different metrics, measuring patient safety, access, delivery of preventive care, health education, and grievance monitoring.

Ms. Funches reported a total of 15 Potential Quality Issues (PQI) cases against nursing homes that were identified in the Patient Safety domain for 2021. Out of these 15 cases, four (4) cases were validated to be PQI cases upon investigation.

13. Annual Review of QI Policies

a. QI.05 Potential Quality of Care Issues
b. QI.07 Physical Access Compliance
c. QI.10 Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA)
d. QI.14 Disease Surveillance
e. QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABIRT)
f. QI.29 Nurse Advice Line
g. QI.31 Community Supports (CS)
h. QI.32 Enhanced Care Management (EMC)

Lori Andersen, Director, Long Term Services and Support, presented the two (2) new policies, QI.31 and QI.32. Ms. Andersen noted Community Supports is not a benefit, but rather a program that is being offered under the CalAIM initiative. Additionally, ECM is new Medi-Cal (MC) benefit. The intent of ECM is that community based organizations provide these services to members.

It was moved, seconded and policies QI.31 and QI.32 were **unanimously approved** with addendum**.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

Dr. Liu reviewed policies QI.05, QI.07, QI.10, QI.14, QI.23, and QI.29, and noted there were no significant changes.

It was moved, seconded and policies QI.05, QI.07, QI.10, QI.14, QI.23, and QI.29 were **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Paul, Ms. Tomcala
Absent: N/A

14. QIC Charter

Dr. Liu presented the QIC Charter and noted the minor administrative edits made. No questions were asked.

It was moved, seconded and the QIC Charter was **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Lin, Dr. Paul, Ms. Tomcala
Absent: N/A

15. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard and presented an overview of the Wellness Rewards Program – a calendar year program offered to members who complete preventative screenings and close gaps in care. Year to date, (YTD), a total of 7,990 gift cards have been mailed to members.

Dr. Liu reviewed the completion rates for the Initial Health Assessment (IHA). Reports indicate an increase in completion rates from November 2021 – December 2021. Also reviewed was the Outreach Call Campaign, an internal program where staff conduct calls to members for health education promotion. A total of 5,350 calls were made from November 2021 – December 2021.

Dr. Liu noted the Health Homes Program (HHP), launched with Community Based Care Management Entities (CB-CME) on July 1, 2021 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness. HHP is designed to coordinate care for MC beneficiaries with chronic conditions and/or substance use disorders. A total of 788 members have verbally consented into Health Homes as of December 31, 2021.

Dr. Liu announced Facility Site Reviews (FSR) have resumed. In November 2021 and December 2021, there were six (6) FSRs that were completed.

16. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. Mr. Haskell provided an update to CMS's Compliance Program Effectiveness (CPE) audit. SCFHP received results from Piedmont in January 2022, and is working to address a few findings related to Production Services and Provider Network Operations (PNO).

The 2022 Department of Health Care Services (DHCS) Annual Audit will take place between March 7 and March 18, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit will cover both MC and Cal MediConnect (CMC).

Mr. Haskell noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three years and examines the financial health and sustainability of the health plan. It is expected that DMHC will begin requesting documents in March 2022.

17. Consumer Advisory Board (CAB)

Dr. Nakahira reviewed the draft minutes of the 12/2/2021 CAB meeting.

It was moved, seconded and the 12/2/2021 draft CAB meeting minutes were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

18. Pharmacy & Therapeutics Committee (P&T)

The draft minutes of the 12/16/2021 P&T Committee meeting were reviewed by Dr. Lin, Chair, Pharmacy and Therapeutics Committee.

It was moved, seconded and the 12/16/2021 draft meeting minutes were **unanimously approved.**

Motion: Dr. Foreman
Second: Dr. Alkoraishi
Ayes: Dr. Dawood, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

19. Utilization Management Committee (UMC)

The draft minutes of the 1/19/2022 UMC meeting were reviewed by Dr. Lin, Chair, UMC.

It was moved, seconded and the 1/19/2022 draft meeting minutes were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: N/A

20. Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer, reviewed the Credentialing Committee Report.

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

Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Nakahira, Ms. Tomcala
Absent: N/A

21. Adjournment

The next regular QIC meeting will be held on April 12, 2022. The meeting was adjourned at 8:02PM.

_____ _____

Ria Paul, MD, Chair Date

Santa Clara Family Health Plan
Accessibility of Provider Network
MY2021

Cal-MediConnect

Prepared by: Karen Fadley, Manager, Provider Data, Credentialing and Reporting

November 16, 2021 – Updated 2/1/2022

I. INTRODUCTION

Cal MediConnect is a program that integrates medical care, long-term care, mental health and substance use programs and social services under a coordinated care plan for people who are dually eligible for Medicare and Medi-Cal.

Santa Clara Family Health Plan (SCFHP) conducts an annual performance analysis on provider network accessibility against its standards. The Plan's access standards are established by SCFHP, CMS, DMHC, DHCS and NCQA.

SCFHP makes every effort to ensure that at least 90% of its members receive timely access to appointments, medical services and after-hours care. When appointment and after-hours access is not being met, an analysis of findings is conducted and a corrective action plan is required (when applicable). Access reporting monitoring activities are reviewed in the Timely Access & Availability (TAA) Work Group and Quality Improvement Committee (QIC). The Work Group is represented by the following departments: Provider Network Operations, Quality, Utilization Management, Customer Service, Behavioral Health, Compliance, Grievance/Appeals, Contracting, and Marketing. The TAA work group and QIC reviews, evaluates, and makes recommendations as needed.

II. TERMS AND DEFINITIONS

Primary Care Providers PCP(s) are defined as physicians of Family Medicine and Internal Medicine.

High **Volume** Specialists (HVS) are identified by claims submitted for a 12-month period, excluding non-physician specialists and hospital-based specialists (i.e. radiologists). The high volume analysis includes cardiology, ophthalmology and gynecology.

High **Impact** Specialists (HIS) are defined as specialists who treat conditions that have high mortality and morbidity rates and where treatment requires significant resources**.** High impact specialists are identified by claims submitted for a 12-month period, excluding non-physician specialists and hospital-based specialists (i.e. radiologists). The high-impact analysis includes hematology/oncology.

High **Volume** Behavioral Health (HVBH) providers are defined as providers who are located in a high-volume geographic area or in a high-volume specialty (or both), and are likely to provide services to a large segment of members. Behavioral health providers are defined Psychiatry (prescribing) and Psychology (non-prescribing), Licensed Clinical Social Workers and Marriage/Family Therapists. High volume behavioral health providers are identified by analyzing claims and encounter data for a 12-month period.

This report provides an overview and analysis of SCFHP's timely access survey results. SCFHP survey goals, objectives, methodologies and results are included in each reporting section.

The following survey assessments are included in this report:

1. Provider Appointment Availability Survey
2. After Hours Survey
3. CAHPS
4. Provider Satisfaction Survey
5. Member Grievances

The provider types included in this report:

- Primary Care Provider's (PCPs)
- High Volume Specialists (HVS)
- High Impact Specialist (HIP)
- Behavioral Health Providers (BHP) -- prescribers and non-prescribers.

III. Provider Appointment and Availability Survey (PAAS)

A. GOALS

- Ninety percent (90%) of providers will meet appointment access standards established by SCFHP, CMS, and NCQA.

B. OBJECTIVES

- Measure rate of compliance with timely access standards, at least annually.
- Evaluate SCFHP's timely access performance in comparison to goals.
- Identify areas to improve timely appointment access.
- Develop interventions as appropriate/applicable to address deficiencies and/or gaps in timely access to care.

C. METHODOLOGY

The Provider Appointment Availability Survey (PAAS) Methodology is developed by the Department of Managed Health Care (Department), pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The PAAS Methodology, published under the authority granted in Section 1367.03 is a regulation in accordance with Government Code section 11342.600. For measurement year 2020 (MY 2020), all reporting health plans must adhere to the PAAS Methodology when administering the PAAS and reporting rates of compliance for timely access appointment standards, pursuant to Rule 1300.67.2.2.

The Plan uses the Department's PAAS Templates, which include:

- Contact List Template
- Raw Data Template
- Results Data Template

Each contact list will include the provider types to satisfy the DMHC and NCQA compliance formats and each list is de-duplicated to ensure providers are only surveyed one time.

SCFHP sends outreach communications that inform network providers of the following:

- Who is administering the survey
- Information about the importance of participating in the survey
- What the survey is, why it is being done, how it is administered and the types of questions that will be asked
- The date range during which the survey is likely to occur

SCFHP uses an "all provider network" (census) where sixty percent (50%) of providers are surveyed in the first wave and the 2nd wave starts following the 3-week DMHC mandatory break and covers the remaining forty percent (50%) of providers.

The surveys are initiated by fax and email (email included a personalized URL to take the survey online; the fax directed providers to www.cssresearch.org/Appointment and a unique login code is provided) with a telephone follow-up. Three call attempts are made during business hours (9:00 am – 4:30 pm Pacific Time) and within a 48-hour time period from the first attempt. The timeframe to complete the survey online or by fax is limited to 48 hours from the time of the message.

D. MEASURES

Table I: Appointment Standards

Provider Type	Urgent Appointment	Non-Urgent/ Routine Appointment	Non-Life Threatening Appointment	Follow-up Care
Primary Care Providers (All)	48 hours	10-days	NA	NA
Specialists (All)	96 hours	15-days	NA	NA
BH/MH – (All)	48 hours	10-days	6-hours	30-days

E. Results – Provider Appointment/Availability Survey

Table I: Aggregate PCP Urgent Care Appointment within 48-hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	PCP (N=725)	268	387	158	59%	90%	No
2021	PCP – Telehealth (N=61)	36	23	33	92%	90%	Yes
2020	PCP (N=545)	226	319	161	73%	90%	No
2019	PCP (N=509)	285	224	189	66%	90%	No

Quantitative Analysis (Table I)**:** Rate of compliance for PCP's relevant to the urgent care appointment access fell short of goal by 30.9 percentage points at 59% for year 2021, 17 percentage points for year 2020 and 24 percentage points for year 2019.

Table II: Aggregate PCP Non-Urgent/Routine Appointment within 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	PCP (N=725)	278	92	231	83%	90%	No
2021	PCP – Telehealth (N=61)	38	23	33	87%	90%	No
2020	PCP (N=545)	141	131	128	90%	90%	Yes
2019	PCP (N=509)	326	183	276	85%	90%	No

Quantitative Analysis (Table II): Rate of compliance for PCP's relevant to the Non-Urgent/Routine appointment access fell short of goal by 7 percentage points at 83% for year 2021, goal was met for year 2020 at 90.4% and fell short 5 percentage points for year 2019.

Review on PCPs performance relevant to appointment access against standards across a 3-year period (2019-2021) revealed the following average ratings:

- Urgent Care: 66%
- Non-Urgent Care: 86%

The analysis also revealed that urgent appointment access remains steady at 66%, 24 percentage points below goal and that non-urgent appointment access is also remaining steady at 86%, 4 percentage points below goal.

Qualitative Analysis: In the past survey cycles the Plan established interventions in an effort to assist provider with improved PCP urgent/non-urgent appointment access and survey participation. It appears that the pandemic had an impact on PCP respondents to the survey; reduction in staff, closed offices, staff turnover, training and the surge of patient care impacted the PCPs survey participation and appointment availability.

SCFHP's Provider Network Access Manager worked directly with compliance officers and/or clinic administrators and issued a corrected action letter to each of them with a report listing each provider that was non-complaint with access standards. All non-compliant providers are resurveyed within 30-days from the date on the corrective action letters. Providers who show continued non-compliance from the resurveys receive notice from the Plan and are required to complete SCFHP's access training and submit an attestation within 60-days from the date of notice.

Specialists - High Impact and High Volume

Below includes tables that shows the number of high volume/impact providers were surveyed, the number that responded and the rate of compliance broken down by each network. The Direct network represents the Plan's individually contracted providers. With the exception of Gynecology, the majority of the Plans specialists included in this report are available through Stanford. While SCFHP is very pleased to have Stanford in its network to serve CMC members, as they are well known for their international reputation for excellence, it is important to point out that Stanford's access survey participation rates have historically been low, therefore meaningful conclusions on appointment access through the PAAS survey has been difficult to achieve. Discussions with this group to improve participation has occurred, and a "manual/electronic extraction" of provider schedules are being explored as a method to increase data collection for measurement year 2021. Also included below are charts that show results against goals and/or benchmarks trended over time.

Table I: - Urgent Care Access – Appointment within 96 Hours
Cardiology, Gynecology, Ophthalmology – High Volume Provider, Oncology – High Impact Provider

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Specialists (N=286)	52	227	21	40%	90%	No
2021	Specialists Telehealth (N=47)	11	19	8	73%	90%	No
2020	Specialists (N=308)	103	205	54	56%	90%	No
2019	Specialists (N=300)	102	198	40	48%	90%	No

Quantitative Analysis (Table I) Rate of compliance for Specialists on urgent appointment access fell short of goal by 50 percentage points for year 2021, a 34 percentage point decrease short of goal in 2020, and a 42 percentage point decrease from goal in 2019.

Table II: - Non - Urgent/Routine Care Appointment within 15 days
Cardiology, Gynecology, Ophthalmology – High Volume Provider, Oncology – High Impact Provider

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Specialists (N=286)	59	227	34	58%	90%	No
2021	Specialists Telehealth (N=47)	11	19	7	64%	90%	No
2020	Specialists (N=308)	103	205	82	79%	90%	No
2019	Specialists (N=300)	102	198	58	59%	90%	No

Quantitative Analysis (Table II) Rate of compliance for Specialists on Non-Urgent Care appointment access fell short of goal by 32 percentage points for year 2021, an 11 percentage point decrease short of goal in 2020, and a 31 percentage point decrease from goal in 2019.

Review on Specialists performance relevant to appointment access against standards across a 3-year period (2019-2021) revealed the following average ratings:

- Urgent Care: 48%
- Non-urgent Care: 65%

The 3-year (2019-2021) analysis on Specialists urgent appointment access revealed that results remain steady at 48%,42 percentage points below goal; and non-urgent appointment access is currently 65%, 25 percentage points below goal.

Behavioral Health Providers – Prescribers/Non-Prescribers (HVBH)

Psychiatry – Prescribers (High Volume Provider)

Table I: Psychiatrists Urgent Care Appointment 48 hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Psychiatrists (N=178)	6	171	3	50%	90%	No
2021	Psychiatrists Telehealth (N=9)	0	9	0	0%	90%	No
2020	Psychiatrists (N=104)	15	89	7	54%	90%	No
2019	Psychiatrists (N=82)	14	68	4	33%	90%	No

Quantitative Analysis (Table I) Rate of compliance for Psychiatrists Urgent Care Appointment fell short of goal by 50 percentage points for year 2021, 36 percentage points decrease short of goal in 2020, and 57 percentage points for year 2019.

Table II: Psychiatrists Non-Urgent/ Routine Care Appointment within 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Psychiatrists (N=178)	7	171	5	71%	90%	No
2021	Psychiatrists Telehealth (N=9)	1	8	1	100%	90%	Yes
2020	Psychiatrists (N=104)	15	89	10	67%	90%	No
2019	Psychiatrists (N=82)	14	68	8	58%	90%	No

Quantitative Analysis (Table II) Rate of compliance for Psychiatrists Non-Urgent/Routine Care appointment fell short of goal by 19 percentage points for year 2021, 23 percentage points for year 2021, and 32 percentage points for year 2019.

Review on Psychiatrists performance relevant to appointment access against standards across a 3-year period (2019-2021) revealed the following average ratings:

- Urgent Care 48 hours: 46%
- Non-urgent Care: 65%

It appears that meeting appointment access with initial and routine visits is trending upward, therefore the Plan is confident that access to timely routine care is improving results have remained steady for the past 3-years.

Table I: Non-Physician Mental Health – Non-Prescribers Urgent Appointment 48 hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Non-Physician Mental Health(N=125)	11	113	7	70%	90%	No
2021	Non-Physician Mental Health Telehealth (N=21)	5	16	5	100%	90%	Yes

2020	Non-Physician Mental Health (N=79)	14	64	11	79%	90%	No
2019	Non-Physician Mental Health (N=83)	19	64	11	61%	90%	No

Quantitative Analysis (Table I): Rate of compliance for Non Physician Mental Health Providers Urgent Appointment fell short of goal by 30 percentage points for year 2021, 11 percentage points for year 2021, and 29 percentage points for year 2019.

Table II: Non-Physician Mental Health – Non-Prescribers Non-Urgent/ Routine Appointment 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Non-Physician Mental Health(N=125)	12	1	7	64%	90%	No
2021	Non-Physician Mental Health Telehealth (N=21)	7	16	7	100%	90%	Yes
2020	Non-Physician Mental Health (N=79)	15	64	14	93%	90%	Yes
2019	Non-Physician Mental Health (N=83)	19	64	12	63%	90%	No

Quantitative Analysis (Table II) Rate of compliance for Non-Physician Mental Health provider's Non-Urgent/routine Appointment fell short of goal by 26 percentage points for year 2021, 2020 the Plan Met performance standards, and fell short by 27 percentage points for year 2019.

Review on performance by Non-Physician Mental Health Providers relevant to appointment access against standards across a 3-year period (2019-2021) revealed the following average ratings:

- Urgent Care: 70%
- Non-Urgent: 73%

Given that the 3-year analysis indicates that the behavioral health network collectively is holding steady further review within this review cycle to identify barriers was conducted as follows:

- Member Complaints: None were filed against the Behavioral Health network.
- Open for New Referrals: 100%.
- Out of Network Requests: None

In conjunction with the reviews bulleted above and other components included in this analysis, such as the assessments on time/distance and provider to member ratios, all of which were met for behavioral health, this may indicate that there is not an access issue. The barriers to consider are as follows:

- Appointment access survey participation has been historically low across the BH network, which may skew access results. Provider feedback concerning lack of participation is mostly due to practice operations where solo practitioners do not staff front desk or schedulers, thus while in session with patients, survey calls are not captured.

SCFHP educates its providers by submitting the timely access grid bi-annually via fax blast to network behavioral health providers which advises them to include the following message on automated systems, office, or exchange/answering services to:

"Hang up and dial **911** or go to the nearest emergency room or call Santa Clara County Behavioral Health at **1-800-704-0900**."

The same information is included in the Plan's access training offered on-line or via webinar. This action item by the Plan and its BH network ensures that patients needing non-life threatening and/or urgent care are directed to the Santa Clara County BH system, where access to triage/screening and referrals for care are established as needed are available. The Santa Clara County BH system is available to SCFHP members 24hrs a day/7-days a week.

F. AFTER HOURS SURVEY

Santa Clara Family Health Plan (SCFHP) conducts an annual After-Hours survey to ensure that telephone triage or screening services are provided in a timely manner. The survey also identifies if emergency 911 instructions are provided. The provider types included in the survey are:

- Primary Care Providers
- Behavioral/Mental Health Providers

A. GOAL

To ensure that Plan network providers meet after-hours access and timeliness standards at 90%.

B. METHODOLOGY

The after-hours survey was administrated by CSS survey vendor. The survey was conducted during non-business hours Pacific Standard Time (6:00 pm - 8:00 am on weekdays, and all day on weekends). The survey sample included all contracted primary care providers. SCFHP provided CSS a provider contact list, which was de-duplicated to ensure each provider was surveyed once. Providers who share the same phone numbers are combined into one group and survey results are attributed to all the providers.

When a live person (provider or answering service) is reached, the surveyor announces that they are calling on behalf of SCFHP to conduct a survey and the respondents are asked the same questions from the after-hours survey tool, and if the call is answered by an automated recording, the interviewer collects the response based on the message. If the automated recording provides an option to connect to a live person (by pressing a button or staying on the line), the interviewer selects that option and records the answers the person provides. The interviewer does not leave a voice message during any telephone attempts.

C. MEASURES

Table I: After Hours Standards

Provider Type	After-Hours Care
PCP (All)	24-hours / 7-days a week
BH/MH - Prescribers	24-hours / 7-days a week
BH/MH – Non-Prescribers	24-hours / 7-days a week

Table II: After Hours Access and Timeliness Standards

Service	Standard access requirement
Automated systems, office, or exchange/answering services	Must inform the patient that the provider will call back within 30 minutes.
Life-threatening situation	Automated systems must provide emergency 911 instructions, such as: • "Hang up and dial **911** or go to the nearest emergency room." Behavioral health providers should include the number to the Santa Clara County Behavioral Health: • "Hang up and dial **911** or go to the nearest emergency room or call Santa Clara County Behavioral Health at **1-800-704-0900**."
Urgent need to speak with a provider	Automated systems, office, or exchange/answering services must connect the patient with an on-call provider or should direct the patient on how to contact a provider after hours.

D. Aggregate After-Hours Data Results

Table I: Primary Care Providers

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2021	Met
Access	786	679	286	10	94.7%	Yes
Timeliness				17	71.7%	No

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2020	Met
Access	640	601	141	29	91%	Yes
Timeliness				57	42%	No

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2019	Met
Access	505	455	183	22	80%	No
Timeliness				18	40%	No

*Access = 911 messaging
*Timeliness = 30min call back messaging

Aggregate access results:
- 2021: 94.7%
- 2020: 91%
- 2019: 80%

Aggregate timeliness results:
* 2021: 71.7%
* 2020: 42%
* 2019: 40%

Aggregate results for PCP's rate of compliance increased by 3.7 percentage points on access and 29.7 percentage points on timeliness for year 2021, increased 11 percentage points on access and 2 percentage points on timeliness for year 2020. There is a total of 1 phone number that were non-complaint with after-hours messaging on access and 1 phone number on timeliness which shows a significant decrease in SCFHP conducted an after-hours review of each network as follows -

--Aggregate results for **Behavioral Health Providers**:

Table I: Behavioral Health Providers

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2021	Met
Access	335	279	235	11	95.7%	Yes
Timeliness				22	82.6%	No

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2020	Met
Access	350	316	52	26	89%	No
Timeliness				41	36%	No

Standard	# Providers	# Responded	# Phones	Non-Compliant Phone #'s	2019	Met
Access	329	300	83	30	78%	No
Timeliness				65	33%	No

*Access = 911 messaging
*Timeliness = 30min call back messaging

Aggregate access results:
- 2021: 95.7%
- 2020: 89%
- 2019: 78%

Aggregate timeliness results:
* 2021: 82.6%
* 2020: 36%
* 2019: 33%

Aggregate results for Behavioral Health Provider's rate of compliance increased by 6.7 percentage points on access and 46.6 percentage points on timeliness in year 2021, 11 percentage points on access and 3 percentage points on timeliness in year 2020. There are a total of 11 phone numbers that were non-complaint with after-hours messaging on access and 22 phone numbers on timeliness.

Analysis (Tables I &X)

The PCP network showed an increase in compliance with access and timeliness in 2021. The PCP network also showed a total of 10 phone numbers that were non-compliant with after-hours messaging on access and 17 phone numbers for timeliness.

The BH network showed an increase in compliance with access and timeliness in 2021. The BH network also showed a total of 11 phone numbers that were non-compliant with after-hours messaging on access and 22 phone numbers for timeliness.

The Plan believes that the efforts made in partnership with the providers through notifications of non-compliance and access training increased awareness on after-hours standards, thus both PCP's and BH providers showed improved results on access (911) and showed improved timeliness (30min). The Plan also believes that monitoring after-hours timeliness (30min call back messaging) can be a challenge because the surveyors do not follow through with prompts to contact the after-hours

provider to avoid interference with patient care, thus if the message does not state that the provider will call back or get on the line within 30minutes or less, the provider is marked non-compliant. Following receipt of corrective action letters, several providers contact the Plan each year to report that they meet after-hours timeliness requirements by calling patients back with 30mintues or less.

The Plan and Providers are working to ensure front line messaging states that the provider will call back within 30 minutes or less. Monitoring member complaints is another avenue used by the Plan to identity issues with after-hours access

PCPs and Behavioral Health providers that were deemed non-complaint as a result of the 2021 survey, received a corrective action letter, and or the networks (PMG, PC, VHP, PAMF) received a corrective action letter and a report highlighting all phone numbers that were deemed non-compliant on access and/or timeliness.

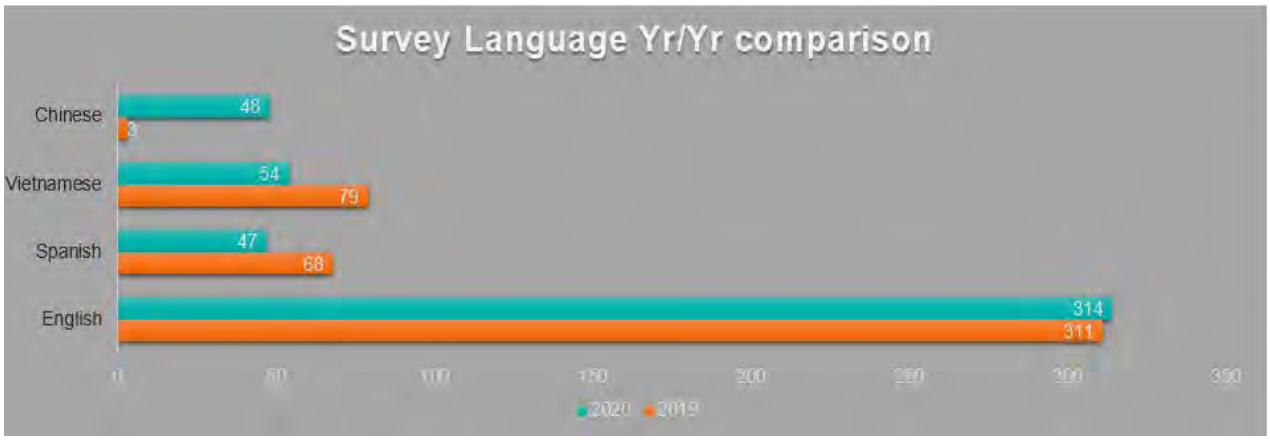
Conclusions:

- The PCPs and Behavioral Health providers combined have 21 phone numbers that show non-compliance with access (911 messaging) and 39 phone numbers that showed non-compliance with timeliness (30min call back messaging).
- Providers deemed non-compliant with after-hours access/timeliness standards receive a corrective action letter from the Plan, and are expected to submit a corrective action plan within 30-days.
- Overall Providers have made a significant amount of progress in trending upward in meeting after-hours access and timeliness in the past 3-years.

G. MEMBER EXPERIENCE SURVEY (CAHPS)

METHODOLOGY

- CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS)
- SCFHP contracts with a vendor-SPH Analytics to conduct the survey
- Respondents were given the option of completing the survey in a language other than English. Survey Language 2020/2019 comparisons are as follows:



- Due to COVID-19, changes were made to the methodology and no follow up phone calls to non-respondents were made in 2020.

Data Collection:

Survey Protocol	Date
SCFHP postcard notification #1	1/31/2020
SCFHP postcard notification #2	2/28/2020
Pre-notification letter mailed	3/5/2020
First survey mailed	3/11/2020
Second survey mailed	4/11/2020
Last day to accept completed surveys	6/14/2020

Note: CMS recommended to cease telephone outreach due to COVID-19

Item	Volume
Total mailed	1600
Ineligibles	11
Total completed surveys	463
Mail completes	461
Phone completes	2

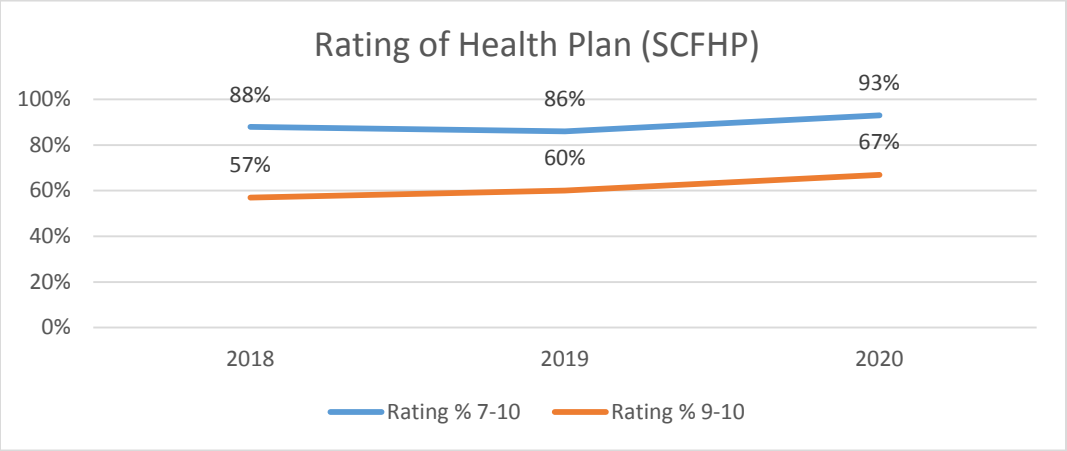
RESULTS

Table I: 2020 Medicare CAHPS Survey

Composite Rating & Questions	# of Respondents	Goal	Goal Met	Always and Usually (2020)	Always and Usually (2019)	PY Change
Rating of Health Plan (Q38)	375	90%	Y	93%	86%	+6
Getting tests results when needed (Q21)	318	90%	N	82%	83%	-1
Getting appointments with specialists (Q29)	246	90%	N	75%	75%	-.4
Getting needed care, tests or treatment (Q10)	445	90%	N	83%	80%	+3

Getting care needed right away (Q4)	134	90%	N	81%	82%	-.7
Getting appointments (Q6)	338	90%	N	73%	76%	-3
Getting seen within 15min of your appt (Q8)	335	90%	N	58%	54%	-4

Chart I: Rating of Health Plan



Quantitative Analysis (Tables I)**:**
Table I shows that 3 out of 7 measures indicate a marked improvement from 2019. While Getting seen within 15min of your appointment" did not meet goal, 2020 ratings showed a marked improvement by 4 percentage points. In 2020, overall "access" results showed the Plan's performance improved by 7.66 percentage points, also improved from 2019's 7.02 percentage points.

Chart 1 shows that approximately 7 in 10 (67.10%) gave the Plan a rating of 9 or 10, which an improvement from the past two years. On a 0 to 10 scale about 9 in 10 (92.90%) gave the Plan a rating of 7, 8, 9 or 10 which is a continuous improvement from the past two years.

The response rate in "Always" and "Usually" is combined to compare the member/enrollee satisfaction in timely appointment access and rating of health plan measures between 2019 and 2020. As shown in the Table I above, the goal was not met for any measures; however, member satisfaction improved in 4 out of 7 measures, which is a marked improvement from 2019. The measure most improved was "getting care needed right away" (Q4) with an increase of 7.78 percentage points from 2019. The measure for "getting seen within 15min of your appointment" (Q8), showed the greatest decrease in satisfaction by 6.41 percentage points from 2019.

As shown in Table II, SCFHP performed similar to last year on the rating of the health plan and performed similar to two years ago. About 9 in 10 (84.41%) gave their health plan a rating of 7, 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from two years ago. About six in 10 (59.91%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.

Qualitative analysis: Overall results showed no significant improvements compared to 2019; however, there was a significant improvement compared to two years ago on the composite score relevant to Customer Service. SCFHP performed similar to last year on the rating of the health plan and performed similar to two years ago. About 9 in 10 (84.41%) gave their health plan a rating of 7, 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from two years ago. About six in 10 (59.91%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.

SCFHP recognizes that "getting care needed right away" (Q4) has a relatively high impact on members and is pleased that satisfaction ratings showed an improvement of 7.78 percentage points in 2020. The assessment on member grievances showed that 34% of complaints were associated with timely appointments; therefore, survey results combined has helped SCFHP identify factors that may affect member satisfaction, such as:

- Providers do not have an adequate understanding of regulatory requirements for timely access to care.
- Longer wait times for urgent and non-urgent/routine care could be due to inefficient scheduling procedures.
- Provider offices are not communicating in office wait times with members at check in or contacting them ahead of time to allow member to come in at a later time.

Conclusion - CAHPS:
SCFHP is pleased to acknowledge 4 out of 7 measures showed a marked improvement from 2019. Overall results showed that the Plan improved by 7.02 percentage points, which may be attributed to the Plans on-going efforts to improve operational procedures and member/provider communications. One example of SCFHP's initiatives is the recent development of a Pay for Performance (P4P) program to improve quality, efficiency, and overall healthcare outcomes. This program along with other efforts show that SCFHP has taken a more active role working with network providers in support of plan initiatives that are aimed toward meeting regulatory requirements and improving overall access and quality of care. SCFHP's Provider Network Management, Quality Management, Provider Relations, Customer Service and Contracting departments will continue to develop and improve initiatives to meet member needs.

H. PROVIDER SATISFACTION SURVEY

Santa Clara Family Health Plan (SCFHP) conducts an annual Provider Satisfaction Survey (PSS) to assess provider satisfaction with specific areas of services.

GOALS AND OBJECTIVES

A. Goals:

- To ensure that SCFHP providers have a positive experience with health plan services.

B. Objectives:

- Measure provider experience (satisfaction) at least annually.
- Evaluate provider's satisfaction with performance measures.
- Identify any areas for improving contracted provider's experience with the health plan.
- Develop interventions as appropriate to address gaps in service.

C. Performance Standards for Provider Satisfaction:

- Eighty percent (80%) of provider's will be satisfied (Q1-8 & 10)
- One hundred percent (100%) of provider's will be satisfied (Q9)

METHODOLOGY

A. Sample

SCFHP provided CSS with lists of 1,726 providers to be surveyed using a fax-only methodology. CSS drew a sample of all unique fax numbers (N=486) associated with providers in SCFHP's network. This was done to reduce the burden on offices where multiple providers share a single fax number, especially since it is often office staff who complete these surveys, not the provider to whom the survey is addressed. Each fax number was assigned a unique 8-digit identification number to track responses.

B. Survey Instrument

In 2021, one version of the survey instrument was used to help SCFHP assess provider satisfaction with services delegated to provider networks as well as those provided directly by the plan. The measures (27) were included in the version of the survey.

C. Timeline

The entire sample was included in the first wave of fax outreach.

D. Data Capture

Returned surveys were captured using manual data entry with double key verification. Each returned survey was identified by the original tracking ID and the date the survey was received. Returned surveys with missing responses for every question were eliminated. Thus, any survey with a valid response to at least one question was retained. If two completed surveys with the same tracking ID were received, the most complete survey (based on the total number of questions appropriately answered) was retained. In the event of a tie, the survey with the earliest return date was retained.

E. Sample

The original sample was comprised of 486 unique fax numbers. Of the original sample, 34 fax numbers were undeliverable or determined to be ineligible and were removed from the final sample size in following exhibits.

A total of 83 responses were received at the close of data collection resulting in an overall response rate of 17.1%. This was down from MY2020, when 18.3% of fax numbers resulted in a returned survey. Responses for a fax number were attributed to all providers in the sample associated with that fax number. Therefore, collected fax responses were associated with 196 out of 1,513 eligible providers (13.0%).

IV: Rate of Response

Table A: Responses by Provider Types

Provider Type	# Surveyed	Response #	2021	2020	2019
PCP	721	126	18%	20%	27%
SPC	477	57	12%	8%	7%
BH	308	10	3%	11%	12%
Total	1,508	193	13%	11%	10%

- Provider participation increased in 2021 by 2 percentage point.

V. Provider Satisfaction Results

Survey results that are calculated based on sample data and compared to a benchmark score (such as the plan's prior-year rate), the question is whether the observed difference is real or due to chance. A test of statistical significance uses the difference in scores as well as the number of respondents in both groups (in this case, the number of current-year and prior-year respondents) to determine the likelihood that the observed difference is real.

Scores marked with an asterisk are statistically significant at a 95% confidence level, meaning there is a 95% probability that the observed difference is not due to chance. Questions with larger changes in scores and a larger number of respondents are more likely to be statistically significant.

The following tables reflect the responses to the survey on access categories:

Table I: Patient Timely Access to Appointments (Q5a)

MY2021										
Patient's Timely Access to-	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Urgent Care	86.7%	-11.6%	100.0%	15.4%	100.0%	0.0%	94.4%	-2.7%	80%	YES
MY2020										
Urgent Care	98.0%	-4.0%	85.0%	-4.0%	100.0%	0.0%	97.0%	2.0%	80%	Yes

Goal: Met - 2021

- Urgent Care:
  - ❑ All provider networks rated satisfaction above goal – VHP and Premier Care rated the highest at 100%,
    followed by Direct at 94.4%, and PMG at 86.7%.
  - ❑ PMG had a decrease in satisfaction from 2020 by -11.6 percentage points and Direct showed a decrease in satisfaction from 2020 by -2.7 percentage points.

Table II: Timely Access to Appointments (Q5b)

MY2021										
Patient's Timely Access to-	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Non-Urgent Primary Care	96.3%	-3.7%	100.0%	15.4%	100.0%	0.0%	90.0%	-6.9%	80%	YES
MY2020										
Non-Urgent Primary Care	100.0%	0.0%	85.0%	-6.0%	100.0%	0.0%	97.0%	-1.0%	80%	Yes

Goal: Met - 2021

- Non-urgent primary care:

- All provider networks rated satisfaction above goal – Premier Care and VHP rated the highest at 100%, followed by PMG at 96.3% and Direct at 90.0%
- PMG showed a decrease in satisfaction from 2020 by 3.7 percentage points and Direct showed a decrease of 6.9 percentage points.

Table III: Timely Access to Appointments (Q5c)

MY2021										
Patient's Timely Access to-	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Non-Urgent Specialists Care	89.3%	-7.8%	100.0%	21.4%	100.0%	21.9%	92.9%	-0.8%	80%	Yes
MY2020										
Non-Urgent Specialists Care	97.0%	-2.0%	79.0%	-8.0%	59.0%	0.0%	94.0%	1.0%	80%	No

Goal: Met - 2021

- Non-urgent specialists care:
  - Premier Care and VHP rated satisfaction above goal – 100%, followed by Direct at 92.9 and PMG at 89.3 percentage points.
  - PMG rated satisfaction at 89.3% and showed a decrease in satisfaction from 2020 by -7.8 percentage points a Direct showed a decrease in satisfaction by .8 percentage points.

Table VIII: Timely Access to Appointments (Q5d)

MY2021										
Patient's Timely Access to-	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Non-Urgent Ancillary diagnostic and treatment services	100.0%	0.0%	100.0%	14.3%	72.7%	4.0%	92.2%	-4.0%	80%	No
MY2020										

Non-Urgent Ancillary diagnostic and treatment services	100.0%	2.0%	86.0%	-4.0%	69.0%	0.0%	96.0%	8.0%	80%	No

Goal: Not met - 2021

- Non-urgent ancillary diagnostic and treatment services:
  - ❑ PMG, PC and Direct rated satisfaction above goal – PMG and Premier Care rated the highest at 100%,followed by Direct at 92.2%
  - ❑ VHP rated satisfaction at 72.7% - goal was not met by 7.3 percentage points.

Table IV: Timely Access to Appointments (Q5e)

MY2021										
Patient's Timely Access to-	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Non-Urgent Behavioral Health Care	76.9%	-4.7%	88.9%	8.9%	81.3%	4.6%	83.7%	28.9%	80%	No
MY2020										
Non-Urgent Behavioral Health Care	82.0%	-13.0%	80.0%	-9.0%	77.0%	0.0%	55.0%	-8.0%	80%	No

Goal: Not met.

- Non-urgent behavioral health care:
  - ❑ VHP, Direct and PC rated satisfaction above goal – Premier Care rated the highest with 88.9 percentage points, followed by Direct with 83.7 percentage points, and VHP with 81.3 percentage points. PMG rated the lowest with 76.9 percentage points.

Table V: Customer Service Staff (Q6a-c)

MY 2021										
Customer Service Staff	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met

Ability to answer calls promptly	96.6%	3.6%	84.6%	-15.4%	83.3%	-16.7%	92.2%	-2.7%	80.0%	Yes
Ability to resolve my concerns/issues	96.6%	6.3%	92.3%	4.8%	100.0%	0.0%	92.1%	-0.6%	80.0%	Yes
Friendliness and helpfulness	96.6%	3.7%	92.3%	-7.7%	100.0%	3.7%	95.1%	1.5%	80.0%	Yes
MY 2020										
Ability to answer calls promptly	93.0%	2.0%	100.0%	0.0%	100.0%	0.0%	95.0%	0.0%	80.0%	Yes
Ability to resolve my concerns/issues	90.0%	-3.0%	88.0%	-4.0%	100.0%	0.0%	93.0%	0.0%	80.0%	Yes
Friendliness and helpfulness	93.0%	-3.0%	100.0%	4.0%	96.0%	0.0%	94.0%	-2.0%	80.0%	Yes

Goal: Met across all metrics -2021

- "Ability to answer calls promptly" – PMG showed an increase from 2020 of 3.6 percentage points and the other networks showed decreases with VHP having the largest decrease -16.7 percentage points, followed by PC with -15.4 percentage points and Direct with -2.7 percentage points.
- "Ability to resolve my concerns/issues" – PMG and PC showed an increase in satisfaction from 2020 by 6.3 and 4.8 percentage points. VHP had no change in 2021 while Direct had a slight decrease of .6 percentage points.
- "Friendliness/helpfulness" – PMG, VHP and Direct network showed an increase in satisfaction by 3 – 2 percentage points. PC rated satisfaction at 92.3 percentage points with a decrease of -7.7 percentage points from 2020.

Table VI: Provider Relations Staff (Q7a-c)

MY 2021										
Provider Relations Staff	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met

Ability to answer calls promptly	100.0%	7.0%	69.2%	-19.0%	83.3%	-5.1%	94.1%	1.6%	80.0%	No
Ability to resolve my concerns/issues	100.0%	9.3%	69.2%	-19.0%	83.3%	-5.1%	94.1%	2.2%	80.0%	No
Friendliness and helpfulness	96.4%	3.5%	76.9%	-10.6%	100.0%	11.5%	95.1%	0.8%	80.0%	No
MY 2020										
Ability to answer calls promptly	93.0%	-3.0%	88.0%	-8.0%	88.0%	0.0%	92.0%	-4.0%	80.0%	Yes
Ability to resolve my concerns/issues	91.0%	-3.0%	88.0%	-3.0%	88.0%	0.0%	93.0%	-1.0%	80.0%	Yes
Friendliness and helpfulness	93.0%	-4.0%	87.0%	-12.0%	88.0%	0.0%	94.0%	1.0%	80.0%	Yes

Goal: Not Met - 2021

- "Ability to answer calls promptly" – PMG rated the highest with 100 percentage points and a 7 percentage point increase, while Direct also showed an increase of 1.6 percentage points from year 2020.VHP and PC showed a decrease in satisfaction from 2020. PC fell below the satisfaction rate of 80% with a 69.2 percentage point and the largest decrease of 19 percentage points.
- "Ability to resolve my concerns/issues" – PMG rated the highest with 100 percentage points and a 9.3 percentage point increase. VHP, Direct and PC showed a decrease in satisfaction from 2020. PC fell below the satisfaction rate of 80% with a 69.2 percentage point and the largest decrease of 19 percentage points.
    - "Friendliness/helpfulness" – PMG, VHP and Direct rated above goal for year 2021, while PC rated below goal with 76.9% and the largest decrease of -10.6 percentage points.

Table VII: Provider Network (Q8a-c)

MY 2021

Provider Network	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Quality of Provider Network	82.1%	-12.9%	92.3%	12.3%	100.0%	17.2%	93.4%	10.5%	80.0%	Yes
Availability of Medical Health Providers	74.1%	-22.1%	91.7%	-1.7%	72.7%	0.3%	93.0	-2.3%	80.0%	No
Availability of Behavioral Health Providers	57.1%	-22.5%	63.6%	-9.7%	72.7%	0.3%	48.9%	-19.7%	80.0%	No
MY 2020										
Quality of Provider Network	95.0%	-2.0%	80.0%	-16.0%	83.0%	0.0%	83.0%	-6.0%	80.0%	Yes
Availability of Medical Health Providers	96.0%	-4.0%	93.0%	-2.0%	72.0%	0.0%	95.0%	7.0%	80.0%	No
Availability of Behavioral Health Providers	80.0%	-13.0%	73.0%	-13.0%	72.0%	0.0%	67.0%	3.0%	80.0%	No

Goal: Q8a met. Q8b-c not met.

- "Quality of provider network" – PMG, showed a decrease in satisfaction of -12.9 percentage points from 2020 but maintained goal along with PC, VHP and Direct met the satisfaction goal of 80%.

- "Availability of medical health providers" – PMG showed the largest decrease in satisfaction overall with a -22.1 percentage point, followed by PC showed a decrease in satisfaction from 2020 of 1.7 percentage points, VHP fell below the goal of 80% with a 72.7 percentage points and Direct showed a decrease in satisfaction of 2.3 percentage points...

- "Availability of behavioral health providers" –

- Direct rate the lowest with a 48.9%, followed by PMG at 57.1%, PC rated satisfaction at 63.6% And VHP rated below the goal at 72.7 percentage points.

Table XIII: SCFHP's Language Assistance Program (Q9a-c)

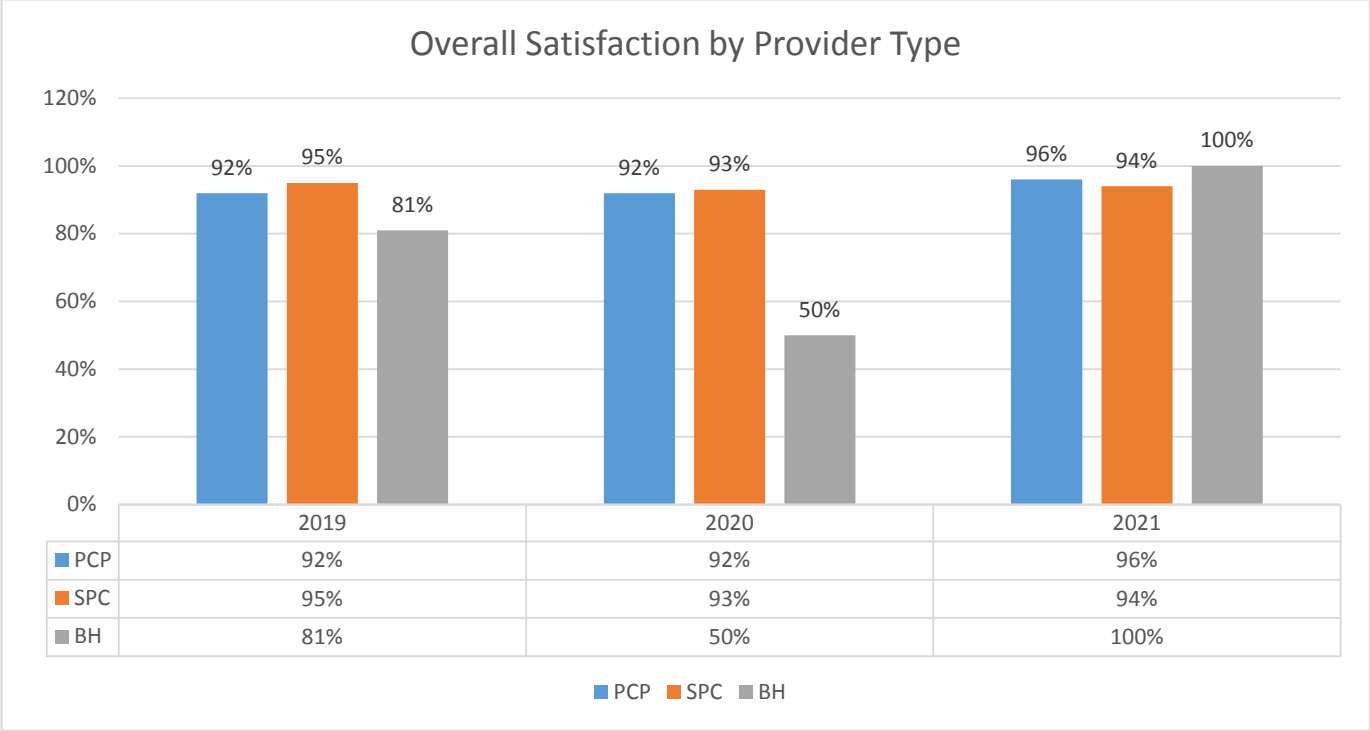
MY 2021										
SCFHP's Language Assistance Program	PMG	PY Change	PC	PY Change	VHP	PY Change	Direct	PY Change	Goal	Met
Coordination of Appointments with an interpreter	100.0%	8.3%	100.0%	0.0%	100.0%	0.0%	94.7%	-1.9%	80.0%	Yes
Availability of an appropriate range of interpreters	100.0%	8.3%	100.0%	0.0%	100.0%	0.0%	94.6%	-2.1%	80.0%	Yes
Training and competency of interpreters	100.0%	8.6%	100.0%	0.0%	100.0%	0.0%	94.6%	-1.9%	80.0%	Yes
MY 2020										
Coordination of Appointments with an interpreter	92.0%	-3.0%	100.0%	0.0%	100.0%	0.0%	97.0%	-1.0%	80.0%	Yes
Availability of an appropriate range of interpreters	92.0%	-3.0%	100.0%	0.0%	100.0%	0.0%	97.0%	-2.0%	80.0%	Yes
Training and competency of interpreters	92.0%	-3.0%	100.0%	0.0%	100.0%	0.0%	97.0%	-1.0%	80.0%	Yes

Goal: Met - 2021

- PMG, PC and VHP rated satisfaction at 100% across all metrics, while Direct rated 94.7 and 94.6 with a decrease of -2.1 percentage points and -1.9 percentage points.

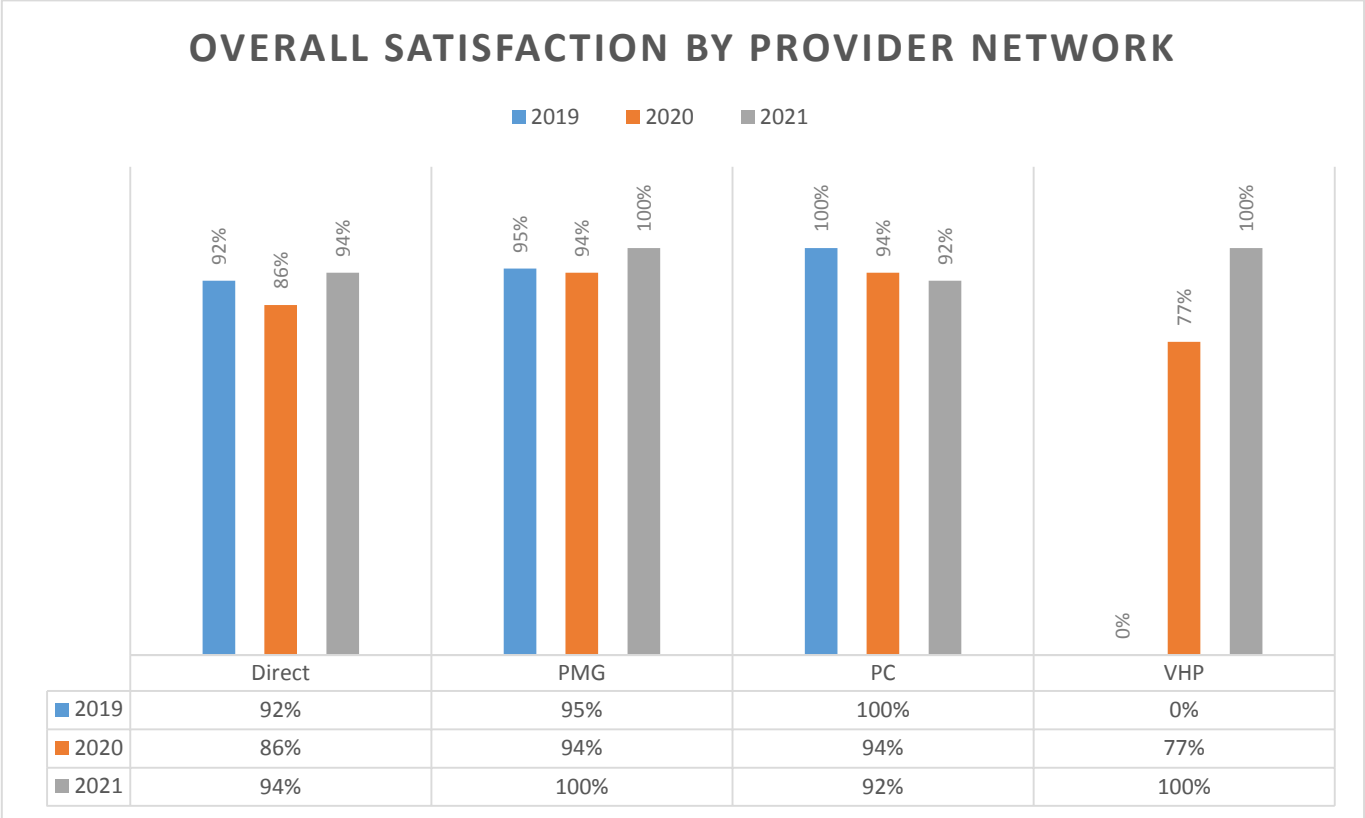
A. Overall Provider Satisfaction with SCFHP (Q10)

Chart A: Overall Satisfaction by Provider Type



- BH providers rated satisfaction the highest at 100% - a 50 point increase from 2020, and 11 point increase from 2019.
- PCP providers rated satisfaction at 96% - an increase of 4 points from 2020 and from 2019.
- Specialist providers rated satisfaction the lowest at 94% - 1 point increase from 2020, and 1 point decrease from 2019.

Chart B: Overall Satisfaction by Provider Network



	Direct	PMG	PC	VHP
2019	92%	95%	100%	0%
2020	86%	94%	94%	77%
2021	94%	100%	92%	100%

- Direct rated satisfaction at 94% 2021- a 6 point increase from 2020.
- PMG rated satisfaction at 100% 2021 - a 6 point increase from 2020.
- PC rated satisfaction at 92% 2021 - a 2 point drop from 2020.
- VHP rated satisfaction at 100% 2021 - 13 points increase from 2020.

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B. Conclusion:

While the Plan is pleased that most measures met the Plan's performance goals, and overall results indicate strengths in most operational areas, SCFHP business units will collaborate internally on specific areas, and if operational issues are identified, a correction plan will be established.

SCFHP values its network providers and will continue to improve operations to satisfy and meet provider needs and expectations.

I. MEMBER ACCESS GRIEVANCES

Table I: Access Complaint Record **Jan 2020 – Dec 2020**

Provider/Service Type	Totals	Resolved In Favor of Member	Resolved In Favor of Plan	Withdrawn
Interpreter Services	2	2		
Office Wait Time	4	4		
Physical Access to Facility	1	1		
Provider Directory Error	1	1		
Provider Not Accepting New Patients	5	2	3	
Provider Telephone Access	30	25		5
SCFHP Telephone Access	1	1		
Specialist Telephone Access	2	1		1
Timely Access to Non-Medical Transportation	3	2	1	
Timely Access to Primary Care Provider	35	30	1	4
Timely Access to Specialist	26	23		3
Totals	**110**	**92**	**5**	**13**

Quantitative Analysis (Table I): As shown in the table, there were a total of 110 member complaints relevant to access. The three highest percentage of member complaints was at 32% relevant to

Timely Access to Primary Care Provider, followed by Provider Telephone Access at 27%, and Timely Access to Specialist 24%.

Provider Network Operations department is currently monitoring complaints and is working directly with specific transportation vendors to ensure that member complaints are addressed.

Qualitative Analysis: The review showed that member complaints are resolved expeditiously and no barriers appear to be present in resolving member access complaints. No trending or concerns with specific provider types and/or geographic areas were identified in the member complaint assessment. As noted, the increase in transportation complaints initiated an action plan to closely monitor complaints and to work directly with transportation vendors specifically to improve services and decrease member complaints.

Conclusion

Overall member complaints were within normal limits.

Overall Conclusions:

- Appointment surveys showed improvement in access across most provider types. However, there are potential areas that may need to be addressed.

  Potential focus area(s):

  - BH appointment access –

    1. Urgent Care

  - SPC appointment access

    1. Gynecology – Urgent Care
    2. Oncology – Urgent Care

- After-hours survey – PCP and BH providers exceeded goal on “access” (911 messaging) and fell short of goal on “timeliness”.

  Potential focus area(s):

  - Messaging on timeliness (call back within 30min or less)

- Member experience survey (CAHPS) showed marked improvements in several areas, specifically the rating of the Plan, which increased by 6 percentage points in 2020.

  Potential focus area(s):

- Getting seen within 15min of appointment

- Provider experience survey indicated a reasonable overall satisfaction rating in 2021.

Potential focus area(s):

- Specialist Providers – Overall satisfaction rating with SCFHP is 94%.
- Timely appointment access to non-urgent behavioral health care.

The assessments in this report revealed potential barriers in access, therefore the Plan established opportunities and interventions for 2020/2021 as outlined in the grid below --

OPPORTUNITIES

Barrier	Opportunity	Intervention	Selected for 2020/2021	Date Initiated
Timely appointment access	• Notify providers of non-compliance.	• Submit a CAP to non-compliant providers and require an action plan within 30-days.	Yes	11/2020
After-hours timeliness (call back within 30min)	• Notify providers of non-compliance.	• Submit a CAP to non-compliant providers and require them to submit an action plan within 30-days. • CAP to include non-compliant phone numbers.	Yes Yes	11/2020 11/2020
In-office wait times not to exceed 15-minutes.	• Educate providers on in-office wait times.	• Submit SCFHP's access matrix to the entire provider network via fax blast.	Yes	03/2021

Medi-Cal (MC)
and
Cal-Medi-Connect (CMC)
Santa Clara Family Health Plan

Quality Improvement Program 2022

Quality Improvement Committee Approval on: mm/dd/yy

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I. Introduction

The Santa Clara County Health Authority, operating as Santa Clara Family Health Plan (SCFHP), is licensed under the Knox Keene Act of 1975 and the regulations adopted hereunder as administered by the State of California's Department of Managed Health Care (DMHC). SCFHP is a public agency contracted with the Department of Health Care Services (DHCS) to serve the Medi-Cal enrollees in Santa Clara County. Since 2015, SCFHP has held a three-way contract with DHCS and the Centers for Medicare and Medicaid Services to offer a Cal MediConnect Plan (Medicare-Medicaid Plan).

- SCFHP serves 280,666 Medi-Cal enrollees in Santa Clara County as of December, 2021.
- 10,431 members are enrolled in SCFHP's Cal MediConnect (CMC) plan as of December 2021.

SCFHP is dedicated to improving the health and well-being of the residents of Santa Clara County and monitors, evaluates, and takes effective action to address any needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. SCFHP is accountable for the quality of all covered services.

II. Mission Statement

The mission of SCFHP is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase good health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

One of SCFHP's core values is our belief that as a local, public, not-for-profit health plan, we have a unique responsibility to continually improve the health status of the community by incorporating a comprehensive approach to health care and wellness. SCFHP maintains a comprehensive Quality Improvement (QI) Program that systematically monitors and continually drives improvements to the quality of care to our members, provides for culturally and linguistically appropriate services, identifies over- and under- utilization and substandard care, monitors member satisfaction and member safety and takes corrective actions and interventions when necessary.

III. Authority and Accountability

The Santa Clara County Health Authority is an independent public agency that governs SCFHP. Appointed by the County Board of Supervisors, the 13-member Governing Board seeks to improve access to quality health care, maintain and preserve a health care safety net for Santa Clara County, and ensure the fiscal integrity of SCFHP. With the health care industry rapidly evolving, SCFHP benefits greatly from the innovative ideas and perspectives of this diverse group of people with backgrounds in business, finance, managed care, hospital administration, information technology, medicine, health care policy, and law.

SCFHP's Governing Board assumes ultimate responsibility for the QI Program and has established the Quality Improvement Committee (QIC) to oversee this function as a Board committee. This supports the Board playing a central role in monitoring the quality of health care services provided to members and striving for quality improvement in health care delivery. The Board authorizes and designates the Chief

Executive Officer (CEO) as the individual responsible for the implementation of the QI Program Description. The CEO has delegated oversight of the day-to-day operations of the QI Program to the Chief Medical Officer (CMO).

IV. Purpose

SCFHP is committed to the provision of a well-designed and well-implemented QI Program. The Plan's culture, systems and processes are structured to improve the health of all enrolled members. The QI Program utilizes a systematic approach to quality using reliable and valid methods for monitoring, analysis, evaluation and improvement of the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

The QI Program incorporates continuous QI methodology that focuses on the specific needs of multiple customers (members, health care providers, and community agencies):

A. It is organized to identify and analyze significant opportunities for improvement in care and service.
B. It fosters the development of improvement strategies, along with systematic tracking, to determine whether these strategies result in progress towards established benchmarks or goals.
C. It is focused on QI activities carried out on an ongoing basis to promote efforts which support improving patient experience of care, improving health of populations and reducing per capita cost of health care.

SCFHP recognizes its legal and ethical obligation to provide members with a level of care that meets recognized professional standards and is delivered in the safest, most appropriate settings. To that end, the Plan provides for the delivery of quality care with the primary goal of improving the health status of Plan members. Where the member's condition is not amenable to improvement, the Plan implements measures to possibly prevent any further decline in condition or deterioration of health status or provide for comfort measures as appropriate and requested by the member. The QI Program includes identification of members at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the interventions. Whenever possible, the Plan's QI Program supports processes and activities designed to achieve demonstrable and sustainable improvement in the health status of its members.

In order to fulfill its responsibility to members, the community and other key stakeholders, regulatory agencies and accreditation organizations, the Plan's Governing Board has adopted the following QI Program Description. The program description is reviewed and approved at least annually by the QIC and Governing Board.

V. Goals

The goal of Quality Improvement is to deliver care that enables members to stay healthy, get better, manage chronic illnesses and/or disabilities, and maintain/improve their quality of life. Quality care refers to:

A. Quality of physical health care, including primary and specialty care.
B. Quality of behavioral health services focused on recovery, resiliency and rehabilitation.
C. Quality of long-term services and supports (LTSS).
D. Adequate access and availability to primary, behavioral health services, specialty health care, and LTSS providers and services.
E. Continuity and coordination of care across all care and settings, and for transitions in care.
F. Member experience and access to high quality, coordinated and culturally competent clinical care and services, inclusive of LTSS, across the care continuum.

Additional goals and objectives are to monitor, evaluate and improve quality of care, including:

A. The quality of clinical care and services provided by the health care delivery system in all settings, especially as it pertains to the unique needs of the population.
B. The important clinical and service issues facing the Medi-Cal and CMC populations relevant to demographics, risk, and disease profiles for both acute and chronic illnesses, and preventive care.
C. The continuity and coordination of care between specialists and primary care practitioners, and between medical and behavioral health practitioners.
D. The accessibility and availability of appropriate clinical care and of a network of providers with experience in providing care to the diverse population enrolled in Medi-Cal.
E. The monitoring and evaluation of practice patterns across all network providers to identify trends impacting the delivery of quality care and services.
F. Member and provider satisfaction, including the timely resolution of grievances.
G. Risk prevention and risk management processes.
H. Compliance with regulatory agencies and accreditation standards.
I. The effectiveness and efficiency of internal operations for both Medi-Cal and CMC lines of business.
J. The effectiveness and efficiency of operations associated with functions delegated to the contracted medical groups.
K. The effectiveness of aligning ongoing quality initiatives and performance measurements with the organization's strategic direction in support of SCFHP's mission, vision, and values.
L. Compliance with Clinical Practice Guidelines and evidence-based medicine.
M. The appropriate, effective and efficient utilization of resources in support of SCFHP's strategic quality and business goals.
N. The provision of a consistent level of high quality care and service for members throughout the contracted network, including the tracking of utilization patterns of practitioners, contracted hospitals, contracted services, ancillary services, and specialty providers.

O. The provision of quality monitoring and oversight of contracted facilities, per DHCS requirements, to continuously assess that the care and service provided satisfactorily meet quality goals for patient safety and coordination of care.

VI. Objectives

The objectives of the QI Program Description include:

A. Keeping members healthy
B. Managing members with emerging risk
C. Ensuring patient safety or outcomes across settings
D. Overseeing programs dedicated to helping members manage multiple chronic conditions through case management and the coordination of services and supports
E. Leading the processes that support continuous quality improvement, including measurement, trending, analysis, intervention, and re-measurement.
F. Supporting practitioners with participation in quality improvement initiatives of SCFHP and its governing regulatory agencies.
G. Establishing clinical and service indicators that reflect demographic and epidemiological characteristics of the membership, including benchmarks and performance goals for continuous and/or periodic monitoring and evaluation
H. Measuring the compliance of contracted practitioners' medical records against SCFHP's medical record standards at least once every three years; taking steps to improve performance and re-measure to determine organization-wide and practitioner specific performance.
I. Developing studies or quality activities for member populations using demographic data to identify barriers to improving performance, validate a problem, and/or measure conformance to standards.
J. Overseeing delegated activities by:
    a. Establishing performance standards
    b. Monitoring performance through regular reporting
    c. Evaluating performance annually
K. Evaluating under and over-utilization, continuity, and coordination of care through a variety of methods and frequencies based upon member need. These methods include, but are not limited to, an annual evaluation of:
    a. Medical record review
    b. Rates of referral to specialists
    c. Hospital discharge summaries in office charts
    d. Communication between referring and referred-to physicians
    e. Member complaints
    f. Non-utilizing members, including identification and follow-up
    g. Practice pattern profiles of physicians
    h. Performance measurement of adherence to practice guidelines

L. Coordinating QI activities with other activities, including, but not limited to, the identification and reporting of risk situations, adverse occurrences from UM activities, and potential quality of care concerns through grievances.
M. Evaluating the QI Program Description and Work Plan at least annually and modifying as necessary. The Work Plan is updated quarterly. The evaluation includes:
    a. A description of completed and ongoing QI activities that address the quality and safety of clinical care and the quality of services
    b. Trending of measures to assess performance in quality and safety of clinical care and the quality of service indicator data
N. Analyzing the results of QI initiatives, including barrier analysis that evaluates the effectiveness of QI interventions for the previous year (demonstrated improvements in the quality and safety of clinical care and in the quality of services)
O. Developing recommendations to inform the QI Work Plan for the upcoming year to include a schedule of activities for the year, measurable objectives, plan for monitoring previously identified issues, explanation of barriers to completion of unmet goals, and assessments of the completed year's goals
P. Implementing and maintaining health promotion activities and population health management programs linked to QI actions to improve health outcomes. These activities include, at a minimum, identification of and outreach to of high-risk and/or chronically ill members, education of practitioners, and outreach and education programs for members
Q. Maintaining accreditation through the National Committee for Quality Assurance (NCQA) or other national accrediting body as appropriate

VII. Scope

The QI Program provides for the review and evaluation of all aspects of health care, encompassing both clinical care and service provided to members.

All departments participate and collaborate in the quality improvement process. The CMO and the Director of Quality and Process Improvement oversee the integration of quality improvement processes across the organization. The measurement of clinical and service outcomes and of member satisfaction are used to monitor the effectiveness of the process.

A. The scope of quality review is reflective of the health care delivery systems, including quality of clinical care and quality of service.
B. Activities reflect the member population in terms of age groups, cultural and linguistic needs, disease categories and special risk status.
C. The scope of the QI Program includes the monitoring and evaluation and driving improvements for key areas, including but not limited to the following:
    a. Healthcare Effectiveness Data and Information Set (HEDIS)
        i. Access to Preventive Care
        ii. Maintenance of Chronic Care Conditions
    b. Behavioral health services
    c. Continuity and coordination of care

d. Emergency services
e. Grievances
f. Inpatient services
g. Member experience and satisfaction
h. Minor consent/sensitive services
i. Perinatal care
j. Potential quality of care issues
k. Preventive services for children and adults
l. Primary care
m. Provider satisfaction
n. Quality of care reviews
o. Specialty care

D. Refer to the Utilization Management Program, Population Health Management Strategy and the Case Management Program for QI activities related to the following:
   a. UM metrics
   b. Prior authorization
   c. Concurrent review
   d. Retrospective review
   e. Referral process
   f. Medical necessity appeals
   g. Case management
   h. Complex case management
   i. Population health management (PHM)
   j. California Children's Services (CCS)

VIII. QI Work Plan

The QI Program guides the development and implementation of an annual QI Work Plan that includes:

A. Safety of clinical care
B. QI Program scope
C. Yearly planned activities and objectives that address quality and safety of clinical care, quality of service and members' experience
D. Time frame for each activity's completion
E. Staff responsible for each activity
F. Monitoring of previously identified issues
G. Annual evaluation of the QI Program
H. Priorities for QI activities based on the specific needs of the organization for key areas or issues identified as opportunities for improvement
I. Priorities for QI activities based on the specific needs of SCFHP's populations, and on areas identified as key opportunities for improvement
J. Ongoing review and evaluation of the quality of individual patient care to aid in the development of QI initiatives based on trends identified (PQI)

K. Comprehensive annual evaluation and planning process that includes review and revision of the QI Program and applicable policies and procedures

Quarterly review and updates to the Work Plan are documented. It is available to regulatory agencies by request.

There is a separate Utilization Management (UM) Work Plan that supports the UM Program Description and the monitoring and evaluation activities conducted for UM related functions.

IX. QI Methodology

SCFHP applies the principles of Continuous Quality Improvement (CQI) to all aspects of the service delivery system through ongoing analysis, evaluation and systematic enhancements based on:

A. Quantitative and qualitative data collection and data-driven decision-making.
B. Up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field.
C. Feedback provided by members and providers in the design, planning, and implementation of its CQI activities.
D. Rapid Cycle Quality Improvement, when appropriate, as determined by DHCS.
E. Issues identified by SCFHP, DHCS and/or CMS.
F. QI requirements of this contract as applied to the delivery of primary and specialty health care services, behavioral health services and LTSS.

QI Project Selections and Focus Areas

Performance and outcome improvement projects are selected from the following areas:

A. Areas for improvement identified through continuous delegated and internal monitoring activities, including, but not limited to, (a) potential quality concern review processes, (b) provider and facility reviews, (c) preventive care audits, (d) access to care studies, (e) satisfaction surveys, (f) HEDIS results, and (g) other subcommittee unfavorable outcomes.
B. Measures required by DHCS for Medi-Cal members such as Performance Improvement Projects (PIPs) and Quality Improvement Projects (QIPs).
C. Measures required by the California DMHC, such as access and availability.
D. Measures required by Centers for Medicare and Medicaid Services (CMS) such as Quality Improvement Activities (QIAs), Performance Improvement Projects (PIPs), or Chronic Care Improvement Projects (CCIPs).

The QI Project methodology described in items A-E below is used to continuously review, evaluate, and improve the following aspects of clinical care: preventive services, perinatal care, primary care, behavioral health, LTSS, specialty care, emergency services, inpatient services, and ancillary care services.

A. Access to and availability of services, including appointment availability, as described in policy and procedure.

B. Case Management.
C. Coordination and continuity of care for Seniors and Persons with Disabilities.
D. Provision of complex care management services.
E. Access to and provision of preventive services.

Improvements in work processes, quality of care, and service are derived from all levels of the organization.

A. Staff and physicians provide vital information necessary to support continuous improvement in work processes
B. Individuals and department stakeholders initiate improvement projects within their area of authority, which support the strategic goals of the organization.
C. Specific performance improvement projects may be initiated by the state or federal government.
D. Other prioritization criteria include the expected impact on performance, (if the performance gap or potential of risk for non-performance is so great as to make it a priority), and items deemed to be high risk, high volume, or problem-prone processes.
E. Project coordination occurs through the various leadership structures: Governing Board, Management, QI and UM Committees, etc., based upon the scope of work and impact of the effort.
F. These improvement efforts are often cross functional, and require dedicated resources to assist in data collection, analysis, and implementation. Improvement activity outcomes are shared through communication that occurs within the previously identified groups.

QI Project Quality Indicators

Each QI Project has at least one (and frequently more) quality indicator. While at least one quality indicator must be identified at the start of a project, more may be identified after analysis of baseline measurement or re-measurement. Quality indicators measure changes in health status, functional status, member satisfaction, and provider/staff, Health maintenance organization (HMO), Primary health care (PHC), Service-related group, Participating medical group (PMG), or system performance. Quality indicators are clearly defined and objectively measurable. Standard indicators from HEDIS measures are acceptable.

QI Project Measurement Methodology

Methods for identification of target populations are clearly defined. Data sources may include encounter data, authorization/claims data, or pharmacy data. To prevent exclusion of specific member populations, centralized data from the health plan's internal data warehouse is used.

For studies/measures that require data from sources other than administrative data (e.g., medical records), sample sizes are a minimum of 411 (with 3 to 20% over sampling), so as to allow performance of statistically significant tests on any changes. Exceptions are studies for which the target population total is less than 411, and for certain HEDIS studies whose sample size is reduced from 411 based on SFCHPs' previous year's score. Measures that rely exclusively on administrative data utilize the entire target population as a denominator.

SCFHP uses a variety of QI methodologies depending on the type of opportunity for improvement identified. The Plan/Do/Study/Act model is the overall framework for continuous process improvement. This includes:

Plan 1) Identify opportunities for improvement

2) Define baseline

3) Describe root cause(s)

4) Develop an action plan

Do 1) Communicate change/plan

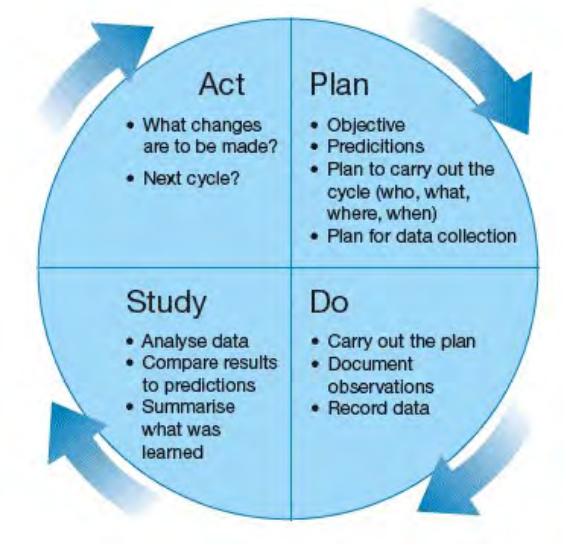
2) Implement change plan

Study 1) Review and evaluate result of change

2) Communicate progress

Act 1) Reflect and act on learning

2) Standardize process and celebrate success



X. QI Quality Issue Identification

SCFHP utilizes a full range of methods and tools, including Adverse Event monitoring. An Adverse event is defined as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." The phrase "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Adverse events can include:

A. Potential Quality Issues (PQI)
B. Unexpected death during hospitalization
C. Complications of care (outcomes), inpatient and outpatient
D. Reportable events for long-term care (LTC) facilities, including but not limited to falls, suspected abuse and/or neglect, medication errors, pressure sores, urinary tract infections, dehydration, pneumonia, and/or preventable hospital admissions from the LTC facilities
E. Reportable events for community-based adult services (CBAS) centers, including but not limited to falls, injuries, medication errors, wandering incidents, emergency room transfers, deaths that occur in the CBAS center, and unusual occurrences reportable pursuant to adult day health care licensing requirements.

Sentinel event monitoring includes patient safety monitoring across the entire continuum of SCFHP's contracted providers, delegated entities, and health care delivery organizations. The presence of a sentinel event is an indication of possible quality issues, and the monitoring of such events increases

the likelihood of early detection of developing quality issues so that they can be addressed as early as possible. Sentinel event monitoring serves as an independent source of information on possible quality problems, supplementing the existing Patient Safety Program's consumer-complaint-oriented system.

All substantiated medically related cases are reviewed by the Peer Review Committee to determine the appropriate course of action and/or evaluate the actions recommended by a delegate. Board certified peer-matched specialists are available to review complex cases as needed. Results of peer review are used at the reappointment cycle, or upon need, to review the results of peer review and determine the competency of the provider. This is accomplished through routine reporting of peer review activity to delegates for incorporation in their re-credentialing process.

Data sources available for identification, monitoring and evaluating of opportunities for improvement and effectiveness of interventions include, but are not limited to:

A. Claims information/activity
B. Encounter data
C. Utilization data
D. Case management data, such as notes, care plans, tasks and assessments
E. Pharmacy data
F. Population needs assessments
G. Results of risk stratification
H. HEDIS performance
I. Member and provider satisfaction surveys
J. Quality Improvement Projects (QIPs)
K. Performance Improvement Projects (PIPs)
L. Chronic Care Improvement Projects (CCIPs)
M. Health Risk Assessment data
N. Consumer Assessment of Healthcare Providers & Systems (CAHPS)
O. Health Outcomes Survey (HOS)
P. Regulatory reporting

<u>Protocol for Using Quality Monitor Screens</u>

Case Management and Utilization Management staff apply the quality monitor screens to each case reviewed during pre- certification and concurrent review. Contracted LTC facilities and CBAS centers must report all identified reportable events to the Director of Long Term Services and Supports. All potential quality issues are routed to the Quality Department. When it is decided that medical records are required, the Quality staff contacts the appropriate inpatient facility and ambulatory care site to obtain copies of the medical record. It may be necessary for a Quality staff member to visit the facility/site to review the record.

When a case is identified as having potential quality of care issues, the Quality Improvement Clinical Review staff abstracts the records and prepares the documents for review by the CMO or Medical Director.

The CMO or Medical Director reviews the case, assigns a severity level, initiates corrective action, and/or recommends corrective action as appropriate. For cases of neglect or abuse, follow-up or corrective actions may include referrals to Child or Adult Protective Services.

XI. QI Program Activities

The QIC and related committee and work groups select the activities that are designed to improve performance on targeted high volume and/or high-risk aspects of clinical care and member service.

Prioritization

Certain aspects of clinical care and service data may identify opportunities to maximize the use of quality improvement resources. Priority is given to the following:

A. The annual analysis of member demographic and epidemiological data
B. Those aspects of care which occur most frequently or affect large numbers of members
C. Those diagnoses in which members are at risk for serious consequences or deprivation of substantial benefit if care does not meet community standards or is not medically indicated
D. Those processes involved in the delivery of care or service that, through process improvement interventions, could achieve a higher level of performance

Use of Committee Findings

To the degree possible, quality improvement systems are structured to recognize care for favorable outcomes as well as correcting instances of deficient practice. The vast majority of practicing physicians provide care resulting in favorable outcomes. The QI Program takes direct action to identify, recognize, and replicate/encourage methodologies that result in favorable outcomes. Information about such results is communicated to the Governing Board and providers on a regular basis. Written communication to primary practitioners is the responsibility of the Committee chairperson. Submission of written corrective action plans, as necessary, is required for the Committee's approval. Significant findings of quality improvement activities are incorporated into practitioner educational programs, the re-credentialing process, and the re-contracting process. All quality improvement activities are documented and the result of actions taken are recorded to demonstrate the program's overall impact on improving health care and the delivery system.

Clinical Practice Guidelines

SCFHP utilizes evidence-based practice guidelines to establish requirements and measure performance on a minimum of three practice guidelines (including chronic condition and behavioral health) annually to strive to reduce variability in clinical processes. Practice guidelines are developed with representation from the network practitioners. The guidelines are implemented after input from participating practitioners who are members of the Quality Improvement, Utilization Management and/or Pharmacy and Therapeutics Committees. Guidelines are reviewed and revised, as applicable, annually.

Preventive Health/HEDIS Measures

The Quality Improvement Committee determines aspects of care to be evaluated based on member population and regulatory requirements. At a minimum, HEDIS performance indicators are monitored annually based on product type, i.e. Medi-Cal or CMC. Initiatives are put in place to encourage member compliance with preventive care, such as for Pap smear education and compliance.

Continuity and Coordination of Care

The continuity and coordination of care that members receive is monitored across practice and provider sites. Survey data regarding members' experience with continuity and coordination of care at their provider office is collected and analyzed annually. This information is disseminated to and evaluated by internal and external stakeholders. As meaningful clinical issues relevant to the membership are identified, they are addressed in the quality improvement work plan. The following areas are reviewed for potential clinical continuity and coordination of care concerns.

A. Primary care services
B. Behavioral health care services
C. Inpatient hospitalization services
D. Home health services
E. Skilled nursing facility services

The continuity and coordination of care received by members includes medical care in combination with behavioral health care. SCFHP collaborates with behavioral health practitioners to promote the following activities:

A. Information Exchange between medical practitioners and behavioral health practitioners; must be member-approved and be conducted in an effective, timely, and confidential manner.
B. Referral for Behavioral Health Disorders – Primary care practitioners are encouraged to make timely referral for treatment of behavioral health disorders commonly seen in their practices, i.e., depression.
C. Evaluation of Psychopharmacological Medication – Drug use evaluations are conducted to increase appropriate use, or decrease inappropriate use, and to reduce the incidence of adverse drug reactions.
D. Data Collection and Analysis to identify opportunities for improvement and collaboration with behavioral health practitioners.
E. Corrective Action – Collaborative interventions are implemented when opportunities for improvement are identified.

XII. QI Organizational Structure

Quality Improvement Department [Appendix 1]

The QI Department supports the organization's mission and strategic goals by implementing processes to monitor, evaluate and take action to improve the quality of care and services that our members receive. The QI Department is responsible for:

A. Monitoring, evaluating and acting on clinical outcomes for members.

B. Conducting reviews and investigations for potential or actual Quality of Care matters.
C. Conducting reviews and investigations for clinical grievances, including Potential Quality Issues (PQIs).
D. Designing, managing and improving work processes to:
    a. Drive improvement of quality of care received
    b. Minimize rework and costs
    c. Optimize the time involved in delivering patient care and service
    d. Empower staff to be more effective
    e. Coordinate and communicate organizational information, both division and department-specific, and system-wide
E. Supporting the maintenance of quality standards across the continuum of care and all lines of business.
F. Leading cross-functional Process Improvement projects to improve efficiency across the organization
G. Maintaining company-wide practices that support accreditation by the National Commission Quality Assurance (NCQA).
H. Collaborating with multi-departments, but not limited to: Medical Management, Pharmacy, Grievance & Appeals, Customer Services and Utilization to coordinate QI activities for all line of business (CMC & MC).

Chief Medical Officer

The CMO has an active and unrestricted medical license in the state of California. The CMO is responsible to report to the Governing Board at least quarterly on the Quality Improvement program, including reports, outcomes, opportunities for improvement, corrective actions, and communicating feedback from the Board to the committees as applicable. The CMO is responsible for day to day oversight and management of quality improvement, health care services and peer review activities. The CMO is also responsible for communicating information and updates regarding the QI Program to SCFHP leadership and staff via Staff meetings, executive team meetings, and other internal meetings.

Medical Director

The Medical Director(s) has an active unrestricted medical license in accordance with California state laws and regulations. The Medical Director(s) oversees and is responsible for the proper provision of benefits and services to members, the quality improvement program, the utilization management program, and the grievance system. The Medical Director(s) is key in the review of potential quality of care cases or potential quality issues.

The Medical Director(s) is required to conduct medical necessity denial decisions, supervise all medical necessity decisions made by clinical staff and resolve grievances related to medical quality of care. A Medical Director is the only Plan personnel authorized to deny care based on medical necessity. The Plan pharmacist(s) may make a denial based on medical necessity regarding pharmaceuticals.

Director of Quality and Process Improvement

The Director of Quality and Process Improvement is a qualified person with experience in data analysis, barrier analysis, and project management as it relates to improving the clinical quality of care and quality of service provided to Plan members. The Director of Quality and Process Improvement reports to the Chief Medical Officer and is responsible for directing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system, including, but not limited to, internal processes and procedures, provider network(s), service quality and clinical quality. The Director of Quality assists the Plan's executive staff, in overseeing the activities of the Plan operations to meet the Plan's goal of providing health care services that improve the health status and health outcomes of its members. Additionally, the Director of Quality and Process Improvement coordinates the Plan's QIC proceedings in conjunction with the CMO; reports to the Board relevant QI activities and outcomes, supports organization initiatives through participation on committees and projects as requested; reviews statistical analysis of clinical, service and utilization data and recommends performance improvement initiatives while incorporating best practices as applicable.

Quality and Health Education Manager

The Quality and Health Education Manager provides leadership, and coordination to the HEDIS and Health Education Team and is a person with experience in data analysis, barrier analysis, and project management as it relates to improving the quality of service provided to Plan members. The Quality and Health Education Manager reports to the Director of Quality and Process Improvement and is responsible for managing the activities of the Plan's quality improvement staff in monitoring the Plan's health care delivery system relating to quality improvement, including, Health Education (HE), Cultural & Linguistic (C&L) programs and Healthcare Effectiveness Data and Information Set (HEDIS) reporting. The Quality and Health Education Manager assists the Director of Quality and Process Improvement in overseeing the day to day operations of Plan operations to meet the Plan's goal of providing health care services that improve the health status and health outcomes of its members.

Clinical Quality and Safety Manager

The Clinical Quality and Safety Manager provides leadership, and coordination to the QI clinical Team and is a person with experience in clinical as it relates to improving the clinical quality of care provided to Plan members. This includes oversight of the Potential Quality of Care Issue (PQI) investigation process, Facility Site Review (FSR), Initial Health Assessment (IHA) audits and HEDIS Medical Record Review (MRR) process. The Clinical Quality and Safety Manager reports to the Director of Quality and Process Improvement and works cross-functionally to support all projects to improve clinical quality of care and quality of service at the plan and is responsible for leading and managing the staff who perform those activities.

Process Improvement Manager

The Process Improvement Manager provides leadership, coordination and management to the Process Improvement Team as it relates to improving internal processes impacting the quality of care and quality of service provided to Plan Members. The Process Improvement Manager reports to the Director of Quality and Process Improvement and is responsible for managing the Process Improvement team in reviewing the Plan's internal health care delivery systems, managing activities of the Plan's Consumer

Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Survey (HOS) surveys, and overseeing NCQA accreditation activities.

QI Nurse, RN

The QI Nurse reports to the Clinical Quality & Safety Manager and oversees investigations of member grievances related to PQI, supports HEDIS medical record reviews, and investigates and prepares cases for PQIs for Medical Director or CMO review. The QI Nurse also assists with ongoing QI studies and reviews which include but are not limited to Performance Improvement Projects (PIPs) and Chronic Condition Improvement Projects (CCIPs), and supports the Health Education Program team with a clinical perspective. The QI Nurse can also be a Master Trainer who oversees and coordinates facility site reviews, physical site reviews, and medical record reviews, monitors compliance with Initial Health Assessments (IHAs), and assists with other QI activities at the direction of the Clincal Quality and Safety Manager.

Grievance & Appeals Clinical Specialist, RN

The Grievance & Appeals Clinical Specialist reports to Clinical Quality & Safety Manager and acts as a clinical resource to provide clinical review of all appeals and grievances in accordance wth applicable regulatory and professional standards using clinical experience and skills to assess, plan, implement, coordinate and evaluate to ensure appropriate clinical decision making. The Specialist is responsible for the clinical screening for quality of care and assisting the research and review PQI.

HEDIS Project Manager

The HEDIS Project Manager provides coordination and project management of HEDIS and HEDIS- related quality improvement projects. This position is responsible for developing and maintaining processes that enhance the operationalization of HEDIS processes, management of software applications, and supporting reporting requirements to DHCS, CMS, NCQA, and achieving SCFHP goals of improved quality of care and service at the direction of the Quality and Health Education Manager.

Process Improvement Project Manager

The Process Improvement (PI) Project Manager provides coordination and project management of Plan process improvement projects, PIPs, CCIPs, NCQA, CAHPS and HOS Surveys. The PI Project Manager is responsible for working collaboratively and cross-functionally with internal and external stakeholders, including staff, consultants, auditors and surveyors to create efficiencies and quality improvements, as well as applying six sigma principals to processes at SCFHP. Additionally, this position is responsible for developing and maintaining processes that enhance the operationalization of Quality Improvement processes and support reporting requirements to DHCS, CMS and achievement of SCFHP goals of improved quality of care and service.

QI Analyst

The QI Analyst has experience in ongoing measurement, data optimization, reporting and analysis in a health care setting. The QI Analyst is responsible for reviewing and performing quality assurance validation of data inputs, root case analysis, documentation of test cases, processes improvements and audit data accuracy and reporting. The QI Analyst works under the direction of the Director of Quality and

Process Improvement and Quality and Health Edcuation Manager and works in collaboration with other departments.

Health Educator

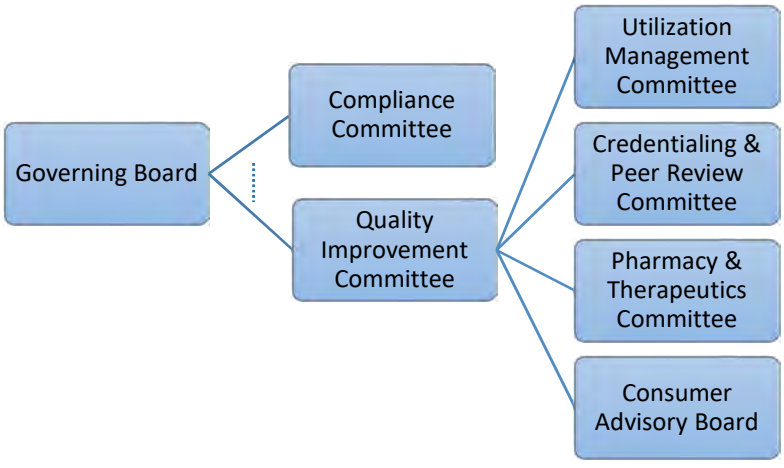
The Health Educator is a qualified health educator/health education specialist either being a Certified Health Education Specialist (CHES) or qualified with Master of Public Health (MPH), who responsible for coordinating, planning, organizing, implementing, monitoring and evaluating health education programs and cultural and linguistic services. The Health Educator is responsible for compliance with state and federal regulatory requirements concerning health education and cultural and linguistic services. The Health Educator works under the direction of the Quality and Health Education Manager and works in cooperation with other departments.

Quality Improvement Coordinator

The QI Coordinator has experience in a health care setting, data analysis and/or project coordination. The QI Coordinator reports to the Quality and Health Education Manager or Clinical Quality and Safety Manager and their scope of work includes medical record audits, data collection for quality improvement studies and activities, data analysis, implementation of improvement activities, and complaint response with follow up review of risk management and sentinel/adverse event issues. A QI Coordinator may specialize in one area of the quality process or may be cross trained across several areas. The QI Coordinator collaborates with other departments as needed to implement corrective actions or improvement initiatives as identified through the Plan's quality improvement activities and quality of care reviews.

XIII. Committee Structure Overview

Oversight of the Quality Improvement Program is provided through a committee structure, which allows for the flow of information to and from the Governing Board.



Each committee is driven by a Committee Charter which outlines the following;

A. Goals

B. Objectives
C. Voting members
D. Plan support staff
E. Quorum
F. Meeting frequency
G. Meeting terms

XIV. Committee Structure

Governing Board

The Governing Board is responsible to review, act upon and approve the overall QI Program, Work Plan, and Annual Evaluation. The Governing Board routinely receives reports from the QIC describing actions taken, progress in meeting quality objectives and improvements made. The Board makes recommendations regarding additional interventions and actions to be taken when objectives are not met.

The Director of Quality and Process Improvement is responsible for the coordination and distribution of all quality improvement related data and information. The QIC reviews, analyzes, makes recommendations, initiates action, and/or recommends follow-up based on the data collected and presented. The CEO or the CMO communicates the QIC activities to the Board. The Board reviews the QI activities and any concerns of the Board are communicated back to the source for clarification or resolution.

Quality Improvement Committee (QIC)

The QIC is the foundation of the QI program. The QIC assists the CMO and administration in overseeing, maintaining, and supporting the QI Program and Work Plan activities.

The purpose of the QIC is to monitor and ensure that all QI activities are performed, integrated, and communicated internally and to the contracted network and partners to achieve the end result of improved care and services for members. Although Delegation Oversight is overseen by the Plan's Compliance Committee, the QIC oversees the performance of delegated functions and contracted provider and practitioner partners including but not limited to quality of care, quality of service, and access and availability.

The composition of the QIC includes contracted providers from a range of specialties as well as other representatives from the community, including but not limited to representatives from contracted hospitals, Medical Directors from contracted IPAs, non-physician representatives who possess knowledge regarding the initiatives and issues facing the patient and provider community, a designated behavioral health practitioner, who is a psychiatrist or Ph.D. level psychologist, to specifically address integration of behavioral and physical health, appropriate utilization of recognized criteria, development of policies and procedures, and case review as needed, and identification of opportunities to improve care. The designated behavioral health practitioner advises the QIC to support efforts that goals, objectives and

scope of the QI Program are interrelated in the process of monitoring the quality of behavioral health care, safety and services to members.

The QIC provides overall direction for the continuous improvement process and evaluation of activities, consistent with SCFHP's strategic goals and priorities. It supports efforts for an interdisciplinary and interdepartmental approach. It monitors compliance with regulatory and accrediting body standards relating to Quality Improvement Projects (QI Projects), activities, and initiatives. In addition, it strives to ensure that members are provided the highest quality of care, that the plan adopts evidence based clinical practice guidelines (CPG), completes an annual review and updates the CPGs to make certain they are in accordance with recognized clinical organizations. HEDIS activities and interventions are reviewed, approved, processed, monitored, and reported through the QIC.

Providers', practitioners', and contracted groups' practice patterns are evaluated, and recommendations are made to promote practice patterns that result in all members receiving medical care that meets SCFHP standards.

The QIC develops, oversees, and coordinates member outcome-related quality improvement actions. Member outcome-related QI actions consist of well-defined, planned QI Projects through which the plan addresses and achieves improvement in major focus areas of clinical and non-clinical services.

The QIC also recommends strategies for dissemination of study results, including but not limited to member experience, health plan ratings and HEDIS, to contracted providers and practitioners, and contracted groups.

In addition, the Grievance and Appeals Committee conducts an analysis of the plan's grievance and appeals cases and reports results to the QIC, including any intervention projects to improve services for plan members.

Utilization Management Committee

The Utilization Management Committee (UMC) promotes the optimum utilization of health care services, while protecting and acknowledging member rights and responsibilities, including the right to appeal denials of service. The UMC is multidisciplinary, and provides a comprehensive approach to support the Utilization Management Program in resource allocation through systematic monitoring of medical necessity and quality, while maximizing the cost effectiveness of the care and services provided to members.

The UMC actively involves participating network practitioners in utilization review activities to the extent that there is not a conflict of interest. The Plan's UMC is comprised of network physicians representing the range of practitioners within the network and across the service area in which it operates, including a Behavioral Health practitioner. Plan executive leadership and Utilization Management/Quality Improvement staff may also attend the UMC, as appropriate.

The UMC monitors the utilization of health care services by SCFHP and through delegated entities to identify areas of under- or over- utilization that may adversely impact member care as well as practice

patterns of network practitioners and other QI monitors as defined by the Utilization Management Program and Utilization Management Work Plan.

The UMC oversees Inter-rater Reliability testing to support consistency of application in criteria for making determinations, to ensure decisions are evidence-based, and to comply with regulatory and other agency standards. The UMC is also responsible for annual adoption of preventive care guidelines and medical necessity criteria. The Committee meets quarterly and reports to the QIC.

The UMC is responsible for the review and adoption of applicable utilization management policies and procedures. Additionally, the UMC monitors and analyzes relevant data to detect and correct patterns of potential or actual inappropriate under - or over- utilization which may impact health care services, coordination of care and appropriate use of services and resources, continuity of medical care, continuity and coordination of medical and behavioral health care, and member and practitioner satisfaction with the UM process.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics (P&T) Committee provides oversight of the SCFHP pharmacy program to promote the delivery of quality patient care through review of policies and clinical programs. This would include pharmacy care coordination, oversight and management of all the clinical aspects of pharmacy adherence, including providing disease and medication management, and providing retrospective drug utilization review (DUR) services. For the Medi-Cal line of business, pharmacy services are carved out to the California Department of Health Care Services including developing, implementing and maintaining all Medi-Cal pharmacy policy, formulary drug coverage, and prior authorization/utilization management.

In addition, the P&T Committee reviews and evaluates current pharmacy-related issues that are interdisciplinary and involve interfacing between medicine, pharmacy and other practitioners involved in the delivery of health care to SCFHP's members. The P&T Committee includes participating physicians, pharmacists, and Plan employee physician(s), and represents a cross section of clinical specialties including a behavioral health practitioner, in order to adequately represent the needs and interests of all plan members.

The P&T Committee meets quarterly and reports to the QIC.

Credentialing and Peer Review Committee

SCFHP's Credentialing and Peer Review Committee uses a peer review process to make decisions regarding health plan credentialing and recredentialing of its contracted practitioners and those applying to contract with the Plan, and to serve as the Peer Review Committee when quality review is requested by the Quality Improvement Committee (QIC). Medical staff triages potential quality of care issues and conduct reviews of suspected physician and ancillary quality of care issues. All closed cases are presented to the Credentialing and Peer Review Committee to assess if documentation is complete, and whether further action is required. The QI Department tracks, monitors, and trends service and access issues to determine if there is an opportunity to improve care and service. Results of Quality of Care reviews and tracking and trending of service and access issues are reported to the Credentialing and Peer Review Committee at time of re-credentialing. Quality of care case referral to the QI Department originating from

multiple activities, which include, but are not limited to: Prior Authorization, Concurrent Review, Case Management, Legal, Compliance, Customer Service, Pharmacy, or Grievances and Appeals Resolution.

XV. Role of Participating Practitioners

Participating practitioners, including a behavioral health practitioner who is either a medical doctor or PHD/PsyD, serve on the QI Program Committees as necessary to support each committee's function. Through these committees' activities, network practitioners:

A. Review, evaluate and make recommendations for credentialing and re-credentialing decisions.
B. Review individual cases reflecting actual or potential adverse occurrences.
C. Review and provide feedback on proposed medical guidelines, preventive health guidelines, clinical protocols, population health programs, quality and HEDIS results, new technology and any other clinical issues regarding policies and procedures.
D. Review proposed QI study designs.
E. Participate in the development of action plans and interventions to improve care and service to members.
F. Participate with one or more of the following committees:
    a. Quality Improvement Committee
    b. Pharmacy and Therapeutics Committee
    c. Utilization Management Committee
    d. Credentialing and Peer Review Committee
    e. Additional committees as requested by the Plan

XVI. Behavioral Health Services

SCFHP monitors and works to improve the quality of behavioral health care and services provided through and based on applicable contract requirements. The QI program monitors services for behavioral health and review of the quality and outcome of those services delivered to the members within the network of practitioners and providers. The quality of Behavioral Health services may be determined through, but not limited to the following:

A. Access to care
B. Availability of practitioners
C. Coordination of care
D. Medical record and treatment record documentation
E. Complaints and grievances
F. Appeals
G. Utilization metrics
    a. Timeliness
    b. Application of criteria
    c. Bed days
    d. Readmissions
    e. Emergency department utilization

f. Inter-rater reliability

H. Compliance with evidence-based clinical guidelines

I. Language assistance

Reporting to the Director of Case Management, the Manager of Behavioral Health is involved in the behavioral aspects of the QI Program. The Manager of Behavioral Health is available to assist with member behavioral health complaints, development of behavioral health guidelines, recommendations on service and safety, providing behavioral health QI statistical data, and follow-up on identified issues. The Manager of Behavioral Health represents SCFHP and acts as liaison between the Managed Care Plan and the County Mental Health Plan by collaborating and coordinating services for members, participating in County Behavioral Health Services quality efforts and audits.

XVII. Utilization Management

Please refer to the Utilization Management Program Description for Utilization Management activities and related UM activities including Case Management, and Population Health programs and processes.

XVIII. Population Health Management

The Population Health Management (PHM) program is developed, implemented and evaluated by the Health Services team with input and oversight by the QI Team and QIC. The QI Team annually conducts a population assessment to identify the needs and characteristics of SCFHP's member population. The Health Services team reviews the results of the assessment and identifies programs that would be beneficial to SCFHP's sub populations. The Population Health Program has four areas of focus:

- Keeping members healthy.
- Managing members with emerging risk.
- Patient safety or outcomes across settings.
- Managing multiple chronic illnesses.

The QI Team works with Health Services to identify and set goals as part of the PHM Strategy. The PHM Strategy is brought to the QIC for review and approval annually.

XIX. Care of Members with Complex Needs

Please refer to the Case Management program description and the Population Health Management Strategy document for complete details on care of members with complex needs. SCFHP is committed to serving the needs of all members assigned, and places additional emphasis on the management and coordination of care of the most vulnerable populations and members with complex health needs. Our goal is to promote the delivery of effective, quality health care to members with special health care needs, including, but not limited to, physical and developmental disabilities, multiple chronic conditions, and complex behavioral health and social issues through:

A. Providing case management teams focusing on members who have had an organ transplant, or are diagnosed with HIV/AIDS, progressive degenerative disorders and/or metastatic cancers.

B. Improving access to primary and specialty care to facilitate the receipt of appropriate services for members with complex health conditions.
C. Coordinating care for members who receive multiple services.
D. Identifying and reducing barriers to services for members with complex conditions.

XX. Long Term Services and Supports (LTSS) & Social Determinants of Health (SDOH)

The LTSS Team develops and leads strategies, initiatives and programs that address members' LTSS needs and Social Determinants of Health (SDOH). This includes building and managing an adequate provider network and community partnerships for the delivery of Enhanced Case Management (ECM) benefits and the Community Supports program. Designated LTSS staff oversee referrals and eligibility determination for these benefits as well as coordination and training with LTSS providers including Community Based Adult Services (CBAS) In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP) and the network of contracted nursing facilities. SCFHP is committed to coordination and leveraging of community resources, and education to provide adequate access and availability to members needing LTSS and to address member's social conditions.

Training on LTSS needs, benefits and community supports is provided upon hire and annually to all case management staff and included in the initial training for the provider network. A focus of the training is how LTSS benefits and services support member's ability to remain living in the community and to support transitions of care for members residing in long term care nursing facilities.

The SDOH team educates providers on how ICD-10 codes can be used to report members' social needs by providing information in tips sheets, the provider manual, and education sessions. This information will allow the health plan to understand members' social needs and adequately train staff and partner with the community and providers to provider better care.

XXI. Enhanced Care Management and Community Supports

Enhanced Care Management (ECM) is a Medi-Cal benefit delivered by community-based providers for members who meet specific eligibility criteria for one of the seven identified ECM Populations of Focus. These include children with complex health needs, homeless individuals, high utilizers, individuals at risk of institutionalization, justice involved individuals and nursing facility residents transitioning to the community. Eligible members are assigned a Lead Care Manager to work with the member and family support individuals to manage and coordinate the member's care. ECM serves as the central point for coordinating patient-centered care to improve member outcomes through coordination of primary care, physical and developmental health, mental health, substance use disorder treatment (SUD), community-based Long Term Services and Supports (LTSS), oral health, palliative care, and community-based and social services. ECM creates an infrastructure to support multi-system coordination and care delivery, including connecting member to Community Supports; ECM looks to reduce healthcare cost,

including hospital admissions/ readmissions and ED visits, and extends to reduce cost in expensive community systems such as, long term care setting, nursing home residency, and prision systems.

Community Supports are flexible wrap-around services that are integrated into our case management programs for members at medium-to-high levels of risk and may fill gaps in Medi-Cal benefits to address medical or other needs that may arise due to social determinants of health. These services are medically-appropriate and cost-effective substitutes or settings and will be provided as an alternative to services covered under Medi-Cal, such as hospital care, nursing facility care, and emergency department (ED) utilization. The health plan will launch all 14 of the DHCS-approved Community Supports in six-month increments between January 1, 2022 and July 1, 2023. Referrals can be made by all providers and members, eligibility criteria are reviewed and if approved, the member is linked to a community based-provider to provide the community support. Community support providers provide updates on the member to ECM providers and the health plan which can be communicated to those in the care circle.

Both ECM and Community Supports programs are reflected in the Population Health Management Strategy. Updates and changes for these programs are reported up to the Quality Improvement Committee for review, feedback and approval.

XXII. Cultural and Linguistics

SCFHP monitors that clinical and non-clinical services are provided in a culturally competent manner and are accessible to all members, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds.

SCFHP is committed to member centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population we serve. Identified population needs and planned interventions involve member input and are vetted through the Consumer Advisory Committee and Consumer Advisory Board prior to full implementation, as determined by the plan's Health Educator.

All individuals providing linguistic services to SCFHP members are adequately proficient in the required language to both accurately convey and understand the information being communicated. This policy applies to SCFHP staff, providers, provider staff, and professional translators or interpreters. Monitoring of staff ability to serve as an interpreter is maintained by the Plan.

Interpreter services are provided to the member at no charge.

SCFHP monitors programs and services that are culturally and linguistically appropriate by:

A. Using practitioner and provider chart reviews and interviews to understand the differences in care provided and outcomes achieved to reduce health care disparities in clinical areas.
B. Conducting member-focused interventions using culturally competent education materials that focus on race, ethnicity and language specific risks.

C. Conducting focus groups or key informant interviews with cultural or linguistic minority members to determine how to better meet their needs and how to improve the cultural competency of communications, as determined by the plan's Health Educator
D. Providing information, training and tools to staff and practitioners to support culturally competent communication to improve network adequacy, and to meet the needs of underserved groups.

SCFHP has designated the Director of Quality and Process Improvement to provide oversight for meeting the objectives of service to a culturally and linguistically diverse population through the following:

A. Translation services
B. Interpretation services
C. Proficiency testing for bilingual staff
D. Cultural competency trainings such as:
    a. Cultural Competency annual online training for plan staff and contracted providers
E. Provider newsletter articles on a variety of cultural and linguistic issues
F. Health education materials in different languages and appropriate reading levels
G. Provider office signage on the availability of interpretation services

Please refer to Cultural and Linguistic Serives Program Description for details.

XXIII. Health Education

Health Education Program is an organized program, service, functions and resources necessary to deliver general health education, health promotion, and patient education to assist SCFHP beneficiaries to maintain and improve their health and manage their illnesses. The Health Education Program supports SCFHP's Population Health Management (PHM) strategy under the direction of Health Educator.

Please refer to Health Education Program Description.

XXIV. Credentialing Processes

SCFHP conducts a credentialing process that is in compliance with the National Committee for Quality Assurance (NCQA), the Department of Health Care Services (DHCS), the Department of Managed Health Care (DMHC), and the Centers for Medicaid and Medicare Services (CMS). SCFHP contracts with a Credentials Verification Organization (CVO) who performs primary source verification. The Plan credentials new applicants prior to the effective date of the practitioner's agreement and in advance of the practitioner delivering care to members, and re-credentials network practitioners at least every 36 months.

The comprehensive credentialing process is designed to provide on-going verification of the practitioner's ability to render specific patient care and treatment within limits defined by licensure, education, experience, health status, and judgment, thus ensuring the competency of practitioners working within the SCFHP contracted delivery system. The scope of the credentialing program includes all licensed Physicians (MD), Oral Surgeons, Dentists (DDS), Podiatrists (DPM), Doctors of Osteopathy (DO), Nurse

Practitioners (NP), Physician Assistants (PA), Certified Nurse Mid-Wife (CNM), Clinical Nurse Specialists (CNS), Chiropractors (DC), Optometrists (OD), Clinical Psychologists (Ph.D.), Behavioral Health Practitioners such as Marriage Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), and other ancillary, allied health professionals or mid-level practitioners, as applicable, both in the delegated and direct contracts.

Healthcare Delivery Organizations

SCFHP performs credentialing and re-credentialing of ancillary providers and health care delivery organizations (these include, but are not limited to, hospitals, home health and hospice agencies, skilled nursing facilities, free standing surgical centers, behavioral healthcare providers that provide mental health or substance abuse services in inpatient residential or ambulatory settings, and other medical providers such as FQHCs, laboratories, outpatient rehabilitation facilities, outpatient physical therapy and speech pathology providers, end stage renal disease (ESRD) providers, and similar providers as applicable) upon initial contracting, and every 36 months thereafter. The intent of this process is to assess whether these entities meet standards for quality of care and are in good standing with State and Federal regulatory agencies and are maintaining their accreditation status as applicable.

Use of Quality Improvement Activities in the Re-credentialing Process

Findings from quality improvement activities are included in the Re-credentialing process. Should an instance of poor quality of care issue be identified mid-cycle, the Credentialing and Peer Review Committee may select to review the practitioner between routine re-credentialing cycles.

Monitoring for Sanctions and Complaints

SCFHP has adopted policies and procedures for ongoing monitoring of sanctions, which include, but are not limited to, state or federal sanctions, sanctions or limitations on licensure, Medicare and Medicaid sanctions, CMS preclusion list, potential quality issues (PQI), and member complaints between re-credentialing periods.

XXV. Facility Site Review, Medical Record and Physical Accessibility Review

SCFHP does not delegate Primary Care Provider (PCP) site and medical records review to its contracted groups. SCFHP assumes responsibility and conducts and coordinates Facility Site Review (FSR) and Medical Record Review (MRR) in accordance with standards set forth by MMCD Policy Letter 14-004.

SCFHP collaborates with other health plan partners to coordinate the FSR/MRR process, minimize the duplication of site reviews, and support consistency in PCP site reviews for PCPs contracted with health plan partners. Site reviews are completed as part of the initial credentialing process, except in those cases where the requirement is waived because the provider received a passing score on another full scope site review performed by another health plan in the last three years, in accordance with MMCD Policy Letter 14-004 and SCFHP policies.

DHCS requires that medical records of new providers are reviewed within ninety (90) calendar days of the date on which members are first assigned to the provider. An additional extension of ninety (90) calendar days may be allowed only if the provider does not have sufficient assigned members to complete review of the required number of medical records.

Physical Accessibility Review Survey for Seniors and Persons with Disabilities (SPD)

SCFHP conducts an additional DHCS-required facility audit for American with Disabilities Act for compliance of Seniors and Persons with Disabilities (SPD) members, which includes access evaluation criteria to determine compliance with ADA requirements.

Medical Record Documentation Standards

SCFHP requires that its contracted practitioners maintain medical records in an accurate and timely manner that is current, detailed, organized, and easily accessible to treating practitioners. All member data should be filed in the medical record in a timely manner (i.e., lab, x-ray, consultation notes, etc.). The medical record should also indicate timely access by members to information that is pertinent to them, such as health education materials.

The medical record should provide appropriate documentation of the member's medical care, in such a way that it facilitates communication, coordination, and continuity of care, and promotes efficiency and effectiveness of treatment. All medical records should, at a minimum, include all information required by state and federal laws and regulations, and the requirements of the Plan's contracts with CMS and DHCS.

The medical record should be protected, in that medical information is released only in accordance with applicable Federal and/or state law.

XXVI. Initial Health Assessment

SCFHP ensure contracted providers are trained and administering the Initial Health Assessment (IHA) with the Staying Healthy Aessment (SHA) for all memebrs within 120 days of enrollment. (DHCS APL 08-003) The IHA is conducted in a culturally and linguistically appropriate manner for all memebrs, including those with disabitilies. The Goals Medical providers will use the SHA tool and other relevant clinical evidence to identify beneficiary's health education needs and conduct educational intervention.

XXVII. Member Safety

The monitoring, assessment, analysis and promotion of member safety matters are integrated into all components of member enrollment and health care delivery organization continuum oversight and are a significant part the Plan's quality and risk management functions. Member safety efforts are clearly articulated both internally and externally, via newsletter, email, fax, web and verbal communications. Member safety efforts include:

A. Identification and prioritization of patient safety-related risks for all SCFHP members, regardless of line of business and contracted health care delivery organizations
B. Operational objectives, roles and responsibilities

C. Ensuring appropriate patient safety training and education are available to members, families, and health care personnel/physicians
D. Health Education
E. Population Needs Assessment
F. Over- and Under- Utilization monitoring
G. Medication Management
H. Case Management and Population Health Management outcomes
I. Operational Aspects of Care and Service

Member Safety prevention, monitoring and evaluation include:

A. Alerting the pharmacy to potential drug interactions and/or duplicate therapies, and discussing these potential problems with the prescribing physician(s), to allow the practitioner to correct the issue
B. Ensuring timely and accurate communication between sites of care, such as hospitals and skilled nursing facilities, to improve coordination and continuity of care Utilizing facility site review, Physical Accessibility Review Survey (PARS), and medical record review results from practitioner and healthcare delivery organizations at the time of credentialing to improve safe practices, and incorporating ADA (Americans with Disabilities Act), and SPD (Seniors and Persons with Disabilities) site review audits into the general facility site review process
C. Tracking and trending of adverse event reporting to identify system issues that contribute to poor safety

Elements of the safety program address the environment of care and the safety of members, staff, and others in a variety of settings. The focus of the program is to identify and remediate potential and actual safety issues, and to monitor ongoing staff education.

A. Ambulatory setting
    a. Adherence to ADA standards, including provisions for access and assistance in procuring appropriate equipment, such as electric exam tables
    b. Annual blood-borne pathogen and hazardous material training
    c. Preventative maintenance contracts to promote that equipment is kept in good working order
    d. Fire, disaster, and evacuation plan, testing, and annual training
B. Institutional settings (including Long-Term Care (LTC) and Long-Term Services and Supports (LTSS)
    a. Falls and other prevention programs
    b. Identification and corrective action implemented to address post-operative complications
    c. Sentinel events identification and appropriate investigation and remedial action
    d. Administration of Flu/Pneumonia vaccine
C. Administrative offices
    a. Fire, disaster, and evacuation plan, testing, and annual training

XXVIII. Member Experience and Satisfaction

SCFHP conducts ongoing review of clinical and non-clinical effectiveness and member satisfaction by monitoring member and provider complaints, member and provider surveys, and customer service call center performance. The plan collects and analyzes data at least annually to measure its performance against established benchmarks or standards and identifies and prioritizes improvement opportunities. Specific interventions are developed and implemented to improve performance, and the effectiveness of each intervention is measured at specific intervals.

SCFHP solicits feedback from members, medical centers, and caregivers to assess satisfaction using a range of approaches, such as NCQA's Consumer Assessment of Healthcare Providers and Systems (CAHPS), Health Outcomes Survey (HOS) and member satisfaction survey, monitoring member complaints and direct feedback from grievances and appeals. The Quality Department is responsible for coordinating the HOS and CAHPS surveys, aggregating and analyzing the findings and reporting the results. Survey results are reviewed by the QIC with specific recommendations for performance improvement interventions or actions.

Provider satisfaction is assessed annually using a valid survey methodology and a standardized comprehensive survey tool. The survey tool is designed to assess provider satisfaction with the network, claims, quality, utilization management, and other administrative services.

Member Grievances and Provider Complaints

The QI Department investigates and resolves potential quality of care concerns and grievances. All grievances related to quality of care and service are tracked, classified according to severity, reviewed by Plan Medical Directors, categorized by the QI Department, and analyzed and reported on a routine basis to Plan's QIC. The QIC recommends specific physician/provider improvement activities.

All administrative member grievances are tracked and resolution is facilitated by the Grievance and Appeals and/or Customer Service teams. Data is analyzed and reported to the QIC on a regular basis to identify trends and to recommend performance improvement activities, as appropriate. Grievance reports are submitted to the QIC at least quarterly, along with recommendations for QI activities based on results.

Data is reported to and analyzed by the QIC on a regular basis to identify trends and to recommend performance improvement activities, as appropriate. Provider complaint reports are submitted to the QI Committee at least quarterly, along with recommendations for QI activities based on results.

XXIX. Delegation Oversight

The Delegation Oversight process is within the Plan's Compliance Department and overseen by the Plan's Compliance Committee. Delegation Oversight activities that are specific to the QI Program include reports submitted by delegated entities and reviewed by SCFHP's functional operational areas.

Plan monitoring includes, but is not limited to, the following:

A. On-going monitoring via quarterly, semi-annual, and annual reports

B. Focused review that may include case file monitoring when applicable
C. Annual review of the delegates' policies and procedures
D. Annual Oversight Audits
E. Annual review to provide feedback of the delegates' Quality and Utilization Management Program Plans and Work Plans
F. Review and approval of sub-delegate's delegation agreement(s) prior to implementation of such an agreement
G. Sub-delegation reports
H. Review of case management program and processes
I. Review of quality of care monitoring processes, results of QI Activities,
J. Review of credentialing and re-credentialing processes, working collaboratively with the delegates' staffs to review performance and develop strategies for improvement
    a. Communication monthly and quarterly analysis of reports and utilization benchmarks to delegates

Oversight activity results are shared with delegates during Joint Operating Committees or other applicable workgroups and committees. When a delegate is found to be non-compliant with contractual or regulatory standards, SCFHP may issue the delegate correactive action. Further disciplincary actions may include sanctions, freezing enrollment, financial penalities, and contract termination.

Delegate monitoring and auditing activities, including corrective action plan monitoring and recommendations are presented and discussed in the Plan's Oversight Workgroup. The Plan's Oversight Workgroup is comprised of representatives from all functional areas. Representatives are invited and encouraged to present their oversight activities with delegated entities. Delegation Oversight activities related to this QI Program, including quality of care, quality of service and access and availability is also presented in QIC by functional area representatives or Compliance representative as part of additional monitoring. All oversight activities and recommendations are also presented to the Compliance Committee for review, discussion, and approval, when applicable. The Compliance Committee is comprised of members from the Governing Board and SCFHP's Executive Leadership Team. The Compliance Committee reports to the Governing Board.

XXX. Data Integrity/Analytics

The clinical data warehouse aggregates data from SCFHP's core business systems and processes, such as member eligibility, provider data, encounters, claims, and pharmacy data. The data warehouse is maintained by the Information Systems (IS) Department. The data warehouse allows IS to provide analytic support to the QI Program. The data warehouse allows staff to apply evidence-based clinical practice guidelines to analyze data for quality purposes, such as the identification of members eligible for specific population health management programs, risk stratification, process measures, and outcomes measures. SCFHP staff create and maintain the data base with quarterly data updates.

Based upon evidence-based practice guidelines built into the system, the clinical data warehouse can:

A. Identify and stratify members with certain disease states
B. Identify over/under utilization of services

C. Identify missing preventive care services
D. Identify members for targeted interventions

Identification and Stratification of Members

Using clinical business rules, the database can identify members with a specific chronic disease condition, such as asthma, diabetes, mental health issues or congestive heart failure. It then can identify the acuity of the member based on their emergency department (ED) and inpatient utilization data. . Once the member has been identified with a specific disease condition and acuity, the Case Management team works with the member to further identify treatment failure, complications and co-morbidities, noncompliance, or exacerbation of illness to determine if the member requires medical care, and recommends an appropriate level of intervention.

Identify Potential of Over- and Under- Utilization of Services

Using clinical business rules, the database can identify if a member or provider is over or under utilizing medical services. In analyzing claims and pharmacy data, the data warehouse can identify if a member did not refill their prescription for maintenance medication, such as high blood pressure medicines. The database can also identify over utilization or poor management by providers. For example, the system can list all members who have exceeded the specified timeframe for using a certain medication, such as persistent use of antibiotics greater than 61 days. Additional data is available through UM metrics, including hospital bed days, length of stays, Emergency Department utilization, readmissions, and UM referrals.

Identify Missing Preventive Care Services

The data warehouse can identify members who are missing preventive care services, such as an annual exam, an influenza vaccination for members over 65, a mammogram for women for over 50, or a retinal eye exam for a member with diabetes. This information is called a gap in care. This information is then disseminated to the Population Health Management and Case Management teams to address with the member.

Identify Members for Targeted Interventions

The rules for identifying members and initiating the intervention are customizable to SCFHP to fit our unique needs. By using the standard clinical rules and customizing SCFHP specific rules, the database is the primary conduit for targeting and prioritizing heath education, population health management, and HEDIS- related interventions.

By analyzing data that SCFHP currently receives (i.e. claims data, pharmacy data, and encounter data), the data warehouse identifies the members for quality improvement and access to care interventions, which supports us in improving our HEDIS measures. This information guides SCFHP in not only targeting members, but also delegated entities and providers who need additional assistance.

Medical Record Review

Wherever possible, administrative data is utilized to obtain measurement for some or all project quality indicators. Medical record review may be utilized as appropriate to augment administrative data findings. In cases where medical record abstraction is used, appropriately trained and qualified individuals are utilized. Training for each data element (quality indicator) is accompanied by clear guidelines for interpretation. Validation is done through a minimum 10% sampling of abstracted data for rate to standard reliability, and is coordinated by the Director of Quality and Process Improvement, or designee. If validation is not achieved on all records samples, a further 25% sample is reviewed. If validation is not achieved, all records completed by the individual are re-abstracted by another staff member.

Where medical record review is utilized, the abstractor obtains copies of the relevant section of the record. Medical record copies, as well as completed data abstraction tools, are maintained for a minimum period, in accordance with applicable law and contractual requirements.

Interventions

For each QI Project, specific interventions to achieve stated goals and objectives are developed and implemented. Interventions for each project must:

A. Be clearly defined and outlined
B. Have specific objectives and timelines
C. Specify responsible departments and individuals
D. Be evaluated for effectiveness
E. Be tracked through the QI Program

For each project, there are specific system interventions that have a reasonable expectation of effecting long-term or permanent performance improvement. System interventions include education efforts, policy changes, development of practice guidelines (with appropriate dissemination and monitoring), and other plan-wide initiatives. In addition, provider and member specific interventions, such as reminder notices and informational communication, are developed and implemented.

Improvement Standards

A. Demonstrating Improvement
    a. Each project is expected to demonstrate improvement over baseline measurement on the specific quality indicators selected. In subsequent measurements, evidence of significant improvement over the initial performance to the indicator(s) must be sustained over time.
B. Sustaining Improvement
    a. Sustained improvement is documented through the continued re-measurement of quality indicators for at least one year after the improved performance has been achieved.

Once the requirement has been met for both significant and sustained improvement on any given project; there is no other regulatory (CMS, DHCS, DMHC) reporting requirement related to that project. SCFHP may internally choose to continue the project or to go on to another topic.

Documentation of QI Projects

Documentation of all aspects of each QI Project is required. Documentation includes (but is not limited to):

A. Project description, including relevance, literature review (as appropriate), source, and overall project goal.
B. Description of target population.
C. Description of data sources and evaluation of their accuracy and completeness.
D. Description of sampling methodology and methods for obtaining data.
E. List of data elements (quality indicators). Where data elements are process indicators, there must be documentation that the process indication is a valid proxy for the desired clinical outcome.
F. Baseline data collection and analysis timelines.
G. Data abstraction tools and guidelines.
H. Documentation of training for chart abstraction.
I. Rater to standard validation review results.
J. Measurable objectives for each quality indicator.
K. Description of all interventions including timelines and responsibility.
L. Description of benchmarks.
M. Re-measurement sampling, data sources, data collection, and analysis timelines.
N. Evaluation of re-measurement performance on each quality indicator.

Key Business Processes, Functions, Important Aspects of Care and Service

SCFHP provides comprehensive acute and preventive care services, which are based on the philosophy of a medical "home" for each member. The primary care practitioner is this medical "home" for members who previously found it difficult to access services within their community. The Institute of Medicine describes the concepts of primary care and community oriented primary care, which apply to the SCFHP model:

- Primary care, by definition, is accessible, comprehensive, coordinated, and continual care delivered by accountable providers of personal health services.
- Community oriented primary care is the provision of primary care to a defined community, coupled with systematic efforts to identify and address the major health problems of that community.

The important aspects of care and service around which key business processes are designed include:

A. Clinical care and service
B. Access and availability
C. Continuity and coordination of care
D. Preventive care, including:
    a. Initial risk assessment (IHA)
    b. Behavioral assessment
E. Patient diagnosis, care, and treatment of acute and chronic conditions

F. Complex case management:
    a. SCFHP coordinates services for members with multiple and/or complex conditions to obtain access to care and services via the utilization and case management department, which details this process in its utilization management and case management programs and other related policies and procedures
G. Drug Utilization
H. Health Education
I. Over- and Under- Utilization monitoring
J. Population health program outcomes and performance against program goals

Administrative Oversight:

A. Delegation oversight
B. Member rights and responsibilities
C. Organizational ethics
D. Effective utilization of resources
E. Management of information
F. Financial management
G. Management of human resources
H. Regulatory and contract compliance
I. Customer satisfaction
J. Fraud and abuse* as it relates to quality of care

* SCFHP has adopted a zero tolerance policy for fraud and abuse, as required by applicable laws and its regulatory contracts. The detection of fraud and abuse is a key function of the SCFHP Compliance Program.

XXXI. Conflict of Interest

Network practitioners serving on any QI program-related committee, who are or were involved in the care of a member under review by the committee, are not allowed to participate in discussions and determinations regarding the case. Committee members cannot review cases involving family members, providers, or suppliers with whom they have a financial or contractual affiliation or other similar conflict of interest issues.

All employees and committee participants sign a Conflict of Interest statement on an annual basis.

Fiscal and clinical interests are separated. SCFHP and its delegates do not specifically reward practitioners or other individuals conducting utilization review for issuing denials of coverage, services, or care. There are no financial incentives for UM decision-makers that could encourage decisions that result in under-utilization.

XXXII. Confidentiality

SCFHP maintains policies and procedures to protect and promote the proper handling of confidential and privileged member information. Upon employment, all SCFHP employees, including contracted professionals who have access to confidential or member information, sign a written statement delineating responsibility for maintaining confidentiality.

In addition, all committee and subcommittee members are required to sign a confidentiality agreement on an annual basis. Invited guests must sign a confidentiality agreement at the time of committee attendance. Agreement requires the member to maintain confidentiality of any and all information discussed during the meeting.

All records and proceedings of the QIC and other QI program-related committees, which involve member- or practitioner-specific information are confidential, and are subject to applicable laws regarding confidentiality of medical and peer review information, including Welfare and Institutions Code section 14087.58, which exempts the records of QI proceedings from the California Public Records Act.

This

XXXIII. Communication of QI Activities

Results of performance improvement activities are communicated to the appropriate department, and/or multidisciplinary committee as determined by the nature of the activity. The QI subcommittees report their summarized information to the QIC quarterly in order to facilitate communication along the continuum of care. The QIC reports activities to the Governing Board, through the CMO or designee, on a quarterly basis. QIC participants are responsible for communicating pertinent, non-confidential QI issues to all members of SCFHP staff.

Communication of QI trends to SCFHP's contracted entities, members, practitioners and providers is through the following:

A. Practitioner participation in the QIC and its subcommittees
B. Health Network Forums, Medical Director meeting, and other ongoing ad-hoc meetings
C. Practitioner and member newsletters regarding relevant QI program topics
D. The QI Program description, available to providers and members on the SCFHP website. This includes QI program goals, processes and outcomes as they relate to member care and service. Members and/or providers may obtain a paper copy by contacting Customer Service.
E. Included in annual practitioner education through provider relations and the Provider Manual

XXXIV. Annual Evaluation

The QIC conducts an annual written evaluation of the QI program and makes information about the QI program available to members and practitioners. Applicable QI related committees contribute to the annual evaluation which is ultimately reviewed and approved by the Governing Board.

The Plan conducts an annual written evaluation of the QI program and activities that include the following information:

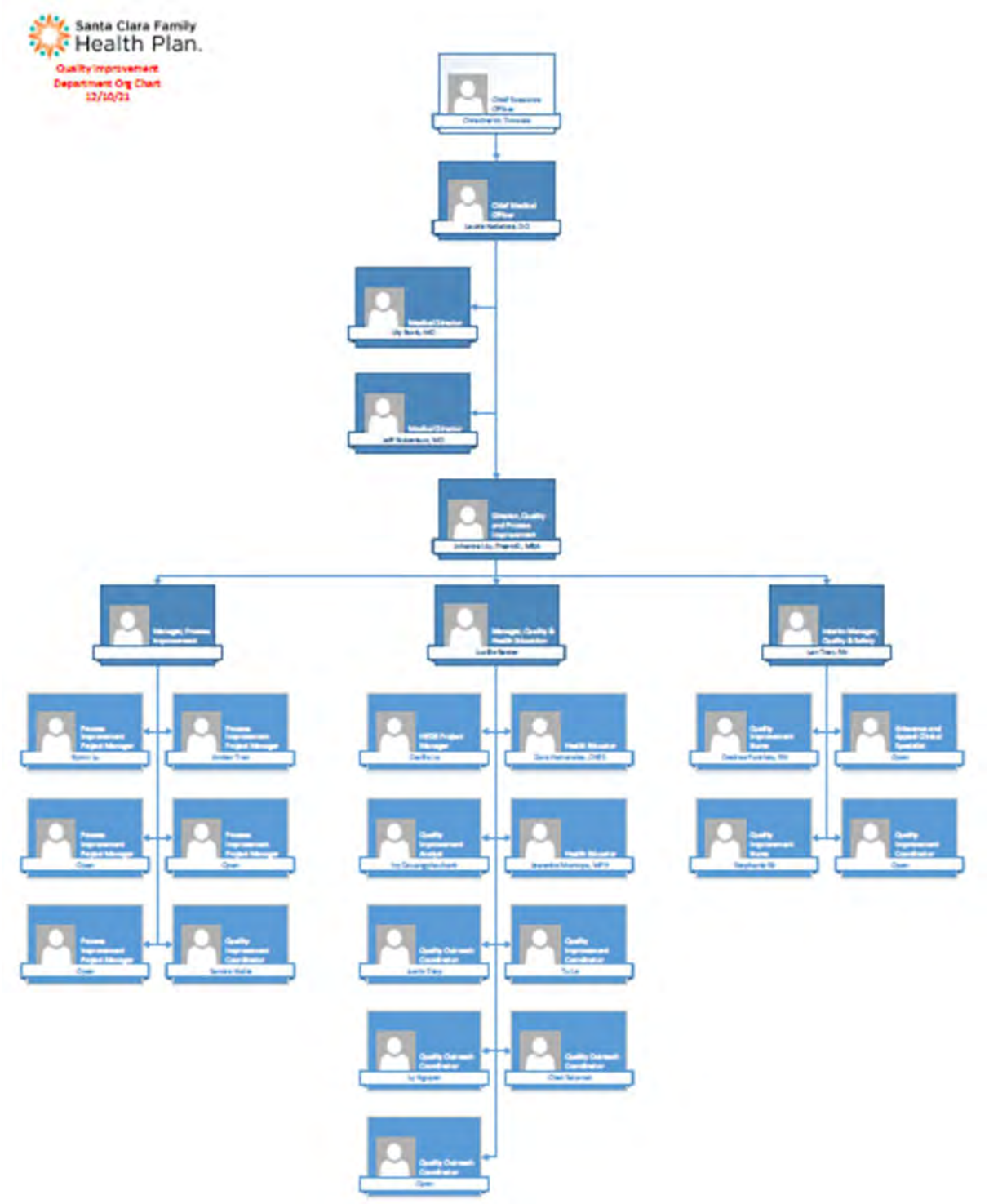
A. A description of completed and ongoing QI activities that address quality of care, safety of clinical care, quality of service and members' experience
B. Trending and monitoring of measures and previously identified issues to assess performance in the quality and safety of clinical care and quality of services
C. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices
D. Barrier analysis

The evaluation addresses the overall effectiveness of the QI program, including progress that was made toward influencing network-wide safe clinical practices and includes assessment of:

A. The adequacy of QI program resources
B. The QIC structure
C. Amount of practitioner participation in the QI program, policy setting, and review process
D. Leadership involvement in the QI program and review process
E. Identification of needs to restructure or revise the QI program for the subsequent year

Appendix 1

Quality Improvement Department Organization Structure



CULTURAL AND LINGUISTICS WORK PLAN EVALUATION 2021

CULTURAL AND LINGUISTICS WORK PLAN EVALUATION 2021								
Item	**Project Objectives**	**Contract Reference**	**Activity**	**Final Deliverables**	**Responsible Position**	**Reporting Frequency**	**Target Completion**	**Completed/Evaluation**
1A	Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Ongoing	Policy QI.08 approved at QIC on February 2021.
1B	Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	2.9.7.4.	Distribute "Reference Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Continuous	Included with annual training PNO Q1 2021
1C	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Continuous	EOC released April 2021, public website updated August 2021. Health Education/ Wellness rewards mailings (June - November 2021) included taglines with language assistance Member informing mailings (sent by Mkting) included taglines with language assistance MCAL Newsletters : Spring, Summer, Fall, Winter 2021 CMC Newsletters: Spring Summer, Fall, Winter 2021
1D	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Continuous	PNA findings shared at CAC in September 2021. Field testing for Preventive Care campaign completed in March 2021.
1E	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Continuous	Monthly review of C&L dashboard data to monitor interpreter utilization and determine action, including remediation. Ongoing review and investigation to address grievances related to interpreter services, including remediation.
2A	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Continuous	C&L discussed PCNC QI Meeting 3/18/21 VRI Services for ASL promoted via phone via PNO team October 2021

CULTURAL AND LINGUISTICS WORK PLAN EVALUATION 2021								
Item	**Project Objectives**	**Contract Reference**	**Activity**	**Final Deliverables**	**Responsible Position**	**Reporting Frequency**	**Target Completion**	**Completed/Evaluation**
2B	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually	PMG audit completed January 2021. Findings: N/A PCNC completed March 2021. Finding 1: Matrix of Health Plan Contacts info for interpretation services outdated Finding 2: PCNC does not utilize a valid method for assessing language capacity of interpreters and bilingual staff VHP completed March 2021. Findings: N/A Kaiser completed April 2021 Findings: N/A
2C	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Continuous	C&L toolkit reviewed in August 2021. Toolkit is included in new provider orientation slides.
2D	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	All staff training completed on November 2021
2E	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	DHCS APL 21-004	Implement Farsi as new threshold language	Update all vital documents, E-mails informing all staff	Health Educator, QI	Ongoing	3 Months after APL is released	New APL 21-004 was released in 2021. Farsi is not a threshold language.
3A	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	N/A	Incorporate cultural focus into health education classes	Class materials	Health Educator, QI	Ongoing	Continuous	AHA Check. Change. Control - target Vietnamese population in January 2021. CBP calls to African American population in January 2021.
3B	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Continuous	Ongoing evaluation based on dates of new hires
3C	Promote a culturally competent health care and work environment for the SCFHP	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Sep-20	All staff trainings slides reviewed and updated August 2021. Minor changes to include updated SCFHP demographics

CULTURAL AND LINGUISTICS WORK PLAN EVALUATION 2021								
Item	**Project Objectives**	**Contract Reference**	**Activity**	**Final Deliverables**	**Responsible Position**	**Reporting Frequency**	**Target Completion**	**Completed/Evaluation**
3D	Promote a culturally competent health care and work environment for the SCFHP	Exhibit A, Attachment 9,13.E	Health Plan activities to raise cultural awareness	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly	Holiday/observances e-mails sent out monthly to all staff: January 4 2021 Feb 2 2021 March 1 2021 April 1 2021 May 3 2021 June 1 2021 August 4 2021 July 2 2021 September 1 2021 October 1 2021 November 1 2021 December 3 2021 Completion of Management training Diversity, Equity, and Inclusion workshop series April 2021
3E	Promote a culturally competent health care and work environment for the SCFHP	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Continuous	ICE Meeting dates joined: 05/10/21 09/13/21
4A	Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas	Training materials provided to departments	Health Educator, QI	Ongoing	Continuous	Annual training for member-facing departments on C&L interpreter services and best practices completed 07/14/21 C&L reviews member requests for alternate format and langauges on an ongoing basis.
4B	Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency	Completed C&L Audit tools	Health Educator, QI	Ongoing	Continuous	See line 9.
4C	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Continuous	Ongoing monitoring and reporting of interpreter issues reported by SCFHP staff and members to language vendor to improve quality.
4D	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Continuous	C&L refresher training completed 11/17/21
4E	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Operations to analyze languages spoken by contracted providers.	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly	Quarterly reports shared with PNM with interpretation utilization data for telephone and in-person
5A	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes.	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly	No major issues identified in 2021 regarding language utilization SCFHP CAP'd Hanna 7/20 - (in progress) updated amendment related to CAP findings.

CULTURAL AND LINGUISTICS WORK PLAN EVALUATION 2021								
Item	**Project Objectives**	**Contract Reference**	**Activity**	**Final Deliverables**	**Responsible Position**	**Reporting Frequency**	**Target Completion**	**Completed/Evaluation**
5B	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Monitor language utilization reports for compliance with regulatory requirements.	Interpreter utilization report	Health Educator, QI	Ongoing	Monthly	No major issues identified in 2021 regarding language utilization
5C	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Review Language Line Portal for appropriate turnarond times for translated materials.	Report from Langauge Line Translations Portal	Health Educator, QI	Ongoing	Continuous	No major issues identified in 2021 regarding turnaround times for translation materials.

Medi-Cal (MC) and Cal Medi-Connect (CMC)

Cultural and Linguistics Program 2022

2022 CULTURAL & LINGUISTICS PROGRAM
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CULTURAL AND LINGUISTIC SERVICES PROGRAM 2022

I. INTRODUCTION

The Santa Clara County Health Authority, dba Santa Clara Family Health Plan (SCFHP), is a county public agency. SCFHP's primary mission is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase health care at an affordable price. Working in partnership with providers, SCFHP acts as a bridge between the health care system and those who need coverage.

SCFHP is a fully licensed health care service plan, which began operations in February 1997. SCFHP initially served the County's Medi-Cal population, as a Medi-Cal managed care plan in the State's "Two Plan Model Program". SCFHP continues to serve as the county local initiative in that program. In 2015, SCFHP contracted with Centers for Medicare and Medicaid Services (CMS) for the Cal MediConnect (CMC) Duals Demonstration Project.

Through dedication to integrity, outstanding service, and care for our community, SCFHP works to ensure that everyone in our county can receive the care they need for themselves and their families.

II. STATEMENT OF PURPOSE

The Cultural and Linguistic (C&L) Services Program is designed to improve access and eliminate disparities in quality of care for individuals with Limited English Proficiency (LEP), diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity. It also ensures that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and that all covered services are provided in a culturally and linguistically appropriate manner. (DHCS Medi-Cal Contract Exhibit A, Attachment 4, 7.F)

SCFHP is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible beneficiaries with LEP or sensory impairment. SCFHP's Cultural and Linguistic Services comply with 42, C.F. R. Section 440.262; Title VI of the Civil Rights Act of 1964; (42 U.S.C. Section 2000d, and 45 C.F.R. Part 80) and the Cultural and Linguistic Services requirements in accordance to the contractual agreement with the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), and CMS. The goal of the C&L Services Program is to ensure that SCFHP beneficiaries, especially LEP and sensory impaired beneficiaries receive equal access to health care services that are culturally and linguistically appropriate.

III. METHODOLOGY

Culturally and Linguistically Appropriate Services (CLAS) Standards

The Office of Minority Health (OMH) in the U.S. Department of Health & Human Services (DHHS) require that health care professionals and organizations take responsibility for providing culturally and linguistically appropriate services (CLAS) as a means to improve health care access, quality of care and health outcomes. Defining CLAS as "health care services that are respectful of and responsive to cultural and linguistic needs," the OMH has issued a set of 14 CLAS standards that include "mandates, guidelines and recommendation intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate services." [1]

SCFHP has chosen the 14 National CLAS Standards as the guiding principles of our C&L Services Program.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (4-7) and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: federal mandates, guidelines (recommended by OMH to be federal mandates) and recommendations. Standards 4-7 are mandates, Standards 1-3 and 8-13 are guidelines and Standard 14 is a recommendation. The CLAS standards are:

Culturally Competent Care

1. Health care organizations should ensure that patients/consumers receive from all staff effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

[1] DHHS, OMH, National Standards for CLAS, 2001.

2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate services delivery.

Language Access Services

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence

8. Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity and spoken and written language are collected in health records, integrated into the organization's management information systems and periodically updated.
11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to

accurately plan for and implement services that respond to the cultural and linguistic characteristics of the area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

IV. GOALS, STRATEGIES AND OBJECTIVES

The goal of the SCFHP C&L Services Program is to promote access and delivery of services in a culturally competent manner to all beneficiaries, including those with LEP, sensory impairment, diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation or gender identity.

The Program ensures that beneficiaries have access to covered services delivered in a manner that meets their needs. It also ensures processes and procedures are designed to ensure that all medically necessary covered services are available and accessible to all beneficiaries regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability. The program formalizes ongoing efforts to provide CLAS at all clinical and administrative points of contact in a consistent and measurable fashion. Since the effort to provide culturally and linguistically competent care is an on-going process, the C&L Services staff periodically identifies new objectives and activities based on the findings of the Health Education and C&L Population Needs Assessment (PNA) which is administered annually. SCFHP also incorporates beneficiary, provider and staff feedback expressed at Consumer Advisory Committee (CAC), Consumer Advisory Board (CAB), Provider Advisory Committee (PAC), and Quality Improvement Committee (QIC) meetings, area demographic research and organizational priorities into the development of its C&L Services Program.

An illustration of the reporting relationships for SCFHP identifies key staff with overall responsibility for the operation of the C&L Services Program (Appendix A).

SCFHP's Executive Team and Compliance Departments are responsible for promoting a culturally competent health care and work environment for SCFHP. They ensure that all Plan policies and procedures for eligible beneficiaries or potential beneficiaries do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. They also ensure SCFHP's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services.

The Quality Improvement Department is responsible for developing, implementing and evaluating SCFHP's C&L Services Program in coordination with the Provider Network Operations, Customer Services, Marketing and Communications, Health Services and Compliance Departments.

The Provider Network Operations Department is responsible for ensuring that the composition of the provider network continuously meets beneficiaries' ethnic, cultural and linguistic needs of its beneficiaries on an ongoing basis (DHCS Medi-Cal Contract, Exhibit A, Attachment 6, 13). Language capabilities of clinicians and other provider office staff are identified during the credentialing process and through periodic surveys to update SCFHP's provider directory. Provider Network Operations is also responsible for conducting initial and periodic provider network C&L training, as well as the PAC.

The Customer Service Department records updates to beneficiaries' cultural and linguistic capabilities and preferences, including standing requests for material in alternate languages and formats. Beneficiaries are informed they have access to no cost oral interpretation in their language and written materials translated into SCFHP's threshold languages or provided in alternative formats. Written materials translation is available in non-threshold languages upon request.

Marketing and Communications is also responsible for supporting SCFHP's CAC in accordance with Title 22, CCR, Section 53876 (c). The purpose of the CAC is to provide a link between SCFHP and the community. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. The CAC advises SCFHP on the development and implementation of its cultural and linguistic accessibility standards and procedures. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAC reports directly to the SCFHP Governing Board.

Quality Improvement is responsible for supporting SCFHP's CAB in accordance with the DHCS Coordinated Care Initiative (CCI). The purpose of CAB is to provide a link between SCFHP and the Cal MediConnect population. Meetings are chaired by designated SCFHP staff and composed of SCFHP beneficiaries and community advocates. Committee responsibilities include advising on cultural competency, educational and operational issues affecting beneficiaries, including seniors, persons with LEP and disabilities. CAB is a subcommittee of the QIC.

Health Services (including Case Management, Managed Long Term Support Services, Behavioral Health, Utilization Management, Quality Improvement and Pharmacy) is responsible for ensuring cultural competent care coordination for all beneficiaries.

V. PROGRAM SCOPE

The C&L Services Program is comprehensive, systematic and ongoing. The program is modified and is subject to change based on the most recent All Plan Letter (APL) as released by Department of Health Care Services (DCHS). It includes assessment, monitoring and enhancement of all services provided directly by SCFHP, as well as all services provided by contracted providers, including pharmacies and ancillary services.

Assessment of Beneficiary Cultural and Linguistic Needs

SCFHP regularly assesses beneficiary cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization. Specifically, SCFHP:

- Documents in the Health Plan's Information System the reported ethnicity and preferred language of eligible beneficiaries provided by DHCS/CMS for Medi-Cal or Cal-Medi-Connect beneficiaries.
- Documents beneficiary requests to change their reported ethnicity or preferred language.
- Documents a beneficiary's standing request for materials in another language or in an alternate format in the Health Plan's Information Systems.
- Instructs providers to offer no cost interpreter services by a qualified interpreter and document the beneficiary's preferred language in addition to requests for, and refusals of, interpreter services in the patient chart.
- Tracks and analyzes utilization of telephone and face-to-face interpreter services at all points of contact.

- Conducts a Cultural & Linguistic and Health Education PNA annually to identify C&L needs, and periodically update the assessment based on additional beneficiary input through beneficiary surveys, focus groups and grievances.
- Elicits and documents input from the CAC regarding beneficiaries' C&L needs (for details see Consumer Advisory Committee Charter).
- Elicits and documents input from the CAB regarding beneficiaries' C&L needs (for details see Consumer Advisory Board Charter).
- SCFHP makes reasonable changes to policies, procedures, and practices to provide equal access for individuals with disabilities.

Assessment of linguistic capabilities of SCFHP employees, providers, and subcontractors

SCFHP continuously assesses the linguistic capabilities of its employees, providers and subcontractors to reduce language barriers increase the quality of care LEP beneficiaries receive, and ensure the plan's ability to meet beneficiaries' ethnic, cultural and linguistic needs. SCFHP makes every effort to ensure that providers are assigned with the ability to meet beneficiaries' C&L needs. Activities that contribute to the assessment process include:

- Employees
    - Hire staff that demonstrates appropriate bilingual proficiency as needed for their role by passing a language professional test at time of hire.
    - Maintain Human Resource records on staff linguistic skills and relevant training, certification and/or proficiency results.
    - Assess the performance of employees who provide linguistic services.
- Providers
    - PCP and Specialists are required to ensure access to care for LEP speaking beneficiaries through the provider's own multilingual staff or through cultural and linguistic services facilitated by SCFHP.
    - Identify language proficiency of bilingual providers and office staff through documentation of certification of proficiency.
    - Report provider and office staff language capabilities for inclusion in the Provider Directory.
- Subcontractors
    - Execute agreements with subcontractors that are in compliance with the business requirements for all lines of business.
    - Execute agreements with contracted translators and interpreters that require staff to be tested for proficiency and experience.

- Maintain records in the Health Education Program of community health resources throughout the counties we serve, including the language in which the programs are offered.

Access to Interpreter Services and Availability of Translated Materials
Linguistic services are provided by SCFHP to non-English speaking or LEP beneficiaries for population groups. Services include, but are not limited to, the following:

- No cost linguistic services are provided to beneficiaries accurately and timely and protect the privacy and independence of the individual with LEP.
    - Oral interpreters, signers or bilingual providers and provider staff at all key points of contact are available in languages spoken by beneficiaries. Linguistic services are provided in all languages spoken by beneficiaries, not just the threshold or concentration standards languages. Key points of contact include:
        - Medical care settings
        - Telephone, Nurse Advice Line, urgent care transactions, and outpatient encounters with healthcare providers, including: pharmacists.
        - Non-medical care settings: Customer Services, orientations, and appointment scheduling.
    - Written informational materials are fully translated into all threshold languages within 90 days after the English version is approved by the state. Materials in non-threshold languages are made available upon request within 21 days of the request. (Refer to Policy QI.08.02 for more information on translation into non-threshold languages) Materials include:
        - Evidence of Coverage Booklet and/or Beneficiary Handbook and Disclosure Forms. The contents of these documents includes:
            - Enrollment and disenrollment information
            - Information regarding the use of health plan services, including access to screening and triage, after-hours emergency, and urgent care services
            - Access and availability of linguistic services

- Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
- Process for accessing covered services requiring prior authorizations
- Process for filing grievances and fair hearing requests

- Provider listings or directories
- Formulary/Prescription Drug List
- Marketing materials
- Form letters (i.e. authorization notice of action letters, grievance and appeals, including resolution letters)
- Plan-generated preventive health reminders (i.e. appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)
- Beneficiary surveys
- Newsletters

- California Relay Services for hearing impaired.

SCFHP ensures access to interpreter services for all LEP beneficiaries. SCFHP provides 24-hour access to telephonic interpreter services for all medical and non-medical points of contact. SCFHP beneficiaries can, with advance notice, utilize in-person language and sign language interpreter services. All interpreter services are provided at no charge to beneficiaries. SCFHP requires, through contractual agreement, that contracted interpreters are tested for proficiency and experience. (For more detail please refer to Procedure QI.08.02 Language Assistance Program). SCFHP ensures access to interpreter services for all LEP and sensory impaired beneficiaries through several mechanisms:

- Inform new beneficiaries of available linguistic services in welcome packets.
- Provide an Interpreter Reference Guide to providers about accessing SCFHP's interpreter services.
- Provide an interpreter for scheduled appointments when requested by the provider or beneficiary.
- Ensure beneficiaries can use face-to-face language and sign language interpreters with advance notice.
- Make 24-hour/7 days a week access to telephonic interpreter services available for all medical and non-medical points of contact as defined in the contract or regulations.

- Monitor the interpreter request process to avoid unreasonable or unnecessary delays when the service is requested by the beneficiary or provider.
- Encourage the use of qualified interpreters rather than family beneficiaries or friends. The beneficiary may choose an alternative interpreter at his/her cost after being informed of the no cost service.
- Discouraging the use of minors as interpreters except in extraordinary circumstances.
- Maintain records in the Marketing and Communications Department of translated beneficiary informational materials. SCFHP translates beneficiary informing materials into all threshold languages identified by the Department of Health Care Services (DHCS). Translation into non-threshold languages is available upon request. Alternate formats, such as braille, large print, and audio are available upon request.
- Ensure beneficiaries are made aware they have the right to file a complaint or grievance if their linguistic needs are not met.

SCFHP complies with the non-discrimination requirement set forth under Section 1557 of the Affordable Care Act (ACA). SCFHP does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCFHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (APL 17-011). This includes:

- Posting of the Notice of Non-Discrimination, including Non-Discrimination Statements, in all beneficiary communications and publications, including written notices requiring a response from an individual and written notices to an individual such as those pertaining to rights or benefits.
- Posting the Notice on-site at SCFHP and on the SCFHP website in a conspicuous location and conspicuously visible font size.
- Posting taglines in a conspicuously visible font size in English and at least the top 16 non-English languages spoken by individuals with LEP in California. These taglines inform individuals with LEP of the availability of language assistance services in all beneficiary communications and publications.
    - Languages include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Punjabi, Russian, Spanish, Tagalog, Thai, and Vietnamese.

Staff and Provider Cultural Competency and Diversity Training

SCFHP provides cultural competency, sensitivity, or diversity training for staff, Network Providers, and First Tier, Downstream and Related Entities with direct beneficiary interaction.

SCFHP conducts annual cultural competency trainings for SCFHP employees. Network providers receive C&L training as part of Provider Orientation. SCFHP also provides regular training and information sessions to ensure employees and providers are informed and aware of SCFHP's policies and procedures regarding the provision of CLAS. Training includes DHCS-developed cultural awareness and sensitivity instruction for Seniors and Persons with Disabilities or chronic conditions. (DHCS Medi-Cal Contract, Exhibit A, Attachment 7, 5.B). Training on culturally and linguistically appropriate care and care coordination is made available to SCFHP staff. Specifically, SCFHP offers:

- Department-specific periodic trainings on C&L issues on topics such as health literacy, utilization of interpreter services, identifying and handling C&L grievances, customer service to a diverse membership, etc.
- New provider orientations that cover the Culturally Competency Toolkit and SCFHP C&L policies and procedures, specifically addressing provider responsibilities for providing CLAS and utilization of interpreter services.
- One-on-one provider and provider office staff training on C&L issues when a need is identified to improve provider effectiveness in meeting beneficiaries' C&L needs.
- Training, educational materials and tools regarding various cultures and CLAS are made available to SCFHP staff and network providers.

VI. PROGRAM EFFECTIVENESS AND ACCOUNTABILITY

Monitoring, Evaluation and Enforcement

To ensure that SCFHP employees and providers adhere to its C&L services policies and procedures, and that these policies and procedures result in services that are effective in providing CLAS, SCFHP conducts regular monitoring and enforcement activities regarding staff, provider, and interpreter performance that include, but are not limited to:

- Consumer/beneficiary satisfaction surveys
- Review of beneficiary grievances
- Provider assessments and provider site reviews
- Provider satisfaction surveys
- Feedback on services from CAC, CAB, the Provider Advisory Council and Provider Office Staff Committee, QIC, SCFHP staff and network providers, community-based organization partners, and other focus group reports
- Audits of delegated provider groups
- Data from utilization reports
- Analysis of health outcomes

SCFHP also reviews the C&L Program work plan, evaluation, and description on an annual basis. Updates and changes are submitted to the Quality Improvement Committee for approval.

Health disparities and utilization patterns by race, ethnicity, and language are investigated by SCFHP's Quality Improvement Department and appropriate interventions are implemented as needed.

APPENDIX A

Santa Clara Family Health Plan- Cultural and Linguistic Oversight and Staff:

Chief Executive Officer

Chief Medical Officer

Chief Operating Officer

Chief Compliance and Regulatory Affairs Officer

Chelsea Byom, Vice President, Marketing and Enrollment

Director of Quality and Process Improvement

Director of Provider Network Operations

Director of Customer Service and Grievance and Appeals

Quality and Health Education Manager

Health Educator

The Quality Department staff is responsible for developing, implementing and evaluating SCFHP's Cultural and Linguistic Services in coordination with Provider Network Operations, Customer Service, Compliance, Marketing and Health Services Departments.

The Director of Marketing and Communications has oversight of the Consumer Advisory Committee.

The Director of Quality and Process Improvement has oversight of the Consumer Advisory Board.

All Plan Letter (APL)

Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004)

Cultural Competency in Health Care - Meeting the Needs of a Culturally and Linguistically Diverse Population (APL 99-005)

CULTURAL AND LINGUISTICS WORK PLAN 2022
Medi-Cal (MC) and Cal Medi-Connect (CMC)

Item	Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion
1A	Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	DMHC TAG - Language Assistance Program 28 CCR 1300.67.04(c)	Language assistance program Policy and Procedures (Title 28, Sec. 1300.67.04) has standards for: 1) enrollee assessment, 2) providing language assisstance services, 3) staff training, 4) Compliance monitoring	Policy and Procedures	Health Educator, QI Dept.	Ongoing	Ongoing
1B	Comply with state and federal guidelines related to caring for limited English proficient (LEP) and sensory impaired members	2.9.7.4.	Distribute "Reference Guide" for accessing interpreter services to all providers	Interpreter Reference Guide for Providers	Health Educator, PNM, Delegation Oversight	Ongoing	Ongoing
1C	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9 9.14.b (p. 63)	Promote interpreter services at no charge to members and providers	EOC, Language Assistance Services document included in member mailings, SCFHP Website	QI, Marketing, Customer Service	Ongoing	Ongoing
1D	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9 15	Use the CAC for advice and feedback on CLAS and procedures	CAC Agenda	QI, Marketing	Ongoing	Ongoing
1E	Improve the quality of health care services for all SCFHP members at medical and non-medical points of	Exhibit A, Attachment 14.3.B.2	Use available C&L member reports, e.g. grievances and appeals, to identify interventions to improve quality	Reports from G&A, Language vendor utilization reports	Health Educator, QI, Grievance and Appeals	Quarterly	Ongoing

CULTURAL AND LINGUISTICS WORK PLAN 2022
Medi-Cal (MC) and Cal Medi-Connect (CMC)

Item	Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion
2A	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	2.9.7.4.	Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate	JOC Agenda	Health Educator, QI, Delegation Oversight	Ongoing	Ongoing
2B	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact		Include C&L Compliance, including training, in all Delegation Oversight Audits	Audit tools	Health Educator, QI, Delegation Oversight	Ongoing	Annually
2C	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	Include C&L Training in new provider and sub-contactor orientations. Training content shall include: language access requirements, tips for working with interpreters, cross-cultural communications, strategies to address health literacy, health beliefs, strategies for working with LEP members and SPDs, and disability sensitivity.	Provider Training Slides	Health Educator, QI, PNM	Ongoing	Ongoing
2D	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	Provide ongoing training for all SCFHP staff members	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Ongoing
2E	Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact	Exhibit A, Attachment 9,13.E	New employees complete an online training when hired	Log of new staff who completed C&L Trainings	Health Educator, QI, HR	Ongoing	Ongoing

CULTURAL AND LINGUISTICS WORK PLAN 2022
Medi-Cal (MC) and Cal Medi-Connect (CMC)

Item	Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion
3A	Promote staff training and awareness and increase knowledge	Exhibit A, Attachment 9,13.E	Review All Staff C&L Training Slides	C&L staff training slides	Health Educator, QI	Ongoing	Annually
3B	Promote staff training and awareness and increase knowledge	Exhibit A, Attachment 9,13.E	Health Plan activities to raise cultural awareness Provide unconscious bias training to all staff, and diversity & sensitivity training to management	Copies of e-mails	Health Educator, QI	Ongoing	Quarterly
3C	Promote staff training and awareness and increase knowledge	Exhibit A, Attachment 9.13.A.1	Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects	Participation in quarterly HECLW and ICE Collaborative calls	Health Educator, QI	Ongoing	Ongoing
3D	Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas	Training materials provided to departments	Health Educator, QI	Ongoing	Ongoing

CULTURAL AND LINGUISTICS WORK PLAN 2022
Medi-Cal (MC) and Cal Medi-Connect (CMC)

Item	Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion
3E	Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.	Exhibit A, Attachment 9.13.A.1	Design oversight mechanisms that monitor for CLAS and cultural competency	Completed C&L Audit tools	Health Educator, QI	Ongoing	Ongoing
4A	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9.13.A.5	Monitor interpreter issues identifed by internal staff, e.g. no-show interpreters	Log of identified interpreter issues	Health Educator, QI	Ongoing	Ongoing
4B	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	2.17.5.9.4.	Train all member-facing departments on updated QNXT process for logging alternate language and format (braille, audio, large print) requests	Training Slides, Sign-in sheets	Health Educator, QI	Ongoing	Ongoing
4C	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 6 13	Develop quarterly report for Provider Network Operations to analyze languages spoken by contracted providers.	Interpreter utilization log with provider data	Health Educator, QI, PNM	Ongoing	Quarterly
4D	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Develop monthly interpreter service reports to ensure compliance with regulatory requirements and for tracking and trending purposes.	Interpreter utilization log	Health Educator, QI	Ongoing	Monthly

CULTURAL AND LINGUISTICS WORK PLAN 2022
Medi-Cal (MC) and Cal Medi-Connect (CMC)

Item	Project Objectives	Contract Reference	Activity	Final Deliverables	Responsible Position	Reporting Frequency	Target Completion
4E	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Monitor language utilization reports for compliance with regulatory requirements.	Interpreter utilization report	Health Educator, QI	Ongoing	Monthly
5A	Use outcome, process and strucutre measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities	Exhibit A, Attachment 9,13.F	Review Language Line Portal for appropriate turnarond times for translated materials.	Report from Langauge Line Translations Portal	Health Educator, QI	Ongoing	Ongoing

Santa Clara Family Health Plan™

Quality Improvement Committee

Q3 2021 Grievance & Appeals Data

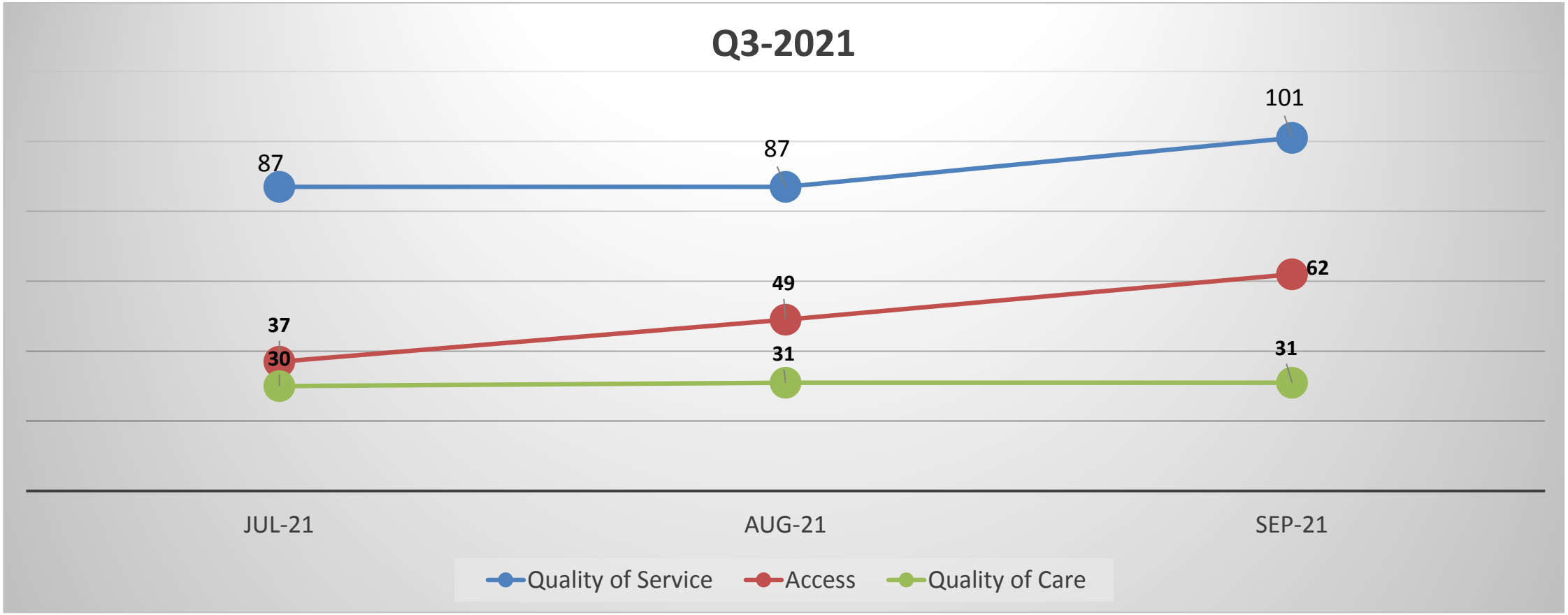
Total Grievances & Appeals

(*Rate per 1000 Members*)

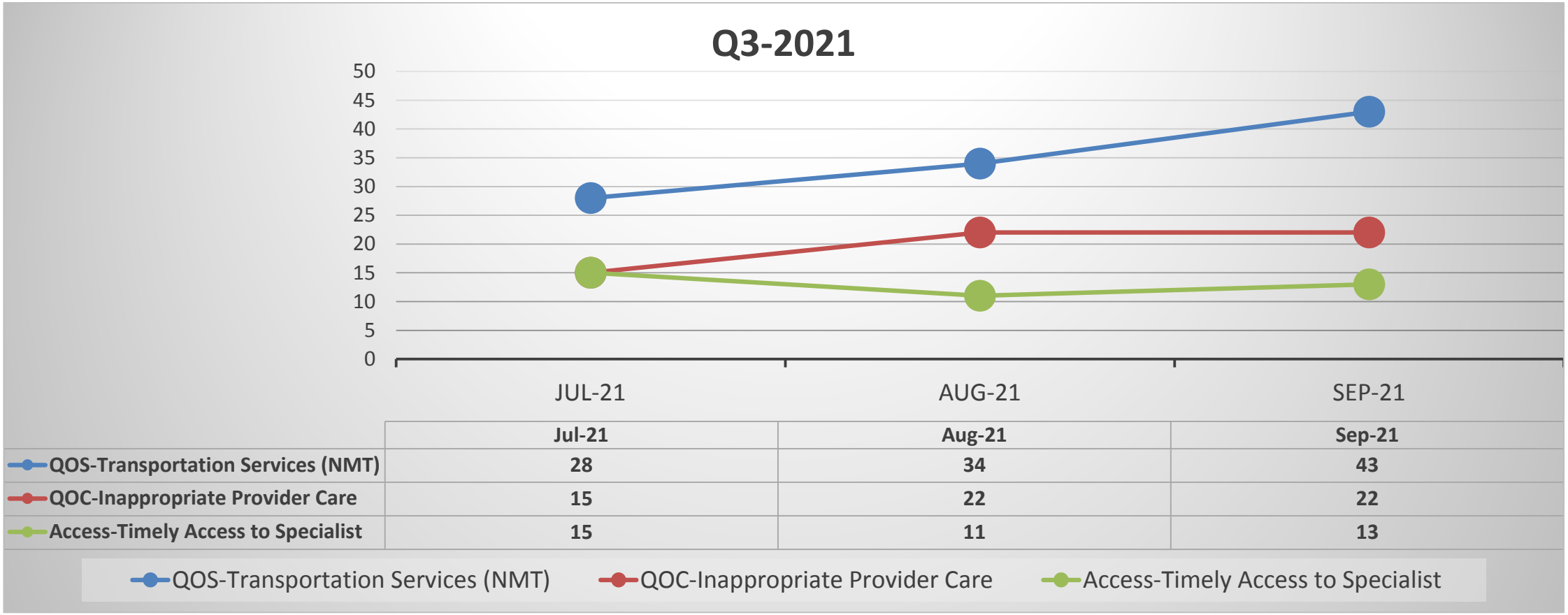
	Jul-20	Aug-20	Sep-20	Jul-21	Aug-21	Sep-21
Total Appeals	**45**	**53**	**53**	**45**	**41**	**36**
CMC Total Membership				**10,148**	**10,245**	**10,325**
Rate per 1,000				4.43437	4.00195	3.48668
Total Grievances	**104**	**94**	**95**	**106**	**102**	**127**
CMC Total Membership				**10,148**	**10,245**	**10,325**
Rate per 1,000				10.4454	9.95607	12.3002

	Jul-20	Aug-20	Sep-20	Jul-21	Aug-21	Sep-21
Total Appeals	86	77	83	85	79	98
MC Total Membership				**274,030**	**275,227**	**276,227**
Rate per 1,000				0.31018	0.28703	0.35478
Total Grievances	126	133	156	174	187	211
MC Total Membership				**274,030**	**275,227**	**276,227**
Rate per 1,000				0.63496	0.67943	0.76386

Q3 2021:Top 3 Medi-Cal Grievance Categories

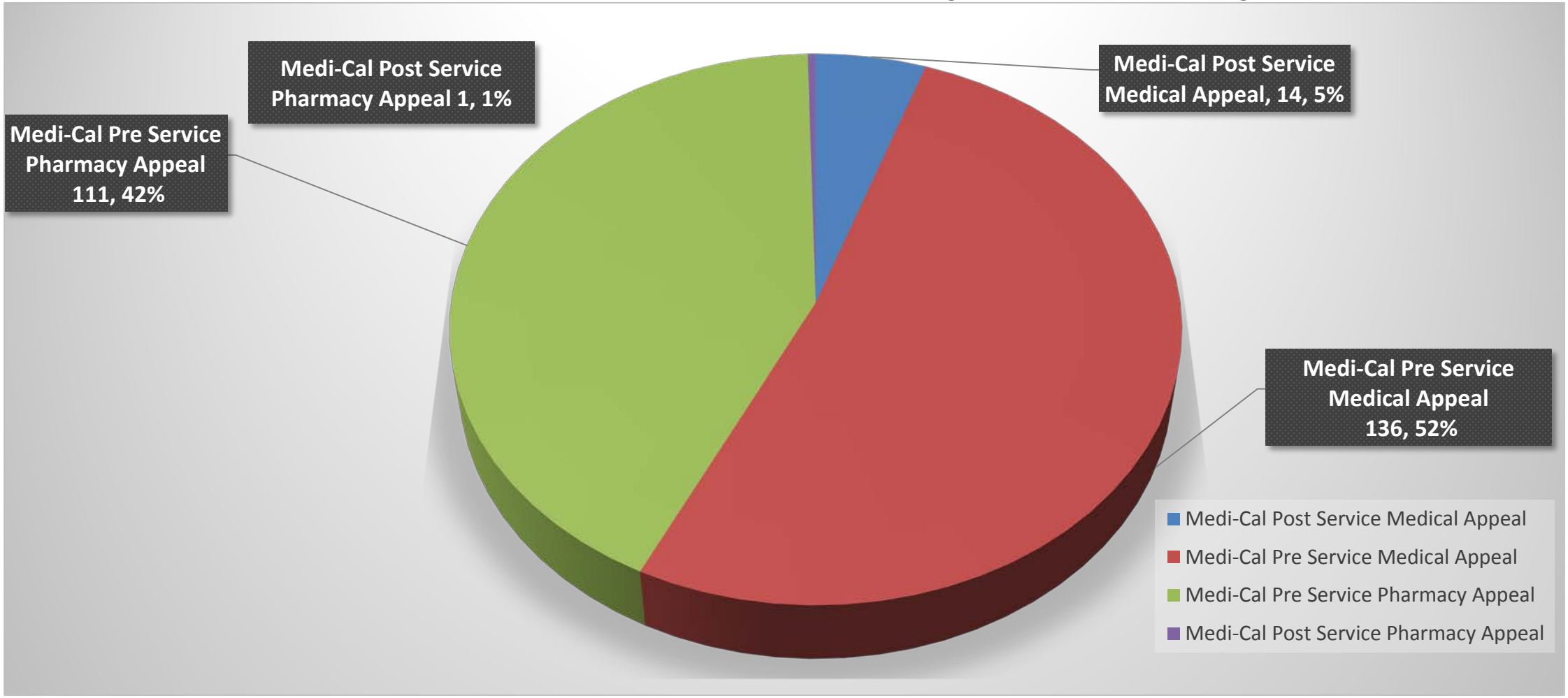


Q3 2021:Top 3 Medi-Cal Grievance Subcategories

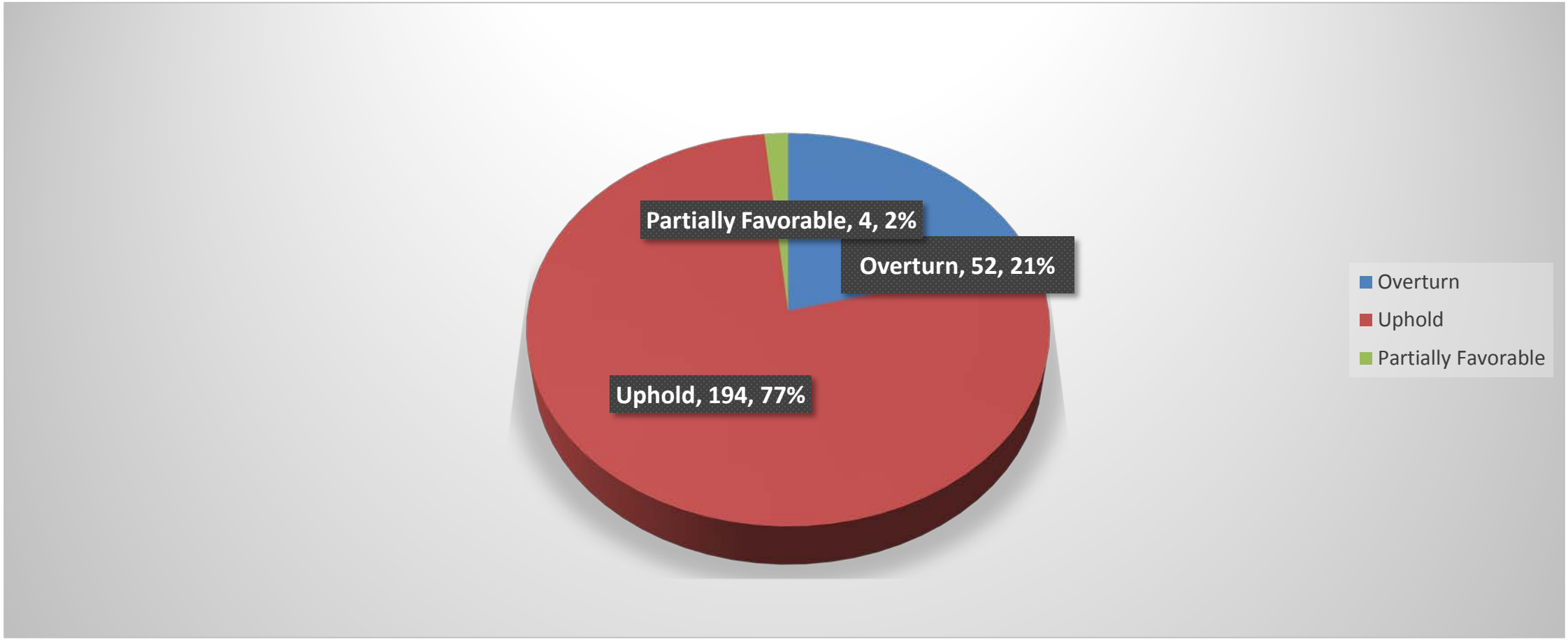


	Jul-21	Aug-21	Sep-21
QOS-Transportation Services (NMT)	28	34	43
QOC-Inappropriate Provider Care	15	22	22
Access-Timely Access to Specialist	15	11	13

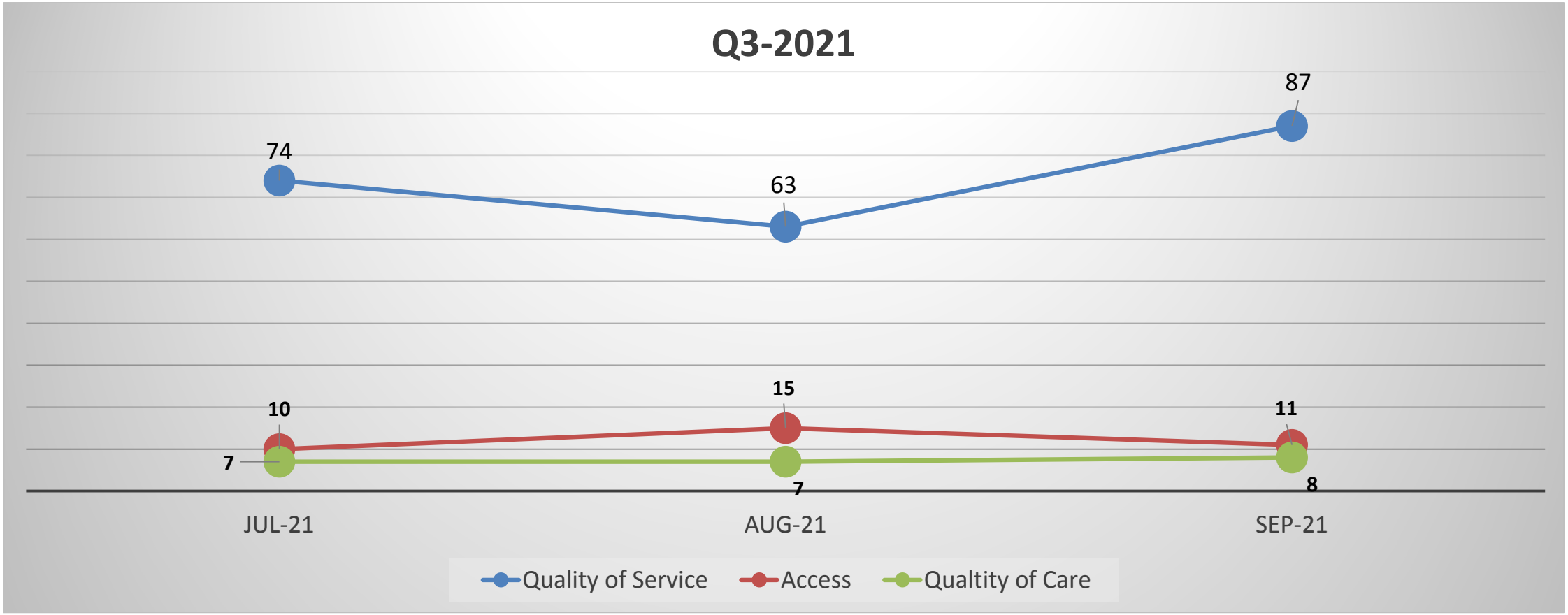
Q3 2021 Medi-Cal Appeals by Case Type



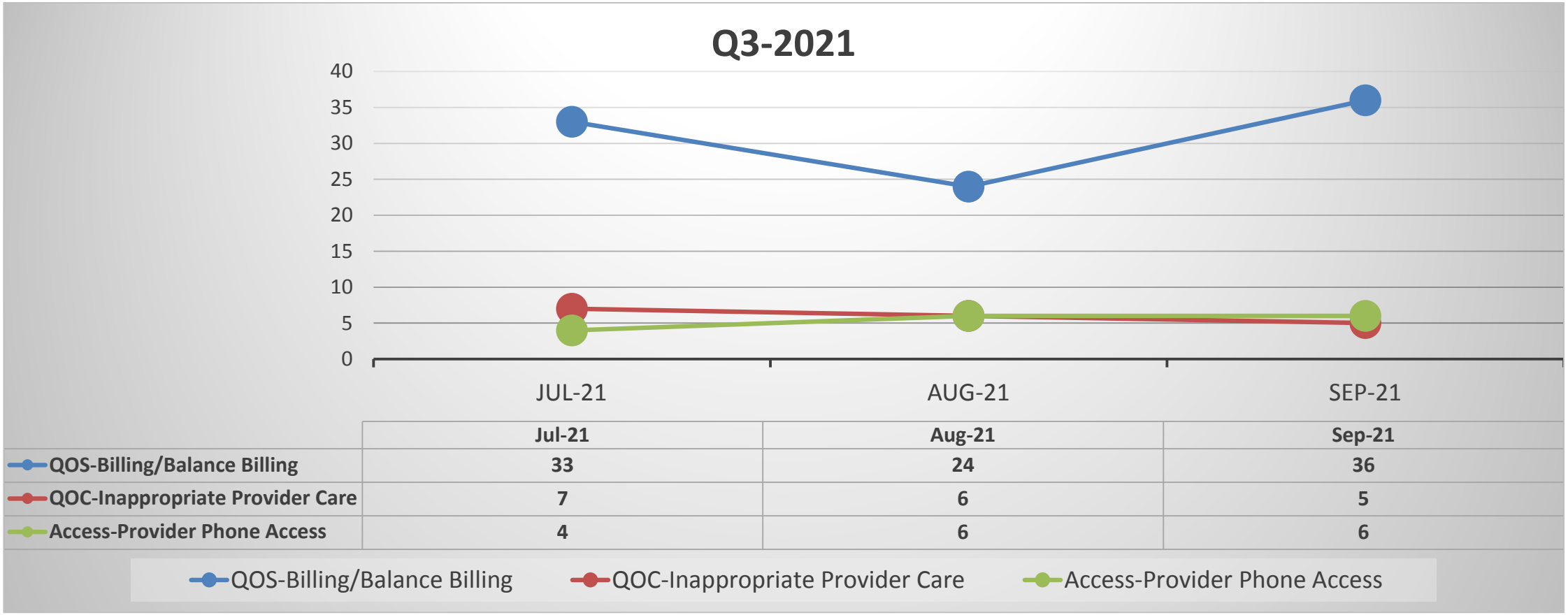
Q3 2021 MC Appeals by Disposition



Q3 2021:Top 3 Cal MediConnect Grievance Categories

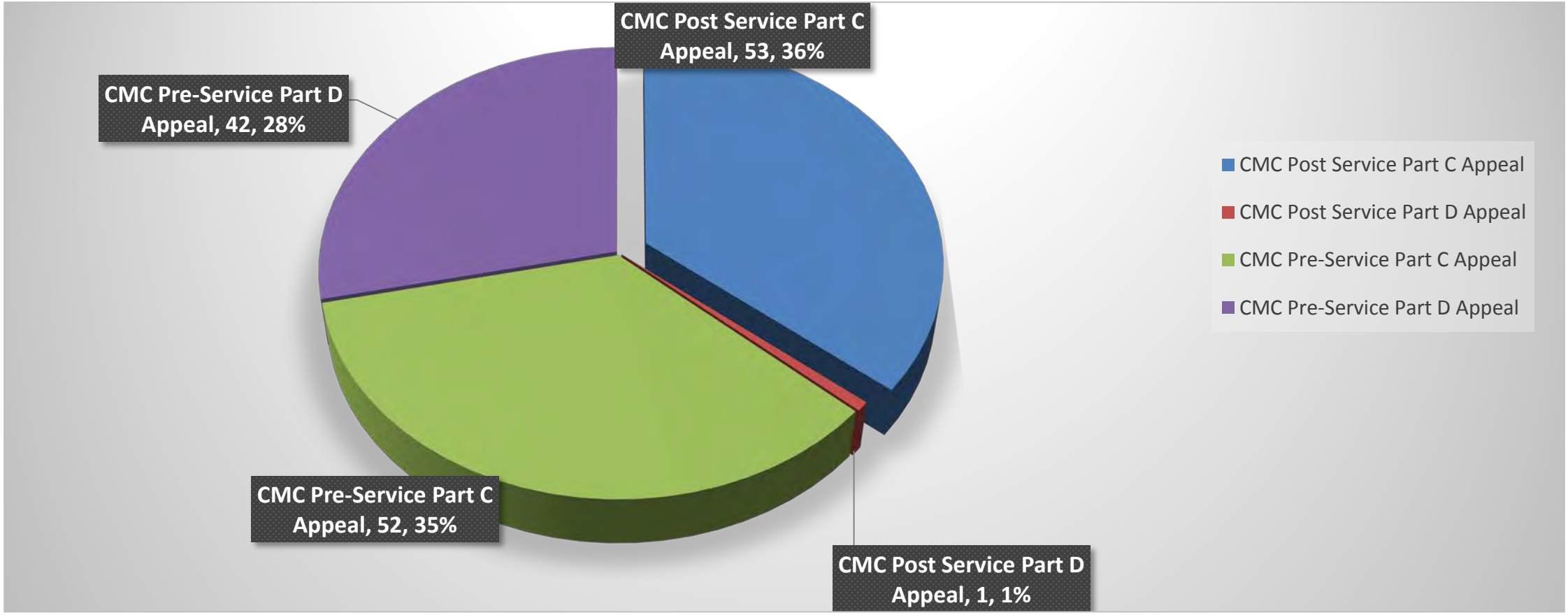


Q3 2021:Top 3 Cal MediConnect Grievance Subcategories

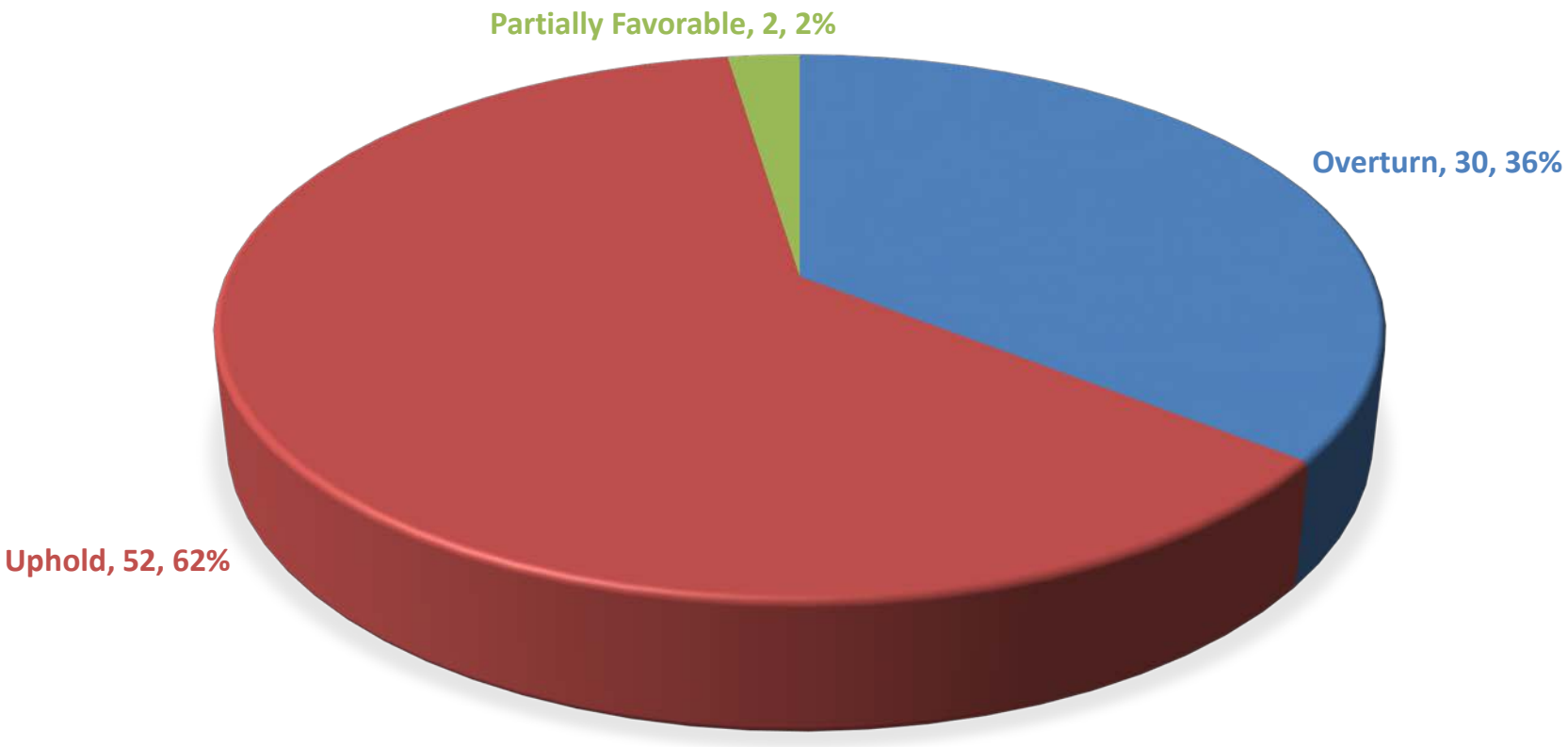


	Jul-21	Aug-21	Sep-21
QOS-Billing/Balance Billing	33	24	36
QOC-Inappropriate Provider Care	7	6	5
Access-Provider Phone Access	4	6	6

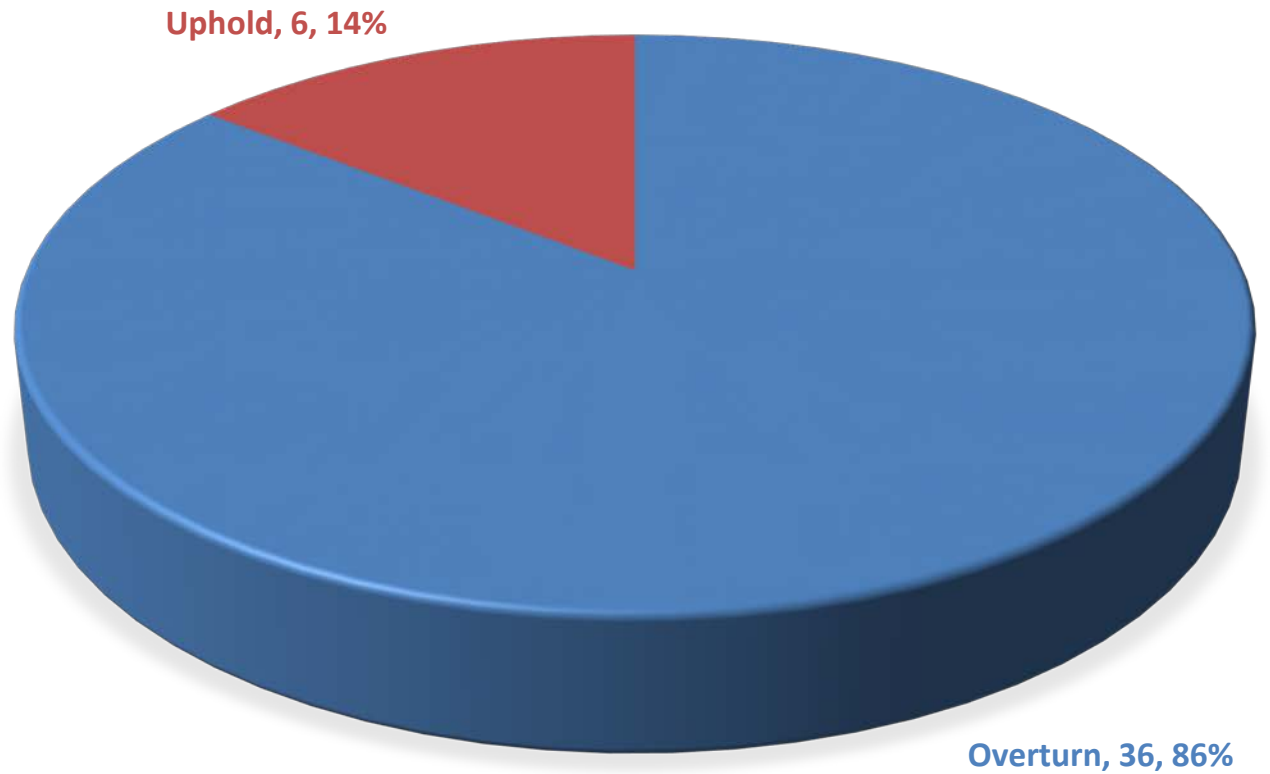
Q3 2021 CMC Appeals by Case Type



Q2 2021 CMC Pre-Service Appeals by Disposition



Q2 2021 CMC Post-Service Appeals by Disposition



Santa Clara Family Health Plan™

Quality Improvement Committee

Q3 2021 Grievance & Appeals Data

Santa Clara Family Health Plan™

Quality Improvement Committee

Q4 2021 Grievance & Appeals Data

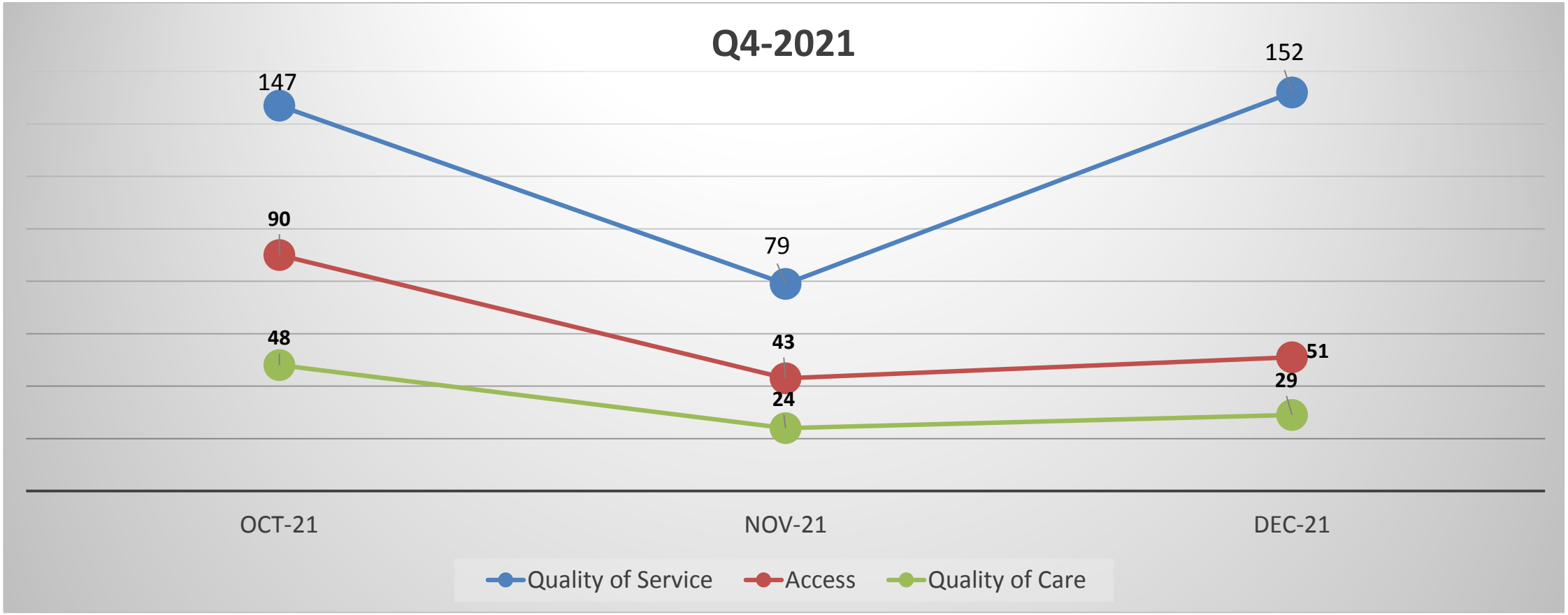
Total Grievances & Appeals

(*Rate per 1000 Members*)

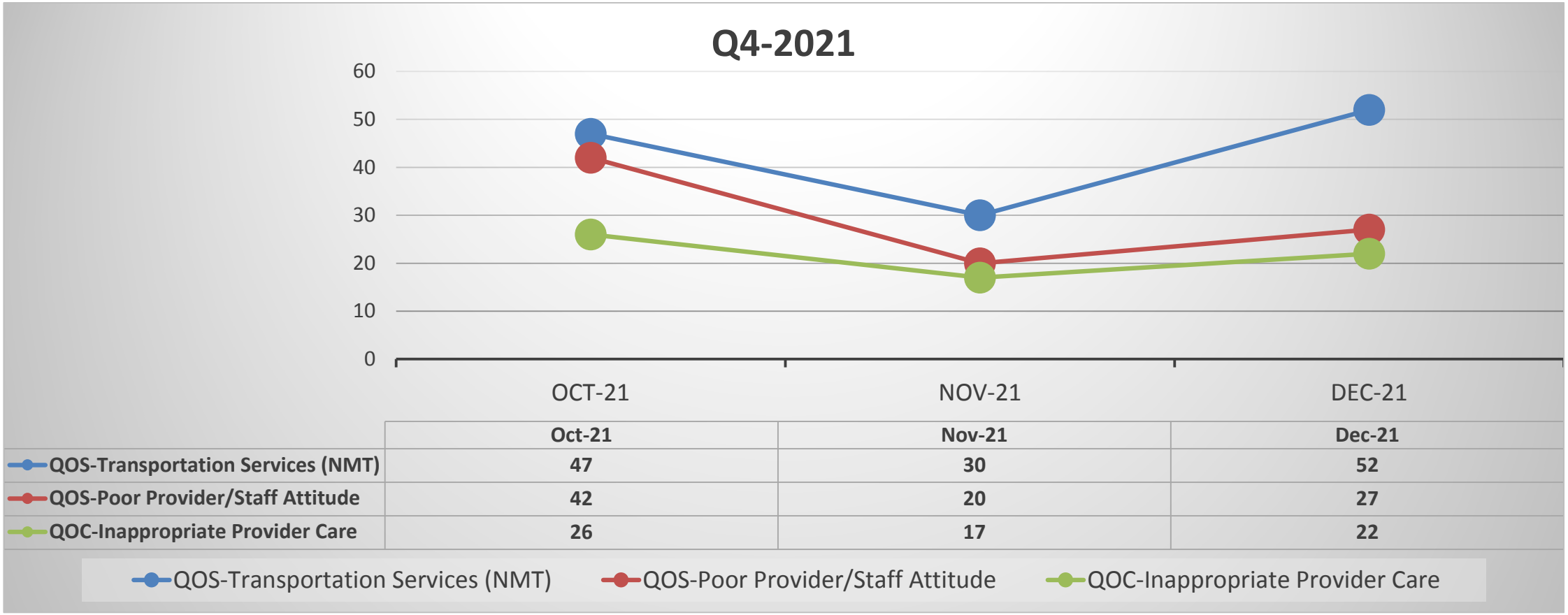
	Oct-20	Nov-20	Dec-20	Oct-21	Nov-21	Dec-21
Total Appeals	**40**	**42**	**49**	**39**	**22**	**40**
CMC Total Membership				**10,368**	**10,415**	**10,431**
Rate per 1,000				3.76157	2.11233	3.83472
Total Grievances	**96**	**93**	**117**	**120**	**110**	**140**
CMC Total Membership				**10,368**	**10,415**	**10,431**
Rate per 1,000				11.5740	10.5616	13.4215

	Oct-20	Nov-20	Dec-20	Oct-21	Nov-21	Dec-21
Total Appeals	127	108	96	67	91	91
MC Total Membership				**277,198**	**278,873**	**280,666**
Rate per 1,000				0.24170	0.32631	0.32422
Total Grievances	185	185	186	323	169	249
MC Total Membership				**277,198**	**278,873**	**280,666**
Rate per 1,000				1.16523	0.60601	0.88717

Q4 2021:Top 3 Medi-Cal Grievance Categories

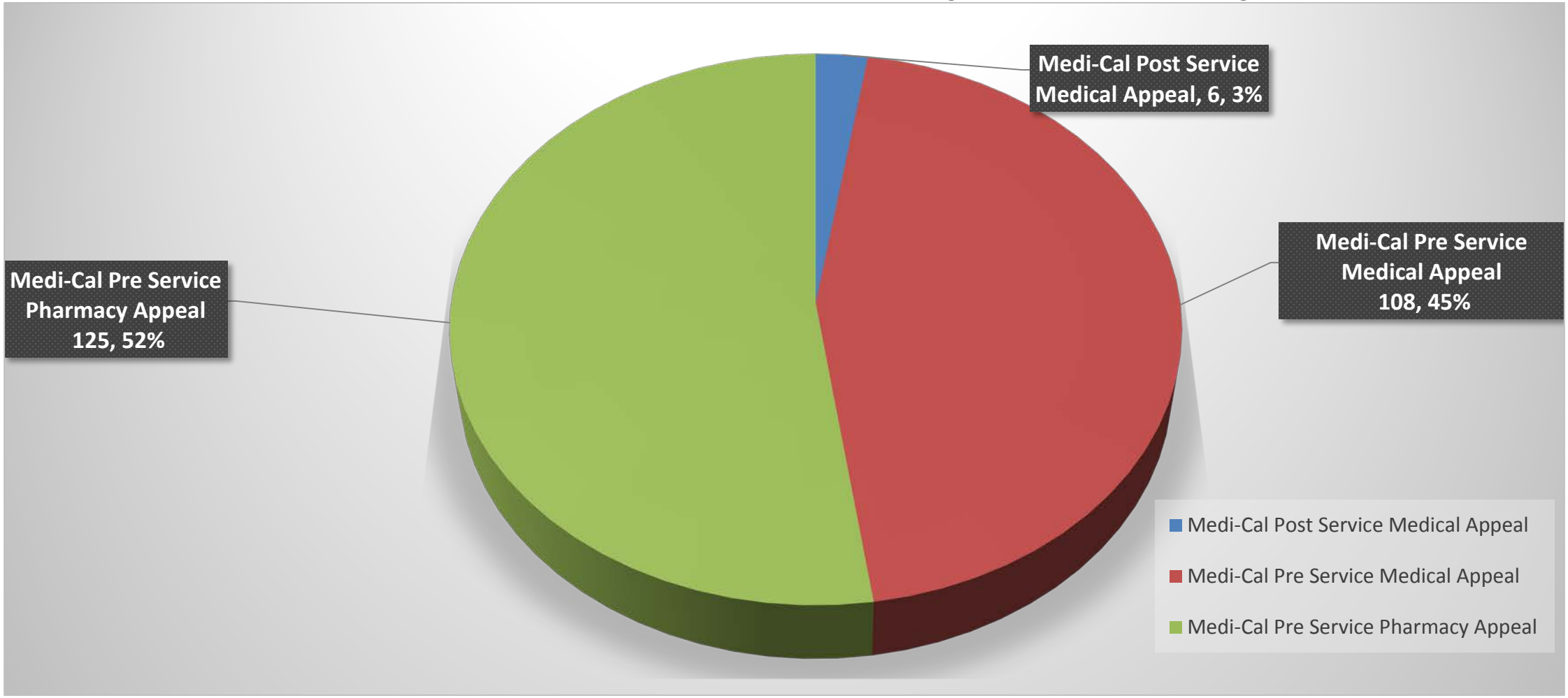


Q4 2021:Top 3 Medi-Cal Grievance Subcategories

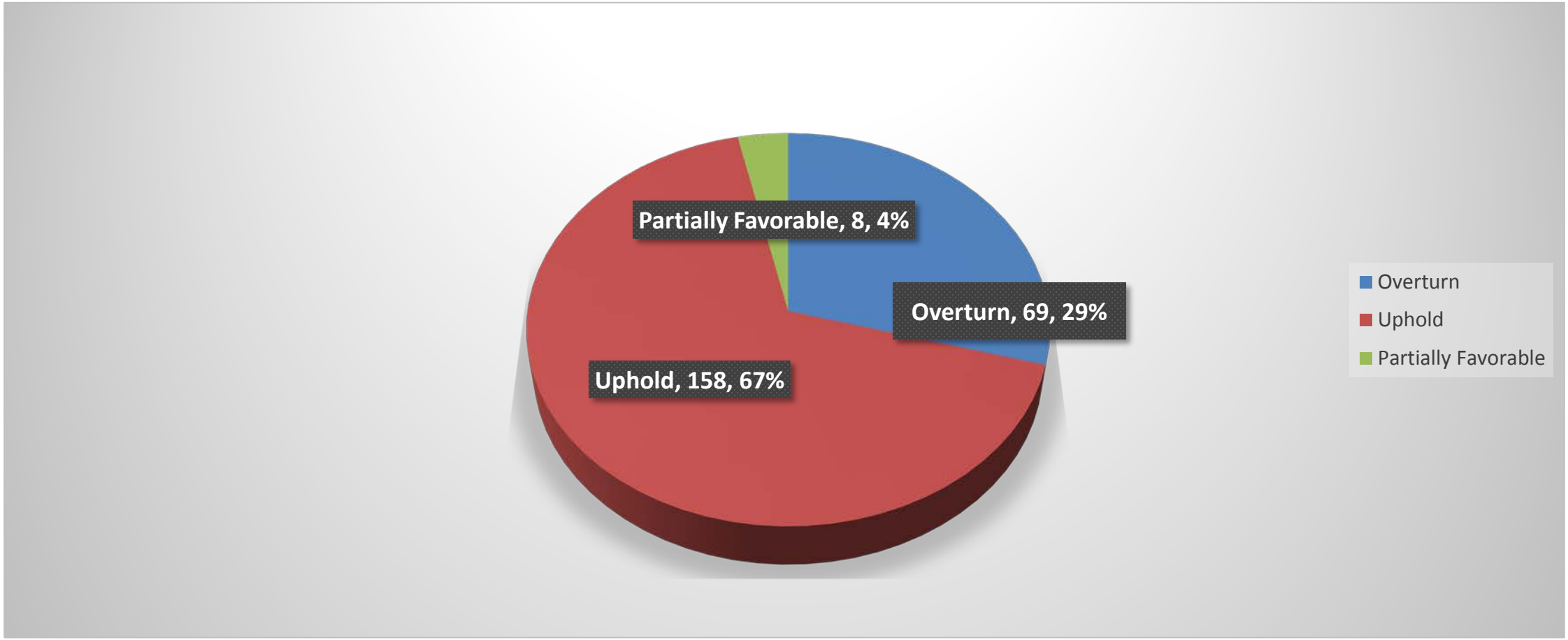


	Oct-21	Nov-21	Dec-21
QOS-Transportation Services (NMT)	47	30	52
QOS-Poor Provider/Staff Attitude	42	20	27
QOC-Inappropriate Provider Care	26	17	22

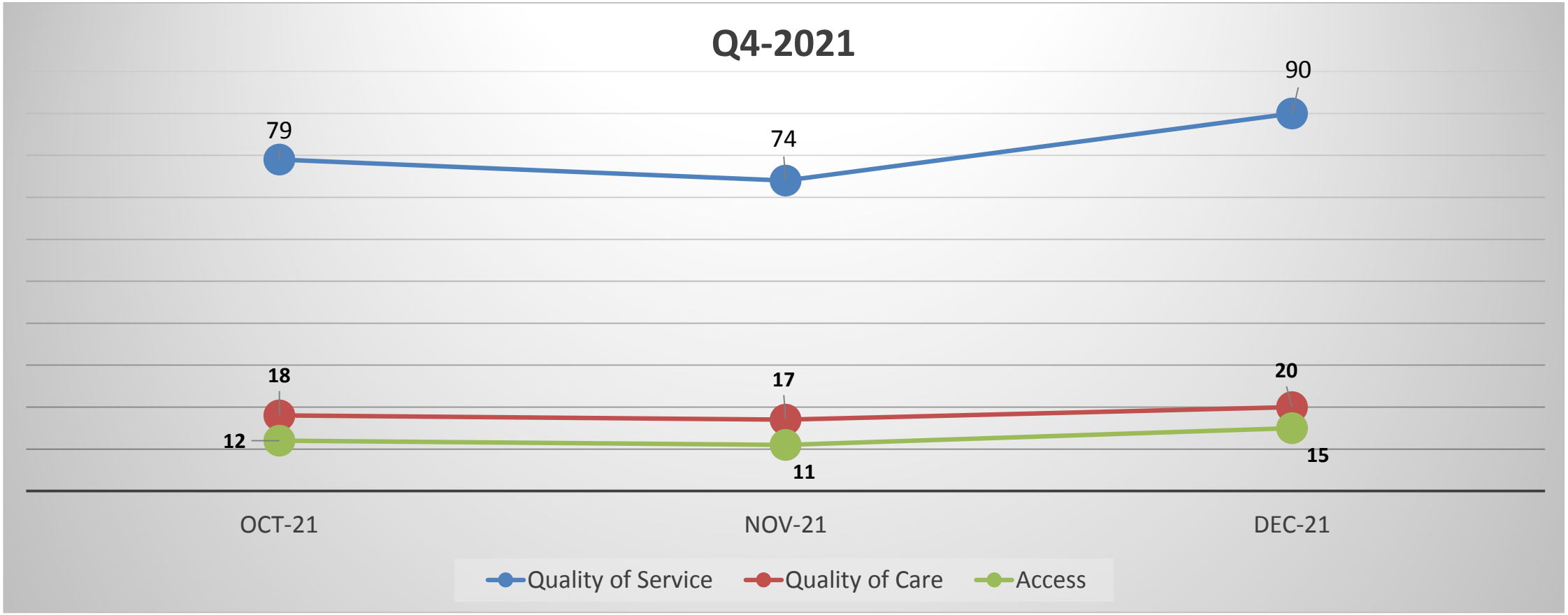
Q4 2021 Medi-Cal Appeals by Case Type



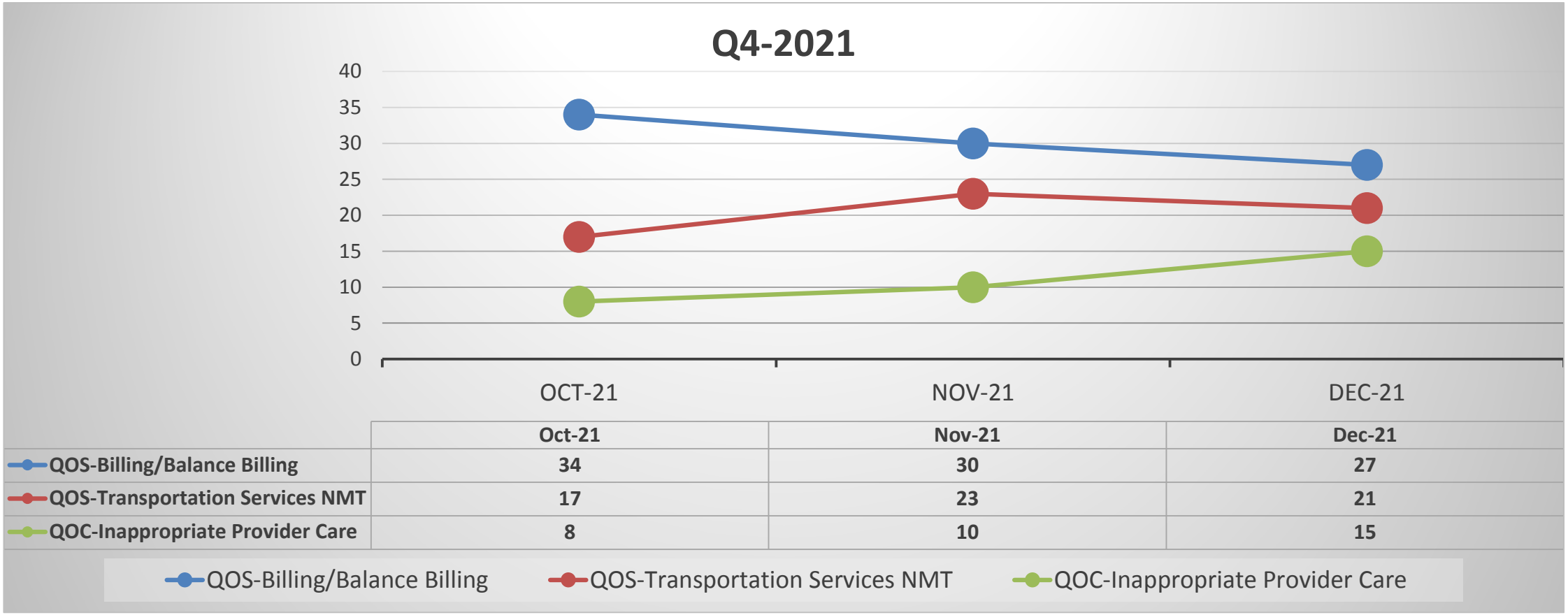
Q4 2021 MC Appeals by Disposition



Q4 2021:Top 3 Cal MediConnect Grievance Categories

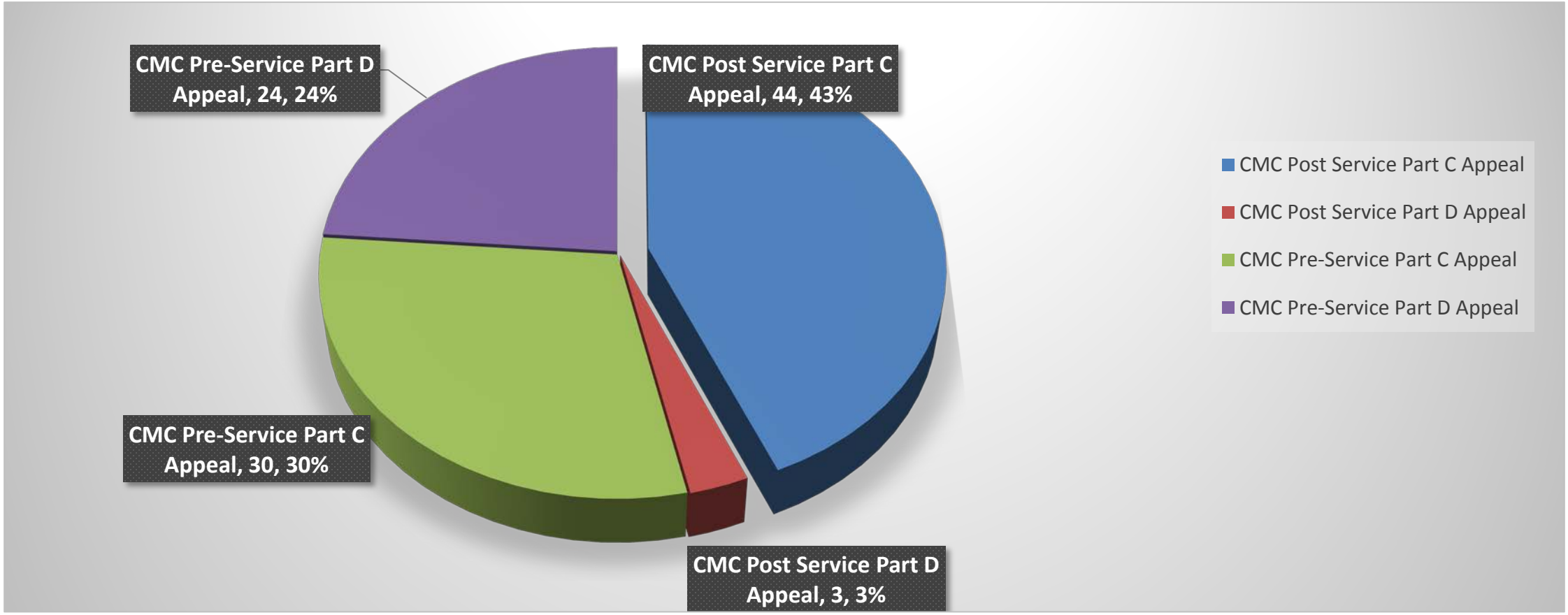


Q4 2021:Top 3 Cal MediConnect Grievance Subcategories

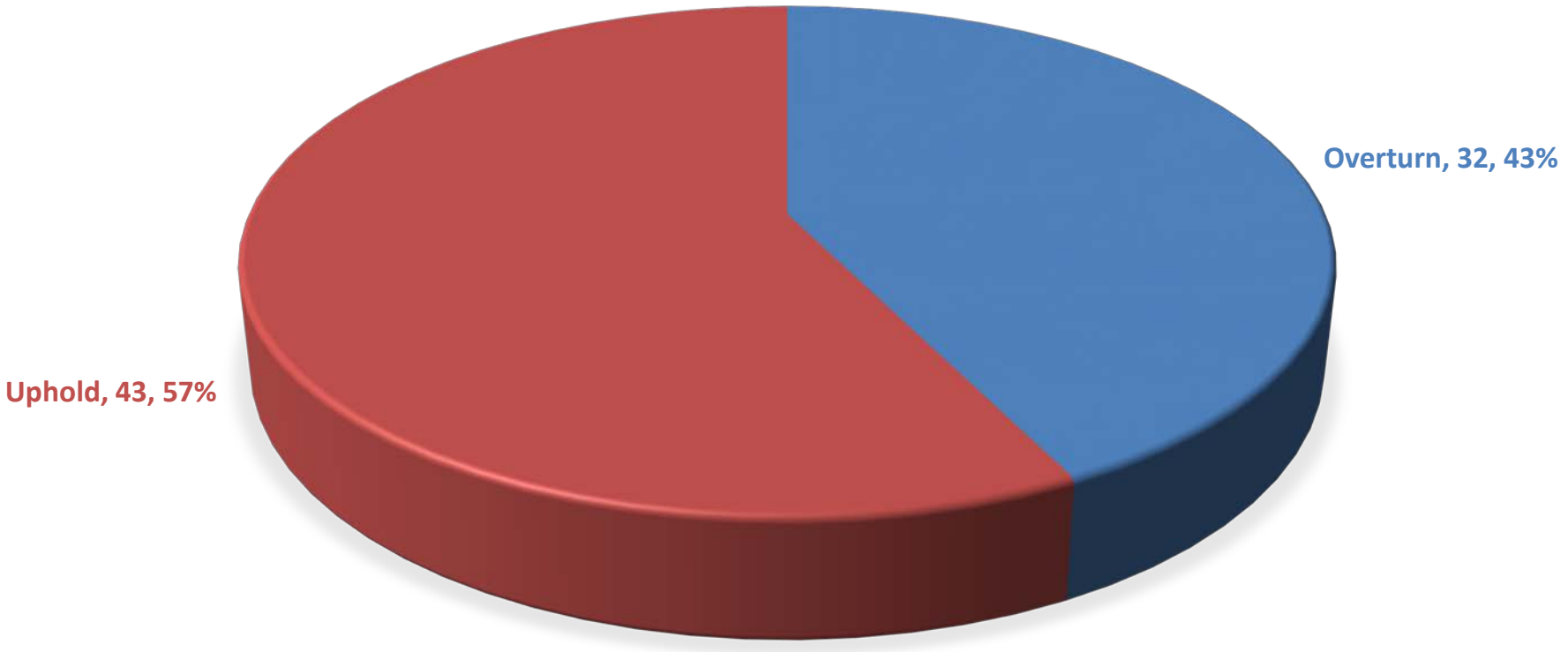


	Oct-21	Nov-21	Dec-21
QOS-Billing/Balance Billing	34	30	27
QOS-Transportation Services NMT	17	23	21
QOC-Inappropriate Provider Care	8	10	15

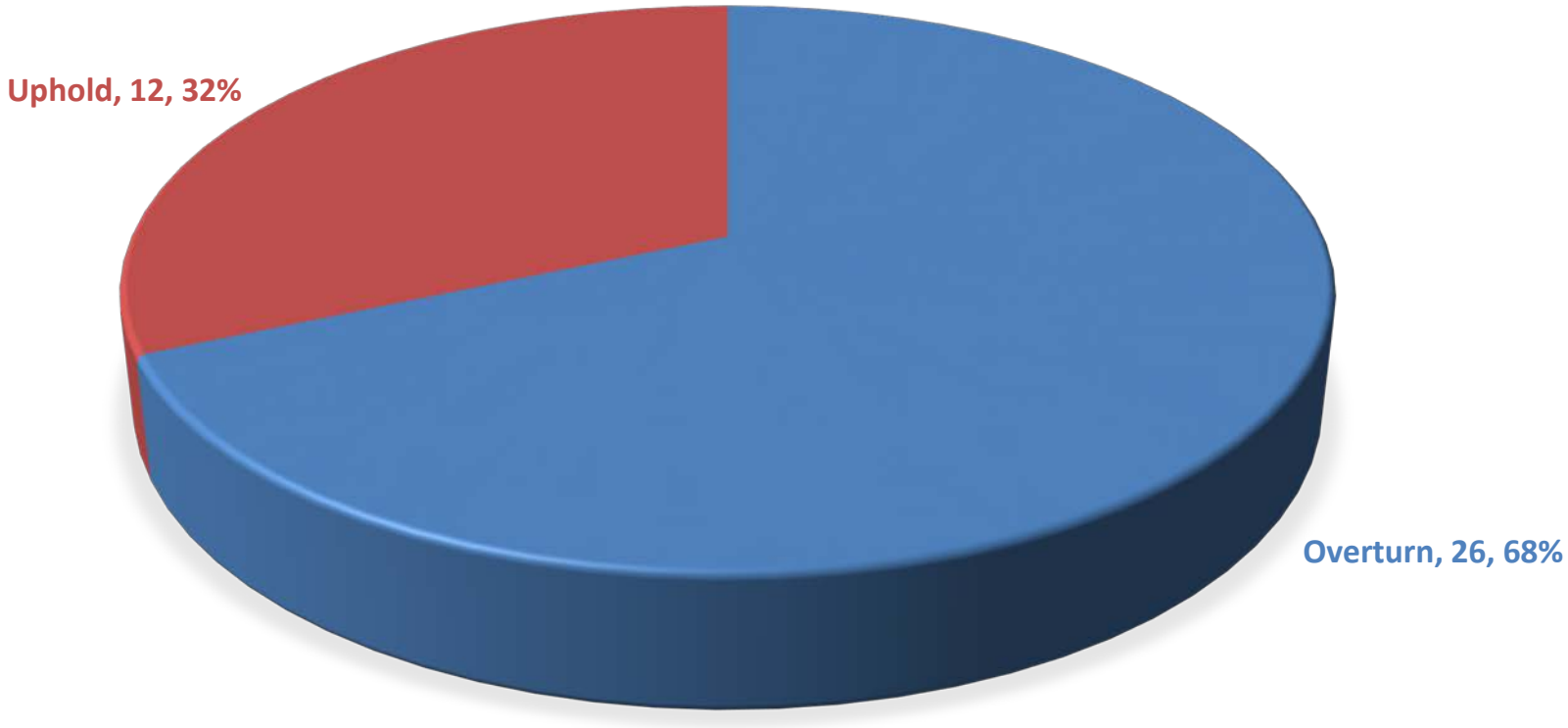
Q4 2021 CMC Appeals by Case Type



Q4 2021 CMC Pre-Service Appeals by Disposition



Q4 2021 CMC Post-Service Appeals by Disposition



Santa Clara Family Health Plan™

Quality Improvement Committee

Q4 2021 Grievance & Appeals Data

POLICY

Policy Title:	**Potential Quality of Care Issue (PQI)**	**Policy No.:**	QI.05 v2
Replaces Policy Title (if	Potential Quality of Care Issues	**Replaces Policy No. (if applicable):**	QM002_02
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that	☒ Medi-Cal	☒ CMC	

I. Purpose

To define Santa Clara Family Health Plan's policy to identify, address and respond to Potential Quality of Care Issues (PQI).

II. Policy

Santa Clara Family Health Plan (SCFHP) monitors, evaluates, and takes actions to support the quality of care and services delivered to members. The plan identifies and addresses PQI's in order to address potential safety concerns and improve member outcomes.

Potential Quality of Care issues are considered for all providers and provider types such as individual practitioners, groups and facilities. All service types, such as preventive care, primary care, specialty care, emergency care, transportation and ancillary services are considered and are subject to disciplinary action. Availability of care, including case management for the SPD population, continuity of care and coordination of care are also considered. The Plan monitors and analyzes data to determine if services meet professionally recognized standards of practice. A Medical Director or Chief Medical Officer reviews all the PQIs and makes the final decision.

III. Responsibilities

PQIs may initially be identified by multiple departments within the plan: Health Services, Customer Service, Appeals and Grievances, Credentialing, Provider Services, Compliance, IT, QI, or Claims. All areas are responsible for reporting PQIs to the QI department.

IV. References

California Code and Regulations:

1. 28 CCR 1300.68(a)(e)
2. 28 CCR 1300.70(b)(2)(I)(2)
3. 28 CCR 1300.70(a)(1)
4. 28 CCR 1300.70(b)(2)(C) through (E)

California Health and Safety Code section 1367.1

NCQA Health Plan Accreditation (HPA) Standards 2021, Credentialing (CR) 5, Element A

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve 5/10/2016	
v1	Reviewed	Quality Improvement	Approve 05/10/2017	
v1	Reviewed	Quality Improvement	Approve 06/06/2018	
v2				

Business Title

Santa Clara Family Health Plan

Title	Version	Reference #
Potential Quality of Care Issue (PQI)	1	QI.05

Date Created	Date Submitted
06/22/2020	12/27/2020

Date Approved	Publication Date
01/10/2021	01/10/2021

Next Review Date	Review Interval
01/31/2023	12 month(s)

Reviewed with no changes	Date
SCFHP: Liu, Johanna (Director, Quality and Process Improvement)	01/31/2022

Owner

SCFHP: Liu, Johanna (Director, Quality and Process Improvement)

POLICY

Policy Title:	**Physical Access Compliance**	**Policy No.:**	QI.07
Replaces Policy Title (if applicable):	Physical Access Compliance Policy	**Replaces Policy No. (if applicable):**	QM107
Issuing Department:	Quality Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define the processes Santa Clara Family Health Plan (SCFHP) follows to monitor that ADA requirements and quality are assessed and compliance is maintained at practice sites and facilities for primary care practices, high volume specialists, Community-Bases Adult Services (CBAS), ancillary practices and other organizational providers.

II. Policy

Santa Clara Family Health Plan (SCFHP) conducts a physical accessibility review at every contracted Primary Care Physician (PCP) office, defined high volume specialist, Community-Based Adult Services (CBAS), and ancillary practice site listed in the Plan's provider directory.

For contracted organizational providers that are unaccredited, SCFHP conducts an onsite quality assessment or accepts a CMS or state quality review, assuming it is no more than three years old. SCFHP obtains a survey report or letter from CMS or the state certifying completion of the review. SCFHP will limit the review to one main facility if there are multiple satellite locations that follow the same policies and procedures.

To drive corrective actions when needed, and monitor the results of the physical assessment review which are made available to SCFHP members following the Department of Healthcare Services (DHCS) requirements.

III. Responsibilities

SCFHP Quality Improvement Department (QI) performs site reviews and reports to the Quality Improvement Committee. Complaints regarding related office accessibility issues are reported by QI to PR/Credentialing as appropriate. Customer Service/IT reports track/trend provider access complaints.

IV. References

DPL14-005 – Facility Site Reviews/Physical Accessibility Reviews
APL15-023 – Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers
PL 12-006 - Revised Facility Site Review Tool
Title 24, Part 2 California Building Standards Code, Sections 1133B.4.4 and 1115B-1

POLICY

DHCS/SCFHP Contract, Exhibit A, Attachments 4 , 7 and 9
NCQA 2021 Health Plan Accreditation (HPA) Standards, Credentialing (CR) 7 Element A, Factor 3

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve:11/9/2016	
v1	Reviewed	Quality Improvement	Approve: 5/10/2017	
v1	Reviewed	Quality Improvement	Approve: 06/06/2018	
v2				

Business Title

Santa Clara Family Health Plan

Title	Version	Reference #
Physical Access Compliance	3	QI.07

Date Created	Date Submitted
01/13/2022	01/24/2022

Date Approved	Publication Date
01/27/2022	01/27/2022

Next Review Date	Review Interval
01/27/2023	12 month(s)

POLICY

Policy Title:	**Initial Health Assessments (IHAs) and Staying Healthy Assessments (SHA)**	**Policy No.:**	QI.10 v3
Replaces Policy Title (if applicable):	Initial Health Assessments (IHAs) and Behavioral Assessment (HEBA)	**Replaces Policy No. (if applicable):**	HE004_05
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

1. To describe the required completion of the Initial Health Assessments (IHAs) and the Staying Healthy Assessments (SHA).
2. To define the process that Santa Clara Family Health Plan (SCFHP) will oversee to the completion of the IHAs and Staying Healthy Assessment (SHA).

II. Policy

1. It is the policy of SCFHP to support the contracted network in the use and administration of the Staying Healthy Assessment (SHA) to all Medi-Cal members as part of the IHA and to periodically re-administer the SHA according to the contract requirements in timely manner.

It is the policy of SCFHP to meet the Department of Healthcare Services (DHCS) contractual requirements for an IHA and a SHA to be performed within 120 days of a member's enrollment in SCFHP and that the subsequent SHA is re-administered at appropriate age intervals.

III. Responsibilities

The Quality Improvement Department is responsible for monitoring compliance of the policy and to collaborate with the Health Educator and Provider Services departments to train/educate providers on IHA and SHA requirements.

IV. References

MMCD Policy Letter 13-001, DHCS Contract Exhibit A Attachment 10, Provisions 3, 4, 5 A and B, and 6.
MMCD Policy Letter 08-003: Initial Comprehensive Health Assessment
Staying Healthy Assessment Questionnaires and Counseling and Resource Guide
American Academy of Pediatrics: Recommendations for Preventive Pediatric Health Care
Web site for SHA Questionnaires and Resources
http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement Committee	Approve; 08/10/2016	
V1	Reviewed	Quality Improvement Committee	Approve: 05/10/2017	
V2	Revised	Quality Improvement Committee	Approve 06/06/2018	
V3	Revised			

Business Title

Santa Clara Family Health Plan

Title	Version	Reference #
Initial Health Assessments (IHAs) and Individual Health Education Behavior Assessment (IHEBA)	4	QI.10

Date Created	Date Submitted
01/13/2022	01/17/2022

Date Approved	Publication Date
01/25/2022	01/25/2022

Next Review Date	Review Interval
01/25/2023	12 month(s)

POLICY

Policy Title:	**Disease Surveillance**	**Policy No.:**	QI.14 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

Santa Clara Family Health Plan is required to implement and maintain policies and procedures to ensure contracted network providers are reporting reportable disease or condition to the Department of Public Health as required and outlined by Title 17, California Code of Regulation (CCR) § 2500, §2593, §2641.5-2643.20, and §2800-2812.

II. Policy

Contracted Network Providers are to report reportable disease or condition to public health authorities to help public health agencies monitor several high-threat diseases on an ongoing basis as required by state law. Reporting disease or condition helps public health agencies identify outbreaks before they become epidemics and guide public health decision-making. Providers will report the case to the local health officer for the jurisdiction where the member resides by the required timeframe in accordance with California Code of Regulation (CCR) § 2500, §2593, §2641.5-2643.20, and §2800-2812.

III. Responsibilities

1. Compliance will add Disease Surveillance training in Delegate audit: E.g. Follow-up questions during audit to ensure Provider/Clinic has a policy and procedure for reporting to public health authorities.
2. Quality Improvement Nurse will work with Provider Network Operations to add and update Provider manual.
3. Quality Improvement Nurse will work with Provider Network Operations to add Disease Surveillance in Annual Provider Training Packet, where annually Providers review Disease Surveillance requirements and signs an attestation.

IV. References

1. California Code and Regulation (CCR):
    - Title 17, CCR § 2500, § 2593, § 2641.5-2643.20, §2800-2812
2. DHCS Medi-Cal Contract Exhibit 4, Attachment 4

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Dr. Laurie Nakahira Chief Medical Officer
Date	Date

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

Business Title

Santa Clara Family Health Plan

Title	Version	Reference #
Disease Surveillance	2	QI.14

Date Created	Date Submitted
12/09/2021	12/10/2021

Date Approved	Publication Date
12/14/2021	12/14/2021

Next Review Date	Review Interval
12/14/2022	12 month(s)

POLICY

Policy Title:	**Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)**	**Policy No.:**	QI.23
Replaces Policy Title (if applicable):	**Alcohol and Drug Misuse: Screening, Assessment, Brief Interventions, and Referral to Treatment in Primary Care**	**Replaces Policy No. (if applicable):**	QI.23 v3
Issuing Department:	Health Services – Behavioral Health	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To outline Santa Clara Family Health Plan's process for providing required Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women.

II. Policy

A. The US Preventative Services Task Force (USPSTF) uses the term "unhealthy alcohol use" to define a spectrum of behaviors, from risky drinking to Alcohol Use Disorder (AUD) (e.g., harmful alcohol use, abuse, or dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences, but not meeting criteria for AUD. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines "heavy use" as exceeding the recommended limits of 4 drinks per day or 14 drinks per week for adult men or 3 drinks per day or 7 drinks per week for adult women. The term "unhealthy drug use" is defined as the use of illegally obtained substances, excluding alcohol and tobacco products, or the nonmedical use of prescription psychoactive medications; that is, use of medications for reasons, for duration, in amounts, or with frequency other than prescribed or by persons other than the prescribed individual.

B. SCFHP's policy is to support the contracted network in screening, assessment, brief interventions, and referral to treatment for members over the age of 11, including pregnant women, in the primary care setting. The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years and older, and providing persons engaged in risky and hazardous drinking with brief behavioral counseling intervention to reduce unhealthy alcohol use. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) expanded contractual requirements for all preventative services for members who are 21 years of age or older consistent with USPSTF Grade A&B recommendations.

   a. <u>Screening</u>

      Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. Validated screening tools include, but are not limited to:

      - Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)

- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults o The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.

b. Brief Assessment
When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use disorder (AUD) or substance use disorder (SUD) is present. Validated assessment tools include, but are not limited to:

- NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
- Drug Abuse Screening Test (DAST-20)
- Alcohol Use Disorders Identification Test (AUDIT)

c. Brief Interventions and Referral to Treatment
For recipients with brief assessments that reveal unhealthy alcohol use, brief misuse counseling should be offered. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, must be offered to recipients whose brief assessment demonstrates probable AUD or SUD. SCFHP must make good faith efforts to confirm whether members receive referred treatments and document when, where, and any next steps following treatment. If a member does not receive referred treatments, the SCFHP must follow up with the member to understand barriers and make adjustments to the referrals if warranted. MCPs should also attempt to connect with the provider to whom the member was referred to facilitate a warm hand off to necessary treatment. Brief interventions must include the following: Providing feedback to the patient regarding screening and assessment results; Discussing negative consequences that have occurred and the overall severity of the problem; Supporting the patient in making behavioral changes; and Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

d. Documentation Requirements
SCFHP will ensure that PCPs maintain documentation of SABIRT services provided to members. Member medical records must include the following: The service provided (e.g., screen and brief intervention); The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record); The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record); and If and where a referral to an AUD or SUD program was made.

C. Providers in SCFHP primary care settings must offer and document SABIRT services are offered. When a member transfers from one PCP to another, the receiving PCP must attempt to obtain the member's prior medical records, including those pertaining to the provision of preventive services. SCFHP will

continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and SUD treatments and coordinate services between Primary Care Providers (PCP) and treatment programs.

D. SCFHP will not limit behavioral counseling interventions. Beneficiaries who meet criteria for an alcohol or substance use disorder or whose diagnosis is uncertain, are to be referred for further evaluation to the Santa Clara County Substance Use Treatment Services Gateway Call Center at 1-800-488-9919.
E. SABIRT services may be provided by providers within their scope of practice, including, but not limited to:
    a. Physicians
    b. Physician assistants
    c. Nurse practitioners
    d. Certified nurse midwives
    e. Licensed midwives
    f. Licensed clinical social workers
    g. Licensed professional clinical counselors
    h. Psychologists
    i. Licensed marriage and family therapists.

III. Responsibilities

A. SCFHP's Behavioral Health Department is responsible for monitoring compliance with the policy.
B. SCFHP's Health Services Department coordinates with the Quality Improvement Department to collaborate with the assistance of the Health Education, Provider Services and Behavioral Health Departments to train/educate providers in the provision of the SABIRT.
C. SCFHP must comply with all applicable laws and regulations relating to the privacy of SUD records, as well as state law concerning the right of minors over 11 years of age to consent to treatment, including, without limitation, Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq., 42 CFR Section 2.14, and Family Code Section 6929.

IV. References

Department of Health Care Services (DHCS) All Plan Letter 21-014 – Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment
Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq.
Family Code Section 6929
Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care
The US Preventative Services Task Force (USPSTF) Guidelines

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen, RN Director, Case Management & Behavioral Health Date	Laurie Nakahira, DO Chief Medical Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement Committee	Approve	02/21/2018
V2	Reviewed	Quality Improvement Committee	Approve	06/03/2019
V3	Revised	Quality Improvement Committee		

POLICY

Policy Title:	**Nurse Advice Line**	**Policy No.:**	QI.29
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services – Case Management	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To describe Santa Clara Family Health Plan's (SCFHP) Nurse Advice Line services.

II. Policy

SCFHP's Nurse Advice Line is available 24 hours a day, seven days a week with immediate telephonic access to a California-licensed Registered Nurse to assist with a multitude of varying member health care needs. Members have access to support for a broad range of health-related questions, including acute and chronic disease triage, education or prevention. Members are advised regarding accessing care and the most appropriate level of care, based on their inquiries. Follow-up with members is arranged as needed. Nurse Advice Line services include the use of TTY/TDD equipment to handle the needs for deaf/hard of hearing individuals, and also Language Line Interpretation services for member languages other than English.

Nurse Advice Line summary reports are monitored and reported to the Quality Improvement Committee (QIC) on a quarterly basis.

III. Responsibilities

Health Services provides member follow-up as appropriate. Marketing maintains information regarding the Nurse Advice Line on the SCFHP website. Case Management and Delegation Oversight tracks and monitors the Nurse Advice Line for trends, performance and member satisfaction.

IV. References

Santa Clara Family Health Plan Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect (2019)

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen, RN Director, Case Management & Behavioral Health	Laurie Nakahira, DO Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Utilization Management	Approve	7/19/2017
v1	Reviewed	Utilization Management	Approve	1/17/2018
v1	Reviewed	Utilization Management	Approve	1/16/2019
v2	Revised	Quality Improvement		

POLICY

Policy Title:	**Community Supports (CS)**	**Policy No.:**	QI.31
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Health Services, Long Term Services and Supports (LTSS)	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐Healthy Kids	☐CMC

I. Purpose

The purpose of this policy is to define Community Supports (CS) and distinguish the responsibilities for delivering CS between SCFHP and CS providers.

II. Definition

CS are medically-appropriate and cost-effective substitutes or settings for more costly Medi-Cal health care services. CS are not Medi-Cal benefits, but supplemental services paid by SCFHP that focus on addressing combined medical and social determinants of health needs to avoid higher levels of care and are typically delivered by a different provider or in a different setting than traditional Medi-Cal benefits. CS is one of many initiatives of the Department of Health Care Services (DHCS)'s California Advancing and Innovating Medi-Cal (CalAIM).

III. Policy

SCFHP is responsible for the overall administration of CS, including providing oversight and monitoring of all contracted CS providers, ensuring providers adhere to all requirements as set forth by DHCS and SCFHP, evaluating provider performance on quality measures and metrics, and submitting reporting to DHCS. SCFHP ensures that members are determined eligible and authorized for CS and are aligned with an Enhanced Care Management (ECM) Population of Focus. Once authorized for CS, SCFHP assigns members to CS providers for the delivery of the CS in accordance with guidelines and requirements defined in the *CS Vendor Agreement* and the *CS Provider User Guide*. SCFHP monitors the processes for member identification, referral intake, eligibility determination, authorization, provider assignment, service delivery, closed-loop notification to referring entity, claim and invoice submission, reporting, and quality assurance. SCFHP works collaboratively with member care teams to integrate services with ECM or other case management programs to help members live independently and address social determinants of health (SDOH) or other social needs. SCFHP maintains a 'no wrong door' policy for those members who do not meet the eligibility criteria for CS to ensure warm handoffs to community-based entities for the provision of CS-equivalent services.

IV. Responsibilities

A. SCFHP Responsibilities
   1. CS Provider Network
      a. Network Development

i. SCFHP identifies providers who have experience, expertise, and capacity to deliver CS to SCFHP members. LTSS staff distribute a CS readiness assessment to all interested CS providers and require providers to complete it within a specified timeframe, participate in meetings to address any concerns with the assessment, and respond to follow-up questions.
ii. SCFHP considers all qualified providers by each offered CS to determine overall provider capacity based on pre-determined estimates of eligible members, geographical representation (if applicable), and specialties or strengths of particular providers that may impact specific member needs.
iii. SCFHP ensures that providers understand the terms, requirements, payment rates, and claim and invoice process for any CS that they are interested in providing to SCFHP members. SCFHP requires CS providers to adhere to the eligibility criteria, restrictions and/or limitations, and program models for the delivery of CS.
iv. SCFHP engages interested providers in the contracting process, which includes a credentialing process and execution of a *CS Vendor Agreement*.
v. Upon launch of a CS, SCFHP ensures that it has an adequate network of providers to ensure that all eligible members will have access to the CS after being authorized. As such, SCFHP will adhere to its implementation plan to ensure that the network is not only adequate for newly launched CS, but also for ongoing CS should the demand for the services increase resulting in a need to expand the networks.

b. Provider Training and Technical Support
i. SCFHP is responsible for providing its standard Network Provider training to all CS providers, as well as an initial training to support the launch of CS.
ii. SCFHP hosts ongoing trainings and distributes materials to ensure consistency for delivering the CS to SCFHP members.
iii. SCFHP hosts provider meetings to provide technical support to providers by discussing challenges and issues, clarifying requirements, discussing best practices, and creating a forum for general communication among CS providers.

2. Member Identification
a. SCFHP identifies Members eligible for offered CS by working with Enhanced Care Management (ECM) providers to identify members receiving ECM who could benefit from and be eligible for CS and encouraging referrals for CS from internal case managers.
b. SCFHP promotes the self-referral process for members, their authorized representatives, and/or family supports for submitting referrals for CS.
c. SCFHP provides trainings and materials to network primary care physicians (PCPs), Enhanced Care Management (ECM) providers, internal SCFHP and external case managers, CS providers, community-based organizations (CBOs), and other providers on offered CS, general eligibility for CS, and how to refer their patients/clients to CS.

3. Referral Process

a. SCFHP accepts referrals or requests for CS electronically via online provider portal, fax, secure email, or U.S. mail using procedures that address required functions that support equitable and cost-effective use of services.
b. SCFHP manages and provides all oversight for the referral intake, eligibility determination, timelines, accuracy of data, and assignment to a contracted CS provider for the delivery of the CS.
c. SCFHP ensures that the referring entity is notified of the receipt of a referral, status of the referral, and completion of the delivered CS through a closed-loop referral process.

4. Eligibility Determination and Authorization
   a. SCFHP staff uses all information available to determine eligibility for CS referrals and authorizes or denies based on strict adherence to the eligibility criteria as defined by DHCS.
   b. SCFHP assigns to an appropriate CS provider that has capacity to accept new CS referrals.
   c. SCFHP makes a concerted effort to ensure that if a referring member does not meet the eligibility criteria for the CS that other documentation is acquired from the referring entity, ECM provider, case manager, PCPs, CBOs, and others before denying the request for CS. In addition, SCFHP must review internal data (utilization, claims, case management notes, etc.) and incorporate it into the decision to deny the request.
   d. SCFHP adheres to criteria set forth in its procedures for situations that warrants expediting authorization for members needing immediate access to CS.
   e. SCFHP adheres to the timelines as set forth in its procedures to ensure that CS are authorized in a timely manner.
   f. SCFHP assigns members for authorized CS to CS providers within specified timeframes as designed by DHCS for timely access to services.
   g. SCFHP sends written notifications to members, assigned CS providers, and the referring entities related to the authorization of CS and to members and the referring entity for denied CS.

5. Discontinuation
   a. SCFHP provides access to health plan eligibility information to all CS providers.
   b. SCFHP requires all CS providers to review health plan eligibility prior to delivering a service.
   c. Members who no longer have coverage under SCFHP are not authorized to receive CS services.
   d. Members who are no longer interested in continuing a CS can notify the CS provider or SCFHP to discontinue. CS providers direct member to SCFHP to discontinue.
   e. SCFHP reviews all requests for discontinuation and applicable documentation and processes the discontinuation with 3 business days of receipt
   f. SCFHP provides written notification to members, the referring entity, and the assigned provider for any discontinuation of service.
   g. Members who discontinue from CS are able to request CS at another time by contacting SCFHP or a referring entity can submit a new referral for CS.

6. Data Systems and Data Sharing
   a. SCFHP maintains appropriate systems for collecting and maintaining data for tracking CS referrals, determining eligibility, assigning to CS providers, providing status on the delivery of CS,

documenting submitted claims and invoices, documenting payments released to providers, providing status on filed grievances and appeals, and tracking performance on quality measures and metrics.

b. Consistent with all federal, state, and local privacy and confidentiality laws, SCFHP shares data with CS providers via a secure system (e.g., SFTP). Data that SCFHP provides is member demographics, utilization, SDOH and other social needs, and performance on quality measures.
c. SCFHP uses defined federal and state standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with CS providers, to the extent practicable.

7. Claims and Payment
   a. SCFHP ensures that all CS providers understand the requirements for submitting claims or invoices for payment after CS has been rendered.
   b. If CS providers are not able to submit claims, SCFHP must convert the invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.
   c. SCFHP releases payment for rendered CS only when the CS was authorized prior to the start of the delivery of the services.
   d. SCFHP adheres to the timelines set forth by DHCS for the release of payment for clean claims.
   e. SCFHP collects, maintains, and monitors CS expenditures for reporting and evaluation purposes.

8. CS Network Oversight
   a. SCFHP provides oversight of all CS providers, holding them accountable to all CS requirements as set forth by the DHCS and SCFHP, and are subject to change based on updated guidance from DHCS.
   b. SCFHP ensures that CS providers adhere to the processes as defined in the *CS Provider User Guide* and the services are delivered in accordance with SCFHP's CS program models.
   c. SCFHP requires all CS providers to adhere to the same reporting requirements as those that DHCS requires of SCFHP.
   d. SCFHP provides ongoing monitoring of the provider network capacity for each CS and will expand the capacity of current providers and/or engage additional providers to meet the demand. With sufficient monitoring, SCFHP avoids placing members on waiting lists for any CS that does not have any restrictions. SCFHP anticipates that for those CS that will launch with restrictions, SCFHP will place members on a waiting list with CS services provided on a first referred, first authorized basis to ensure that SCFHP is equitable and non-discriminatory.
   e. SCFHP provides ongoing monitoring of CS providers, which includes meetings, trainings and technical assistance, data sharing on cost-effectiveness and the outcome of the provision of the CS, and other activities.
   f. SCFHP adheres to requirements set forth by DHCS on reporting and outcome monitoring and evaluation of performance measures and metrics.
   g. SCFHP adheres to its procedure on evaluating whether an elected CS is a cost-effective alternative to a State Plan service or setting.

B. CS Provider Responsibilities

POLICY

1. Vetting and Contracting
   a. CS providers must submit a completed CS readiness assessment and supporting evidence to illustrate their experience and expertise in providing the CS, and the capacity and ability to meet all of the service requirements.
   b. CS providers are required to complete the CS credentialing process as defined in the *CS Vendor Agreement.*
   c. CS providers must understand the terms, requirements, payment rates, and claim and invoice process for any CS that they are providing to SCFHP members. In addition, CS providers must adhere to the eligibility criteria, restrictions and/or limitations, and program models for the delivery of the CS.
   d. CS providers must hold their subcontractors accountable to the same standards and requirements as SCFHP requires of CS providers.
   e. CS providers must participate in trainings, technical assistance sessions, meetings, and other forums related to the launch of CS and the ongoing support to ensure consistent and effective delivery of CS.
   f. CS providers must execute a *CS Vendor Agreement* prior to delivering any services to SCFHP members.

2. Patient Identification and Referral Submission
   a. CS providers must share details on CS with their patients/clients, have the ability to screen for basic qualifications and need for CS, and submit a referral to SCFHP on behalf of members if deemed appropriate.
   b. CS providers must adhere to SCFHP's requirements for submitting a referral for CS.
   c. CS providers must formally accept the referral for authorized CS before providing services to members.
   d. CS providers must regularly update the SCFHP with outcomes on the delivery of the authorized CS.

3. Service Delivery
   a. CS providers are required to adhere to the service definitions and requirements for each CS they are contracted to deliver as defined in the *CS Provider User Guide*.
   b. CS providers are required to adhere to the designated program model for each of the CS they are contracted to provide in order to standardize the delivery services among all CS providers.
   c. CS providers are required to maintain appropriate staffing who is experienced and skilled in the delivery of the CS. Should staffing decrease below an appropriate level, CS providers need to restructure their current staffing and/or hire new staff to increase staffing to an appropriate level to ensure effective and efficient delivery of the CS.
   d. CS providers must accept and act upon CS referrals, conduct initial and ongoing outreach, and respond to related communication in accordance to the timelines set forth by DHCS and SCFHP.
   e. CS providers must coordinate the delivery of CS with members' care teams, PCPs, CBOs, and other providers; and assist with the transition to other services should members discontinue CS.
   f. CS providers are encouraged to identify additional CS that members may benefit from whether they are or are not contracted to provide them and submit referrals to SCFHP.

4. Data System and Data Sharing
   a. CS providers must accept and/or make referrals using SCFHP's stated process. CS providers must be able to receive CS assignments, update others on the status of the delivery of the CS, and report outcomes after CS are rendered in a mutually-agreed upon timeframe and method.
   b. CS providers must submit the required reporting as defined in the *CS Vendor Agreement* by the specified submission dates. Reported data must be accurate and properly monitored, and is subject to auditing by SCFHP and DHCS.

5. Claim Submission
   a. CS providers must submit claims using specifications based on national standards and code sets as defined by DHCS. For CS providers that submit invoices, they must include the minimum necessary data elements defined by DHCS. Claims and invoices must be submitted within the designated timeframe as specified by DHCS and defined in the *CS Vendor Agreement*.
   b. CS providers may not submit claims or invoices for rendered CS that were not authorized prior to the start of delivering the CS.

C. CS Implementation
   1. SCFHP has established a timeline for launching all 14 of the DHCS-approved CS between 1/1/2022 and 7/1/2023 in six-month increments.
   2. When launching a CS, SCFHP ensures that it has a sufficient provider network to minimize any restrictions on providing the CS and ensure that all eligible members are able to access the services.
   3. For all launched CS, SCFHP will expand the provider networks over time to ensure their capacity increases to accommodate all members who are determined eligible for CS services.

V. References

- CalAIM-Proposal-Updated-1-8-21
- MCP-ECM-and-CS-Contract-Template-Provisions-05282021
- ECM-and-CS-Standard-Provider-Terms-and-Conditions-05282021
- ECM-CS-Model-of-Care-Template-05282021

VI. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Lori Andersen, Director, LTSS		
[Manager/Director Name] [Title]	[Compliance Name] [Title]	[Executive Name] [Title]
Date	Date	Date

POLICY

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1		QIC		

POLICY

Policy Title:	**Enhanced Care Management (ECM)**	**Policy No.:**	QI.32 ~~v1~~
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Health Services, Long Term Services and Supports (LTSS)	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

The purpose of this policy is to define Enhanced Care Management (ECM) and distinguish the responsibilities for delivering ECM between SCFHP and contracted ECM providers.

II. Definitions

A. ECM: A whole person care approach that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal members through systematic coordination of services. ECM is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to targeted individuals that is community based, interdisciplinary, high touch, and person centered. The goals of ECM are to improve care coordination, integrate services, facilitate community resources, address social determinants of health (SDOH), improve health outcomes, and decrease inappropriate utilization and duplication of services.

B. ECM Providers: Contracted community-based entities with the experience and expertise to provide intensive, in-person care management services to individuals who meet the eligibility criteria for one or more of the ECM Populations of Focus (POF).

C. Lead Care Manager: A member's designated care manager for ECM, who works for the ECM Provider organization (except in circumstances under which the Lead Care Manager could be SCFHP staff). The Lead Care Manager operates as part of the member's multi-disciplinary care team and is responsible for coordinating all aspects of ECM and any Community Services (CS). To the extent a member has other care managers, the Lead Care Manager will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the member and non-duplication of services.

D. Populations of Focus (POF): To be eligible for ECM, members must be enrolled in Medi-Cal Managed Care and meet the eligibility criteria for one or more of the ECM POF. The seven POF are:

1. Adults and families experiencing homelessness, chronic homelessness, or who are at risk of homelessness
2. High utilizers adults with frequent hospital admissions, short-term skilled nursing facility stays or emergency room visits
3. Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)

4. Individuals transitioning from incarceration and have significant complex health needs
5. Individuals at-risk for institutionalization and are eligible for long term care (LTC)
6. Nursing facility residents who are willing and able to transition to the community
7. Children with complex health needs

III. Responsibilities

A. SCFHP Responsibilities

1. ECM Provider Network
   a. Network Development
      i. SCFHP identifies providers who have experience, expertise, and capacity to deliver ECM to members. LTSS staff distribute an ECM readiness assessment to all interested providers and require providers to complete it within a specified timeframe, participate in meetings to address any concerns with the assessment, and respond to follow-up questions.
      ii. SCFHP considers all qualified providers and determines overall provider capacity based on pre-determined estimates of eligible members, special focus on ECM POF, geographical representation (if applicable), and specialties or strengths of particular providers that may impact specific member needs.
      iii. SCFHP ensures that providers understand the terms, requirements, payment rates, and claim and invoice process for ECM. SCFHP requires ECM providers to adhere to the expectations and requirements set forth by DHCS and SCFHP.
      iv. SCFHP engages interested providers in the contracting process, which includes a credentialing process and execution of an *ECM Agreement*.
      v. Upon initial implementation, SCFHP ensures that it has an adequate network of providers to ensure that all eligible members have access to ECM services. After initial implementation, SCFHP ensures that it will expand its provider network to account for newly implemented POF and an overall increase in the number of members enrolled in ECM over time.

   b. Provider Training and Technical Support
      i. SCFHP is responsible for providing its standard provider network training to all ECM providers, as well as an initial training to support the launch and ongoing delivery of ECM.
      ii. SCFHP hosts ongoing trainings and distributes materials to ensure consistency for delivering ECM to members.
      iii. SCFHP hosts provider meetings to provide technical support which may include discussing challenges and issues, clarifying requirements, discussing best practices, and creating a forum for general communication among ECM providers.

2. Member Identification and Referral Process

a. SCFHP proactively identifies members who may benefit from ECM and who meet the eligibility criteria for one or more of the ECM POF. When identifying such members, SCFHP considers members' health care utilization, health risks and needs due to SDOH, and LTSS needs.
b. SCFHP identifies members for ECM using such data as enrollment, claims/utilization, pharmacy, lab, screening or assessment, clinical information on physical and/or behavioral health, SMI/SUD, ICD-10 codes, and other cross-sector data (e.g., housing, social services, foster care, criminal justice history, etc.)
c. SCFHP encourages ECM providers to identify members who meet the eligibility criteria for ECM and submit referrals to SCFHP for ECM.
d. SCFHP disseminates information and provides details on its referral process to primary care physicians (PCPs) and other provider groups to encourage them to submit referrals to SCFHP for members who may benefit from and be eligible for ECM.
e. SCFHP promotes the self-referral process for members, their authorized representatives, and/or family supports for submitting referrals for ECM.

3. Eligibility Determination and Authorization
   a. SCFHP staff adheres to the eligibility set forth by DHCS to determine whether members are eligible for ECM. SCFHP authorizes or denies based on strict adherence to the eligibility criteria as defined by DHCS and further refined by SCFHP.
   b. For transitioned members from Health Homes Program (HHP) and Whole Person Care (WPC), SCFHP adheres to DHCS requirements for transitioning them into ECM as outlined in its procedures.
   c. SCFHP adheres to its process as stated in its procedures for authorizing members for ECM in an equitable and non-discriminatory manner and within an appropriate timeline that ensures members access services in a timely manner.
   d. SCFHP adheres to criteria set forth in its procedures for situations that warrants presumptive authorization or preauthorization of ECM.
   e. SCFHP adheres to its standard notice process for denying ECM services when members do not meet the eligibility criteria, voluntarily discontinue, or meet one or more of the exclusion criteria.

4. Assignment to an ECM Provider
   a. SCFHP assigns to an appropriate contracted ECM provider that has the capacity and appropriate expertise to serve members based on the POF for which they are eligible. To the extent practicable, SCFHP takes into consideration member preference for assignment.
   b. If a member's assigned PCP is a contracted ECM provider, SCFHP assigns the member to the PCP as the ECM provider, unless the member expresses a different preference or SCFHP identifies a more appropriate ECM provider given the member's individual needs and health conditions.
   c. If a member receives services from a Specialty Mental Health provider for Serious Emotional Disturbance (SED), SUD, and/or SMI; or enrolled in California Children's Services (CCS); SCFHP

adheres to its procedures to assign the member to the appropriate ECM provider in accordance with DHCS requirements.

d. SCFHP assigns members to an ECM provider within ten business days of authorization.
e. SCFHP permits members to change ECM providers at any time and implements such change within thirty days.

5. Outreach and Engagement and Delivery of ECM
   a. SCFHP requires ECM providers to adhere to its requirements for conducting outreach and engagement into ECM in accordance with its procedures.
   b. SCFHP does not require verbal or written member authorization for ECM-related data sharing as a condition for initiating the delivery of ECM.
   c. SCFHP ensures that a Lead Care Manager is assigned to each member receiving ECM. The Lead Care Manager has the responsibility for interacting directly with the member and/or family, authorized representative, caretakers, and/or other authorized support person(s) as appropriate.
   d. SCFHP establishes and defines acuity levels for ECM. Upon determining members are eligible for ECM, SCFHP assigns the initial acuity level (i.e., tier) and communicates such to the assigned ECM provider.

6. Discontinuation
   a. SCFHP allows members to decline or end ECM upon initial outreach and engagement, or at any other time.
   b. SCFHP allows ECM providers to discontinue ECM for members when any of the circumstances are met as outlined in its procedures.
   c. SCFHP maintains processes to determine if a member is no longer authorized to receive ECM and notifies the assigned ECM provider to initiate the discontinuation of services in accordance with the Notice of Action (NOA) process as described in its procedures.
   d. SCFHP notifies the member when ECM is discontinued and provides information on their right to appeal and the appeal process by way of the NOA process.

7. Data Systems and Data Sharing
   a. SCFHP maintains an IT infrastructure and data analytic capabilities to support ECM, including the capabilities to consume and use claims and encounter data, assign members to ECM providers, maintain records for members receiving ECM and authorizations for sharing member-specific data with ECM and other providers (if necessary), securely share data with ECM providers and others members of the care team, receive and process reports from ECM providers, manage referrals, and submit data to DHCS.
   b. SCFHP maintains and provides oversight of a Health Information Technology (HIT) platform jointly utilized by SCFHP and ECM providers.

c. SCFHP adheres to DHCS guidance on data sharing and provides the required information to all ECM providers, including inpatient admissions stays and discharges, emergency department (ED) use, medical history as needed.
d. SCFHP uses defined federal and state standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with ECM providers and DHCS.

8. Claims and Payment
   a. SCFHP ensures that all ECM providers understand the requirements for submitting claims or invoices for payment.
   b. If ECM providers are not able to submit claims, SCFHP must convert the invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.
   c. SCFHP adheres to the timelines set forth by DHCS for the release of payment for clean claims and approved invoices.

9. Network Oversight
   a. SCFHP provides oversight of all ECM providers, holding them accountable to all ECM requirements as set forth by the DHCS and SCFHP, and are subject to change based on updated guidance from DHCS.
   b. SCFHP ensures that ECM providers adhere to the processes as defined in the *ECM Provider User Guide* and the core services are provided in accordance with member needs.
   c. SCFHP requires all ECM providers to adhere to the same reporting requirements as those that DHCS requires of SCFHP.
   d. SCFHP provides ongoing monitoring of the ECM provider network capacity and will expand the capacity of current providers and/or engage additional providers to meet the demand.
   e. SCFHP provides ongoing support to ECM providers, which includes meetings, trainings and technical assistance, best practices on outreach and engagement strategies, and other activities.
   f. SCFHP adheres to requirements set forth by DHCS on reporting and outcome monitoring and evaluation of performance measures and metrics.

B. ECM Provider Responsibilities

1. Vetting and Contracting
   a. ECM providers must submit a completed ECM readiness assessment and supporting evidence to illustrate their experience and expertise in providing the ECM core services and the capacity and ability to meet all of the service requirements.
   b. ECM providers are required to complete SCFHP's credentialing process as defined in the *ECM Agreement.*
   c. ECM providers must understand the requirements, payment rates, and claim and invoice process for ECM services they are providing to members.

d. ECM providers must hold their subcontractors accountable to the same standards and requirements as SCFHP requires of ECM providers.
e. ECM providers must participate in trainings, technical assistance sessions, meetings, and other forums related to the launch of ECM and the ongoing support to ensure consistent and effective delivery of ECM.
f. ECM providers must actively participate in semi-annual audits, provide documentation as requested by SCFHP and/or DHCS, and work to resolve any findings within the specified timeline that is outlined in the ECM audit process.

2. Member Identification and Referral Submission
   a. ECM providers identify members who may benefit from and are eligible for ECM and submit referrals to ECM for eligibility determination and authorization.
   b. ECM providers must adhere to SCFHP's requirements for submitting a referral to SCFHP for ECM.

3. Outreach and Engagement
   a. ECM providers utilize the Member Information File (MIF) to track and monitor their assigned members for ECM.
   b. ECM providers are required to conduct outreach to newly assigned members as identified on the monthly MIF and engage them into ECM in accordance with the required attempts and timeline as stated in the *ECM Provider User Guide*.
   c. ECM providers must track and monitor the enrollment status and the enrollment date of each assigned member and report changes in enrollment status on the monthly Return Transmission File (RTF) in adherence with DHCS and SCFHP requirements.
   d. ECM providers must submit outreach data on assigned members monthly to SCFHP as outlined in the *ECM Provider User Guide*.

4. Service Delivery
   a. ECM providers are required to maintain appropriate staffing who is experienced and skilled in the delivery of the ECM. Should staffing decrease below an appropriate level, ECM providers need to restructure their current staffing and/or hire new staff to increase staffing to an appropriate level to ensure effective and efficient delivery of ECM.
   b. ECM providers must provide all assigned and enrolled members all seven ECM core services, which include outreach and engagement, comprehensive assessment and care management plan, enhanced care management, health promotion, comprehensive transitional care, member and family supports, and coordination of and referral to community and social support services (includes Community Supports).
   c. ECM providers must deliver services primarily through in-person interaction in settings that are most appropriate for the member, such as where the member lives, seeks care, or prefers to access services; and in a culturally-appropriate and timely manner.

d. ECM providers must adhere to all federal laws and regulations and all ECM requirements as stated in *ECM Agreement* and the *ECM Provider User Guide*.
e. If a member is receiving duplicative services from other sources that are similar to ECM, ECM provider must notify SCFHP as part of their monthly reporting.

5. Data System and Data Sharing
   a. ECM providers must have and maintain a care management system or process that supports the documentation of member information, member needs, member care plan, and other relevant data that assists with the effective delivery of ECM to members.
   b. ECM providers must submit the required reporting as defined in the *ECM Agreement* and the *ECM Provider User Guide,* adhering to the specified data elements and in accordance with the submission dates. Reported data must be accurate and properly monitored, and is subject to auditing by SCFHP and DHCS.

6. Claim Submission
   a. ECM providers must submit claims using specifications based on national standards and code sets as defined by DHCS. For ECM providers that submit invoices, they must include the minimum necessary data elements defined by DHCS. Claims and invoices must be submitted within the designated timeframe as specified by DHCS and defined in the *ECM Agreement*.

C. ECM Implementation

1. SCFHP will go live with the seven POF in accordance with the timeline set forth by DHCS.
2. As SCFHP goes lives with each POF, SCFHP ensures that it has a sufficient provider network to deliver services to all members determined as eligible for ECM.
3. SCFHP will expand its ECM provider network over time to ensure its capacity increases to accommodate more members being determined as eligible for and in need of ECM.

IV. References

- CalAIM-Proposal-Updated-1-8-21
- MCP-ECM-and-CS-Contract-Template-Provisions-05282021
- ECM-and-CS-Standard-Provider-Terms-and-Conditions-05282021
- ECM-CS-Model-of-Care-Template-05282021

I. Approval/Revision History

First Level Approval	Second Level Approval

POLICY

Lori Andersen Director, Long Term Services and Supports	Dr. Laurie Nakahira Chief Medical Officer
Date	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	DHCS		N/A
2	Revised	QIC		

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 12/01/2021

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	8	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	7	
Number practitioners recredentialed within 36-month timeline	7	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 11/30/2021	634	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**	**NEMS**
Total # of Suspension	0	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0	0
Total # of practitioners	1344	922	729	804	394	455	978

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, January 19, 2022, 6:00 – 7:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Jimmy Lin, M.D., Internal Medicine, Chair
Ali Alkoraishi, M.D., Psychiatry
Ngon Hoang Dinh, Head & Neck
Laurie Nakahira, D.O., Chief Medical Officer
Indira Vemuri, Pediatric Specialist

Members Absent
Habib Tobbagi, PCP, Nephrology
Dung Van Cai, D.O., OB/GYN

Staff Present
Christine Tomcala, Chief Executive Officer
Lily Boris, M.D., Medical Director
Natalie McKelvey, Manager, Behavioral Health
Luis Perez, Supervisor, Utilization Management
Ashley Kerner, Manager, Administrative Services
Amy O'Brien, Administrative Assistant

Note: Items were discussed in a different order than as shown on the agenda.

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:08 p.m. Roll call was taken and a quorum was not established. Ashley Kerner, Manager, Administrative Services, introduced herself to the committee members.

2. Public Comment

There were no public comments.

3. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, presented an update on 2 new programs which took effect on January 1, 2022. Ms. Tomcala began with the status of the CalAIM Medi-Cal (MC) reform program. The rollout of Enhanced Case Management (ECM) and community supports programs will continue over the next several years. Ms. Tomcala acknowledged the hard work of the UM team as they prepare for the implementation of these new programs. So far, the transition is going well. Ms. Tomcala also gave an update on the MC Rx program. This transition has been more of a challenge with reported long wait times for members trying to contact Magellan, the prescription provider.

Ms. Tomcala also gave an update on COVID. Due to the Omicron variant, the public health emergency has been extended. The SCFHP main office is not officially open yet; however, the Blanca Alvarado Community Resource Center is open to the public. SCFHP's efforts to increase members' vaccination rates continue.

Dr. Lin asked for the vaccination rate of SCFHP staff. Ms. Tomcala replied that approximately 90% of SCFHP staff are vaccinated. Dr. Lin remarked that the majority of patients hospitalized with COVID are unvaccinated. Ms. Tomcala concurred and stated that vaccination helps relieve some of the more severe symptoms, in

addition to keeping people out of the hospital. Dr. Lin also noted that COVID treatment options are better now than when the pandemic started and Ms. Tomcala agreed. She also discussed the possibility that a 4th booster shot may be necessary.

4. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, began with an update on the rollout of the Medi-Cal Rx program. Members did experience extended wait times when trying to reach Magellan regarding their prescriptions. Fortunately, the UM/Pharmacy team has a back line to Magellan to help members connect and receive their prescriptions. A Magellan representative reached out to the UM department regarding prior authorizations for controlled substances. These prior authorizations may require resubmission. The UM team was not previously aware of this requirement, and they are in the process of confirming this expectation in order to notify our provider network.

Dr. Nakahira advised the committee that the Plan is currently preparing for the National Committee for Quality Assurance (NCQA) reaccreditation audit for our Cal MediConnect (CMC) line of business. The onsite portion of the audit runs from January 31, 2022 through February 1, 2022. The Department of Health Care Services (DHCS) audit occurs mid-March of 2022, and will take place over a 2 week period.

Dr. Nakahira also discussed the student behavioral health incentive program. Over the next 3 years, the Plan will partner with the County Office of Education, Anthem, and the County Behavioral Health Department to work with the school districts to develop programs to support students' behavioral health. The Plan has received money to help implement these new incentive programs throughout the school districts.

Dr. Lin discussed the fact that the Medi-Cal Rx program will not accept any handwritten prescriptions for narcotics. Dr. Lin was dismayed to find out that it is actually all prescriptions that must be submitted via e-prescribe. Dr. Nakahira confirmed that, prior to the Medi-Cal Rx rollout, the medical board sent email notifications to all individual providers to notify them of this change.

b. Annual Confidentiality Agreements

Dr. Nakahira reminded the committee to promptly sign and return the Annual Confidentiality Agreement to Amy O'Brien.

5. Old Business Update

a. COVID-19 Reporting

Dr. Boris gave an update on the number of COVID-related deaths within the Plan's member populations for 2020, 2021, and 2022.

6. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from January 2021 through January 2022. Our CMC membership continues to grow with 10,219 members as of January 2022. Due to changes in CMC eligibility requirements, approximately 200 members were dis-enrolled as of January 1, 2022. The Plan's total MC membership is 284,439 members, an increase of approximately 21,346 members. The majority of these members are with Valley Health Plan. The Plan's direct membership includes 18,367 members. The Plan also manages the Admin. MC only and Admin. Medicare primary groups. NEMS is a new network provider group which began in October of 2021.

b. Over/Under Utilization by Procedure Type/Standard UM Metrics

Dr. Boris presented the Committee with the UM goals and objectives, as well as our Over/Under Utilization and Standard UM Metrics. Dr. Boris advised that these metrics cover the period from January 1, 2021 through December 31, 2021. Dr. Boris gave a summary of the data for the Plan's MC SPD line of business.

The number of discharges per thousand is 14.32, with an average length of stay of 5.36 days. There does not appear to be a significant increase due to COVID. Dr. Boris continued with a summary of the data for the Plan's MC non-SPD line of business. The number of discharges per thousand is 3.91, with an average length of stay of 4.32 days. This population does not include our seniors or persons with disabilities.

Dr. Boris then gave a summary of the data for the Plan's CMC line of business. The number of discharges per thousand is 19.14, with an average length of stay of 5.82 days. This line of business includes the Plan's more high risk population.

Dr. Boris continued with a comparison of the inpatient utilization rates for the Plan's MC non-SPD and SPD populations. Dr. Boris also summarized the inpatient readmissions rates for the MC line of business. MC readmissions rates are monitored closely, as per Medicare performance standards and the SCFHP goal to reduce the likelihood of patient treatment errors and morbidity and mortality rates. Dr. Lin remarked that the 10% readmission rate for our CMC population is not out of line, however, he wants to know why the younger MC population readmission rate is so high. Dr. Boris explained that the MC program covers members in the 18-64 age group but, for the purposes of this report, the younger members have been omitted. Dr. Boris advised Dr. Lin that the number of chronic illnesses within the MC-SPD population is higher than you think. Ms. Tomcala asked if this presentation includes the HEDIS benchmarks. Dr. Boris replied that they were inadvertently left out of this presentation.

Dr. Vemuri joined the meeting at 6:27 p.m.

Dr. Boris continued with an overview of the ADHD MC BH metrics. The 2021 rankings for the Initiation Phase and Continuation Phase are not yet finalized. For purposes of the NCQA standards, the UM department prefers these fall within the 50th percentile. Dr. Boris discussed the UM department's ranking for cardiovascular monitoring of people with cardiovascular disease and schizophrenia. As always, it is a challenge to achieve more than a 10th percentile ranking. Dr. Lin remarked that he would expect a higher number of patients in this category would be more diligent in taking their medications. Dr. Boris explained that, due to their behavioral health diagnosis, they are at higher risk for cardiovascular disease. Dr. Alkoraishi added that it is a Food and Drug Administration (FDA) requirement that patients in this category have a lipid blood panel and fasting blood sugar every 6 months. Dr. Boris advised she will research the NCQA requirements and bring the results to the April 2022 meeting.

Dr. Dinh joined the meeting at 6:34 p.m.

7. Meeting Minutes

The minutes of the October 20, 2021 Utilization Management Committee (UMC) meeting were reviewed. Dr. Lin noted a correction to Dr. Dinh's specialty. Dr. Dinh is a head and neck specialist, rather than an OB/GYN as is currently shown. Dr. Boris confirmed that the minutes will be edited to reflect this change.

It was moved, seconded, and the minutes of the October 20, 2021 UMC meeting were **unanimously approved** with the change noted.

Motion:	Dr. Lin
Seconded:	Dr. Alkoraishi
Ayes:	Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent:	Dr. Cai, Dr. Tobbagi

8. UM Program Description - 2022

Dr. Boris presented an overview of the UM Program Description for 2022. Dr. Boris advised this program description is a mandatory requirement for all of the Plan's regulators. Dr. Boris highlighted any significant changes, such as on page 11, item e) Pharmacy Director, and an internal error on page 22, E. Transplants, and the verbiage 'Renal and corneal transplants are excluded from SCFHP review' which will be stricken from the Program Description.

It was moved, seconded, and the UM Program Description - 2022 was **unanimously approved** with the change as noted.

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

9. BHT Program Description - 2022

Natalie McKelvey, Manager, Behavioral Health, presented an overview of the BHT Program Description – 2022. This program description is an NCQA requirement and includes an update to some of the codes. There has been no update to the criteria for the treatment plan or goals. Ms. McKelvey highlighted the changes to the codes for H0032 – Supervision (Direct) and H0032 – Supervision (Indirect).

Dr. Vemuri asked if, as a Pediatrician, she is authorized to make a diagnosis of autism. Ms. McKelvey advised that a pediatrician is authorized to make this diagnosis, and to address specific behaviors that may lead to a diagnosis of autism. Dr. Vemuri advised she has made this diagnosis in the past and it has been denied because she is not a psychologist. Ms. McKelvey suggested she address specific behaviors in her referral that would lead to a recommendation of ABA therapy. Ms. McKelvey will reach out to Dr. Vemuri outside of this meeting to further discuss. Dr. Alkoraishi suggested Dr. Vemuri consult the DSM V or ICD-10 codes. Dr. Boris advised that the UM team will review and target their reporting to search for ABA therapy denials for children and confirm they are SCFHP members and should receive ABA therapy.

It was moved, seconded, and the BHT Program Description - 2022 was **unanimously approved**.

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

10. Annual Review of UM Policies

a. HS. 01 Prior Authorization
b. HS. 02 Medical Necessity Criteria
c. HS.03 Appropriate Use of Professionals
d. HS.04 Denial of Services Notification
e. HS.05 Evaluation of New Technology
f. HS.06 Emergency Services
g. HS.07 Long-Term Care Utilization Review
h. HS.08 Second Opinion
i. HS.09 Inter-Rater Reliability
j. HS.10 Financial Incentive
k. HS.11 Informed Consent
l. HS.12 Preventive Health Guidelines
m. HS.13 Transportation Services
n. HS.14 System Controls

Dr. Boris presented the Committee with the annual review of UM Policies. Dr. Boris summarized the purpose of these policies. There were no changes to these policies since the January 2021 meeting.

It was moved, seconded, and the Annual Review of UM Policies was **unanimously approved**.

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

11. Care Coordinator Guidelines

a. Review of New Care Coordinator Guidelines

Luis Perez, Supervisor, Utilization Management, presented the committee with an overview of the new care coordinator guidelines. Dr. Lin asked how many of our members are in long-term care. Dr. Boris replied that she will research this information and bring the results to the April 2022 meeting. Dr. Boris believes the number is stable since our October 2021 meeting.

Mr. Perez continued his presentation. Dr. Lin asked for clarification of the guidelines for hospice room and board for non-contracted providers. Dr. Boris advised that these guidelines are specific to hospice care conducted within a Skilled Nursing Facility (SNF), which is a rare circumstance.

b. Community Based Adult Services (CBAS)

Mr. Perez gave an update on CBAS. Dr. Lin asked if CBAS was once run by the County, and Dr. Boris replied that, prior to 2015, management of this benefit was transferred to SCFHP. Dr. Boris and Mr. Perez agreed that there were no changes to the Care Coordinator Guidelines specific to CBAS.

It was moved, seconded, and the Care Coordinator Guidelines were **unanimously approved.**

Motion:	Dr. Lin
Seconded:	Dr. Alkoraishi
Ayes:	Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Dinh, Dr. Vemuri
Absent:	Dr. Cai, Dr. Tobbagi

12. Reports

c. Dashboard Metrics

- Turn-Around Time – Q4 2021

Mr. Perez summarized the CMC Turn-Around Time metrics for Q4 2021. The turn-around times in almost all categories are compliant at 98.4% or better, with many categories at 100%. In the category of Part B Drugs Expedited Prior Authorization Requests, Q4 2021 fell short at 92%. Mr. Perez continued with a summarization of the MC Turn-Around Time metrics for Q4 2021. The turn-around times in the majority of MC categories are compliant at 98.0%, with many categories at 100%.

Dr. Vemuri left the meeting at 6:40 p.m.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q4 2021

Dr. Boris summarized the data from the Q4 2021 CMC Quarterly Referral Tracking reports for the Committee. Dr. Boris explained the purpose of the quarterly referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Dr. Boris explained that these numbers are affected by claims lag times.

Dr. Boris continued and summarized the data from the Q4 2021 MC Quarterly Referral Tracking report. Dr. Boris reiterated that these numbers are affected by the expected claims lag times. Dr. Lin and Dr. Boris agreed that many services were likely not rendered due to COVID.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q4 2021

Dr. Boris presented the results of the Q4 2021 Quality Monitoring of Plan Authorizations and Denial Letters from October 1, 2021 through December 31, 2021. Dr. Boris reported that the UM department received a 100% score in all categories. All findings are reviewed on a quarterly basis, with oversight by the Plan's medical directors. The Plan also continues to review our delegated letters, as those pertain to delegates with corrective action plans.

f. Delegation Oversight Dashboard

Dr. Boris presented a snapshot of the Delegation Oversight Dashboard to the committee. Dr. Boris explained the purpose and goal of the delegation dashboard. Dr. Boris highlighted the process the Plan follows to monitor their delegated groups. The Plan's auditors also require that the Plan show compliance with corrective action plans.

g. Annual Physician Peer-to-Peer (HS.02.02) – 2021

Dr. Boris next presented an overview of the Annual Physician Peer-to-Peer review. This process was initially in response to a prior DHCS request; however, the Plan chose to continue with this process. Dr. Boris explained the purpose and goal of Peer-to-Peer review, as well as the process to track Peer-to-Peer requests. The process begins when either she, Dr. Robertson, or Dr. Nakahira issue a denial letter. All denial letters clearly state physicians' and medical groups' peer-to-peer review rights, along with the telephone number to call to start the process. In cases where the initial denial was upheld, physicians and medical groups are advised to appeal.

h. Behavioral Health (BH) UM

Ms. Natalie McKelvey, Manager, BH, gave an overview of the BHT program for the committee. Ms. McKelvey highlighted the screenings that the BH team completed. These screening numbers may be affected by a claims lag. Ms. McKelvey highlighted the fact that outpatient utilization for our CMC line of business appears to have decreased, and she will research why this is the case. It may be attributable to a billing issue. Ms. Tomcala pointed out that our CMC population may be less comfortable using telehealth. Ms. McKelvey agreed, and she also advised that the County has a back log of residents who request services. Dr. Lin advised that, for the mild-to-moderate cases, primary care physicians should be able to render treatment. Ms. McKelvey advised that these claims are specific to our psychotherapists and BH treatment providers. Dr. Alkoraishi remarked that his patient no show rate has decreased which he attributes to the ease and convenience of appointments via telehealth and FaceTime.

Ms. McKelvey continued with her presentation. Kaiser continues to do a good job with getting their mild-to-moderate patients in treatment. Ms. Tomcala circled back to the low outpatient utilization rate, and she suggests we ask our Independent Practitioner Association (IPAs) for their thoughts on why utilization is so much lower per thousand. Ms. McKelvey replied that feedback from our IPAs suggests they are unaware of the resources available to connect patients with outpatient treatment. Ms. McKelvey will continue to meet with IPA leadership to try to close this gap.

Dr. Nakahira advised this may be attributable to a cultural difference. Ms. McKelvey responded that it may also be due to capitation, as BH is not included. Ms. McKelvey continued with her presentation on BH treatment, which is specific to ABA, and does not include supplemental treatments. Kaiser continues to have the highest rate of patients in treatment. Dr. Lin asked why Kaiser is able to see so many patients. Ms. McKelvey replied that Kaiser has a good developmental screenings process, in conjunction with a smooth referral process. Ms. McKelvey concluded with a discussion of the projects she is working on for 2022.

13. Adjournment

The meeting adjourned at 7:44 p.m. The next meeting of the Utilization Management Commitment is on April 20, 2022 at 6:00 p.m.

_____ _____

Jimmy Lin, M.D, Chair
Utilization Management Committee

Date

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 12/01/2021

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	8	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	7	
Number practitioners recredentialed within 36-month timeline	7	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 11/30/2021	634	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**	**NEMS**
Total # of Suspension	0	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0	0
Total # of practitioners	1344	922	729	804	394	455	978

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Regular Meeting of the

Santa Clara County Health Authority

Pharmacy & Therapeutics Committee

Thursday, December 16, 2021, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Approved

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Xuan Cung, PharmD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Judy Ngo, PharmD
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD

Members Absent
Dolly Goel, MD

Staff Present
Kathy Le, PharmD, Pharmacy Resident
Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

Others Present
Amy McCarty, PharmD, MedImpact

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:06 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Open Meeting Minutes**

   The 3Q2021 P&T Committee open meeting minutes were reviewed.

   It was moved, seconded and the open minutes of the 3Q2021 P&T meeting minutes were **unanimously approved.**

   Motion: Dr. Nguyen
   Second: Dr. Lin
   Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
   Absent: Dr. Goel

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, DO, Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira reported the current Plan membership is approximately 286,552 members, reflecting a 9.1% increase over the last year, September 2020. This increase is largely attributable to a hold on disenrollment of Medi-Cal members. When the Department of Health Care Services (DHCS) reactivates disenrollment, there will likely be a decrease in membership.

Dr. Nakahira announced the National Committee for Quality Assurance (NCQA) Cal MediConnect (CMC) Resurvey is coming up on January 31, 2022 to February 2, 2022. In addition, CalAIM, Enhanced Care Management (ECM), and In Lieu of Services (ILOS) will begin on January 1, 2022.

Currently, the Plan has placed a hold on returning to office due to concerns about the COVID-19 delta variant. All committee meetings will continue to be held via teleconference.

DHCS has initiated a COVID incentive program to address vaccine disparities. Out of SCFHP's Medi-Cal (MC) membership, approximately 56.9% are fully vaccinated and 5.7% are partially vaccinated. Out of SCFHP's CMC membership, approximately 75.8% are fully vaccinated and 4.5% are partially vaccinated. SCFHP will be participating in this incentive program to aid in closing gaps by offering MC members and providers incentives, partnering with community leaders, and conducting outreach to vulnerable populations. SCFHP will also be hosting COVID vaccine administration events at the Community Resource Center (CRC).

Dr. Nakahira noted that the CRC will be doing an opening kick-off on October 2, 2021.

Judy Ngo joined the meeting at 6:12p.m.

b. Grievance & Appeals 2Q 2021 and 3Q 2021 Pharmacy Reports

Mauro Oliveira, Manager, Grievance and Appeals, presented the Grievance & Appeals (G&A) 2Q 2021 and 3Q 2021 Pharmacy records.

c. Medi-Cal Rx Update

Tami Otomo, PharmD, Clinical Pharmacist, noted the Medi-Cal Rx Carve Out will be implemented on January 1, 2022. Starting on this date, the pharmacy benefit for MC members will be carved back into the state. SCFHP will be identifying members who may require more assistance during this transition and work with pharmacy partners to ease the transition. DHCS will send a 60-day notice to members, and the Plan will send a 30-day notice to members. The Plan is also working on updating member and provider material and will be conducting additional provider communication. Provider training and portal enrollment is available on the Medi-Cal Rx website.

d. Policy Review – PH.12 Drug Management Program

Dang Huynh, PharmD, Director, Pharmacy and Utilization Management, presented the updates to the PH.12 Drug Management Program.

e. Plan/Global Medi-Cal Drug Use Review

i. Drug Utilization Evaluation Update

Dr. Otomo shared the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q3 2021, the focus was Asthma for both lines of business. This program identified members receiving four or more prescriptions for an asthma medication over a 12-month period and are not on a controller medication. For MC, there were 662 impacted members, and 324 providers were mailed letters on August 18, 2021. For CMC, there were 88 impacted members, and 68 providers were emailed letters on August 18, 2021.

f. Emergency Supply Report – 3Q 2020, 4Q 2020

Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the Emergency Supply Report for Q3 and Q4, 2020. Dr. Nguyen reported in Q3 2020, SCFHP had a total of 15,834 ER visits from claims and encounter data. Approved claims were appropriate. There were no inappropriate denied claims. For no claims, there were no issues with the completed charts that were reviewed.

Adjourned to Closed Session at 6:21p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 3Q2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 3Q2021 P&T meeting minutes were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

6. Metrics and Financial Updates

a. Membership Report

The Membership Report was presented by Dr. Nakahira during the CMO Update.

b. Pharmacy Dashboard

Dr. Otomo reviewed the Pharmacy Dashboard.

c. Drug Utilization & Spend – 3Q 2021

Amy McCarty, PharmD, MedImpact, presented the Drug Utilization and Spend for 3Q 2021.

7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 3Q 2021 P&T Minutes

Dr. McCarty referenced the Pharmacy Benefit Manager 3Q 2021 P&T Minutes included in the meeting packet.

b. Pharmacy Benefit Manager 4Q 2021 P&T Part D Actions

Dr. McCarty reviewed the Pharmacy Benefit Manager 4Q 2021 P&T Part D Actions.

It was moved, seconded and the MedImpact Minutes and Actions were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

c. 2022 Medical Benefit Drug Prior Authorization Grid

Dr. Otomo reviewed the 2022 Medical Benefit Drug PA Grid for CMC.

It was moved, seconded and the **2022 Medical Benefit Drug PA Grid** was **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal Formulary & Prior Authorization Criteria

a. Old Business/Follow-Up

i. PCSK9 Inhibitors

ii. Trijardy XR

b. Formulary Modifications

Dr. Otomo presented the changes made to the Medi-Cal formulary since the last P&T Committee meeting.

It was moved, seconded and the Formulary Modification were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

c. Fee-for-Service Contract Drug List Comparability

Dr. McCarty reviewed the Fee-for-Service (FFS) Contract Drug List (CDL) Comparability for MC.

It was moved, seconded and the FFS Contract Drug List Comparability was **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

d. 2022 Medical Benefit Drug Prior Authorization Grid

Dr. Otomo reviewed the 2022 Medical Benefit Drug PA Grid for Medi-Cal.

It was moved, seconded and the **2022 Medical Benefit Drug PA Grid** was **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Huynh, Dr. Lin, Dr. Nakahira Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

e. Prior Authorization Criteria

Dr. Nguyen reviewed the PA Criteria.

g. <u>New or Revised Criteria</u>

1. Stromectol – *new criteria*
2. Zeposia – *new criteria*

h. <u>Annual Review</u>

1. Non-formulary – *no changes*
2. Norditropin Flexpro – *no changes*
3. Protopic Ointment – *no changes*
4. Zarxio – *no changes*

It was moved, seconded and the PA Criteria Recommendations were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Cung
Ayes: Dr. Alkoraishi, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Goel

9. New Drugs and Class Reviews

a. COVID-19 Updates

Dr. McCarty reviewed the COVID-19 updates.

b. Inhaled tobramycin
Dr. McCarty reviewed Inhaled Tobramycin.

c. Dificid
Dr. McCarty reviewed Dificid.

d. New and Expanded Indications – Nucala, Facenra, Xywav
Dr. McCarty reviewed Nucala, Facenra, and Xywav.

e. New Entities, Derivatives & Formulations – Tyrvaya, Myrbetriq granules, Trudhesa
Dr. McCarty reviewed Tyrvaya, Myrbetriq granules, and Trudhesa.

f. Informational only:

i. **Myelofibrosis – pacritinib**
ii. **Presbyopia – Presbysol**
iii. **Acute agitation – dexmedetomidine**
iv. **Pulmonary hypertension**
v. **Weight loss agents**
vi. **Continuous glucose monitors**
vii. **Drugs: Pennsaid, Santyl, Kuvan, Upneeq,Cosentyx, omidenepag, isopropyl, maribavir, daridorexant, tezepelumad**

It was moved, seconded and the recommendations for New Drugs and Class Reviews were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Cung
Ayes: Dr. Alkoraishi, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki, Dr. Ngo
Absent: Dr. Goel

Reconvene in Open Session at 7:58 p.m.

10. Discussion Items

a. New and Generic Pipeline
Dr. McCarty reviewed the New and Generic Pipeline. There were no notable new or generic drugs, aside from Revlimid Vimpat, expected for release in March, 2022.

11. Adjournment
The meeting adjourned at 8:00p.m. The next P&T Committee meeting will be on Thursday, March 17, 2022.

_____ _____
Jimmy Lin, MD, Chair Date

Regular Meeting of the

Santa Clara County Health Authority
Cal MediConnect Consumer Advisory Board (CAB)

Thursday, December 2, 2021 11:30 AM – 1:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present
Laurie Nakahira, DO, Chief Medical Officer, Chair
Andy Le, Ombudsperson, Supervising Staff Attorney, Bay Area Legal Aid
Narendra Pathak

Members Absent
Luis Gova Gonzalez
Charles Hanks
Verna Sarte
Dennis Schneider

Staff Present
Laura Watkins, Vice-President, Marketing and Enrollment
Chelsea Byom, Vice-President, Marketing, Communications, and Outreach
Tanya Nguyen, Director, Customer Service
Lucille Baxter, Manager, Quality and Health Education
Mike Gonzalez, Director, Community Engagement
Cristina Hernandez, Manager, Marketing and Public Relations
Thien Ly, Director, MediCare Outreach
Jocelyn Ma, Manager, Community Outreach
Amber Tran, Process Improvement Project Manager
Lynette Topacio, Marketing Project Manager
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Dr. Laurie Nakahira, DO, Chief Medical Officer, and Chair called the meeting to order at 11:35 a.m., and roll call was taken. There was no quorum.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the September 2, 2021 Cal MediConnect (CMC) Consumer Advisory Board Committee meeting were reviewed. Dr. Nakahira pointed out that she has one minor correction to the minutes. For item #8, the contract for the CMC line of business is not yet complete and is still in process.

4. **Health Plan Update**

   Dr. Nakahira presented the Health Plan update. Dr. Nakahira began with an update on the National Committee for Quality Assurance (NCQA) re-accreditation for the Plan's CMC line of business. The accreditation period will run from January 31, 2022 through February 1, 2022, and the purpose is to ensure the Plan has appropriate quality measures in place. In addition, the Department of Health Care Services

(DHCS) audit will occur in March 2022. This is an annual audit. The audit will be conducted onsite over a 2 week period.

Mr. Pathak asked for an update on any changes to members' benefits for 2022. Dr. Nakahira responded that this topic will be discussed today by Thien Ly, Director, Medicare Outreach, as part of the update on CMC Benefits Changes for 2022.

5. COVID-19 Update

a. Vaccination Outreach and Vaccination Rate

Amber Tran, Process Improvement Project Manager, discussed the Plan's vaccination outreach efforts. She presented a summary of the current vaccination rates for our members. Approximately 68% of the Plan's total members are fully vaccinated, with 2% partially vaccinated, and 30% unvaccinated. By comparison, Ms. Tran explained that approximately 90% of Santa Clara County residents who are 12 and over are fully vaccinated.

Ms. Tran continued with an overview of the Plan's Member Outreach campaign efforts to increase vaccination rates, including the Plan's vaccine rewards program. Additional member outreach activities include vaccine events at the Blanca Alvarado Community Resource Center (CRC), with a one-stop-shop, and 'Ask the Doctor' services offered during various SCFHP-sponsored events. The 'Ask the Doctor' services are staffed by our medical directors and pharmacists who are available to answer questions and discuss any concerns about COVID and the vaccines. SCFHP has also partnered with various community organizations, such as Catholic charities, to establish trusted community messengers who can help strengthen the message of the importance of vaccination.

Mr. Pathak asked if SCFHP offers in-home vaccination services to our members. Ms. Tran replied that SCFHP does not offer these services; however, as a result of our partnership with Santa Clara County, the County will provide in-home vaccination services to homebound residents.

Mr. Pathak asked for an update on the new Omicron variant. Dr. Nakahira replied that, at this time, there is very little information available on this new strain. Dr. Nakahira advised that there is currently 1 case reported in San Francisco. The current recommendations are to get a booster shot. Research is being conducted as to how the vaccines will fight against this, and additional, variants.

b. Vaccination Availability and Boosters

Dr. Nakahira provided an update on vaccine availability and eligibility. Booster shots are now available for anyone 18 years of age and over. You can receive either the Pfizer, Moderna, or the J&J booster shot, as long as your booster occurs 6 months after your 2nd dose of the Pfizer or Moderna vaccine, or 2 months after your J&J vaccine. Booster shots of either the Pfizer, Moderna, or J&J vaccines can be administered, and are not dependent upon the brand of vaccine you received during your 1st vaccine series.

Our SCFHP provider network contains a list of which primary care physicians offer vaccinations, as well as additional vaccination locations and the names of the pharmacies where vaccinations are available.

6. Update on Cal MediConnect Benefits Changes for 2022

Thien Ly gave an overview of the upcoming CMC Benefits Changes for calendar year 2022. There is a minor change to the Hearing services benefit specific to the replacement of hearing aids that are lost, stolen, or severely damaged beyond the member's control. Replacement under these conditions is no longer included in the $1,510.00 maximum coverage amount. Prior authorization may now be required. In addition, the MSSP is no longer a covered benefit; and will be carved-out to the Medi-Cal (MC) program.

Mr. Ly also discussed changes to Part D coverage pertaining to catastrophic coverage, and increases to Tier 2 brand name drugs copays.

Mr. Pathak asked if it is possible to waive the 3 days advance notice that is required to arrange transportation to and from appointments. Mr. Ly replied that the Plan does need 3 days advance notice to arrange for transportation. Mr. Ly advised that members should still call Customer Service regarding upcoming

appointments that are less than 3 days away, and Customer Service will do everything possible to assist with transportation to and from appointments.

Mr. Pathak asked if the Plan will increase the number of covered acupuncture appointments per year. Mr. Ly replied that members are currently eligible for 2 acupuncture appointments per month. Members who require additional appointments can submit a prior authorization for approval. Mr. Pathak responded that seniors need more than 24 yearly acupuncture appointments to assist with pain management. Mr. Ly responded that prior authorization requests for additional acupuncture appointments will be reviewed and approved on the basis of medical necessity.

7. Standing Items

a. Community Resource Center

Mike Gonzalez, Director, Community Engagement, presented the Committee with an update on the recent activities at the Center. Mr. Gonzalez introduced the new Supervisor of the CRC, Trinh Nguyen. Mr. Nguyen began in October 2021, and his background includes extensive prior experience with supervising and developing programming for community centers, with a particular emphasis on senior programming. Mr. Gonzalez advised that there are currently Medicare Outreach team members working at the CRC, and the plan is to also staff the center with Customer Service Representatives and Case Management representatives. Mr. Gonzalez highlighted the current and upcoming programming schedule, including monthly Open Houses. COVID-19 safety protocols remain in place.

Mr. Gonzalez discussed the impact the CRC has already had on the community. He shared the number of monthly visitors from July 2021 through October 2021. Though the CRC's doors continued to remain locked until November 8, 2021 due to COVID, no residents who knocked on the door were turned away. The CRC has also provided many services regarding Covered California and MC application assistance, along with resource navigation regarding food, housing, healthcare, and COVID-19. These numbers are expected to grow now that the CRC is fully open. Mr. Gonzalez also shared the monthly calendar of activities, including Dia de Los Muertos, for November 2021.

Mr. Gonzalez highlighted the elements and strategies of the community-led CRC Planning Process and the process roadmap. This planning process included a community survey targeted to residents within 6 specific zip codes in East San Jose. There was a great response to the survey, with 770 respondents, all with valuable feedback on their vision of the CRC's purpose. A special thanks goes to our CRC Resident Advisory group who play a major role in developing the CRC, with their grassroots approach to community-led engagement. The next Open House is on Saturday, December 18, 2021 from 10:00 a.m. to 2:00 p.m., and includes a staff meet-and-greet, a tour, an overview of programs and services, and a Health Fair.

Mr. Pathak shared that he has received good feedback from residents on the programs and services on offer. Mr. Pathak asked if there are any future plans to provide medical services at the Center. Mr. Gonzalez replied that the Center is not a medical clinic; however, medical staff may be invited to provide community services such as flu shots or other vaccines. Dr. Nakahira added that there are currently no plans to provide medical care at the Center, but there will be an emphasis on health education. Mr. Gonzalez also added that all residents are encouraged to take advantage of opportunities to connect with onsite Case Managers. As always, the Plan welcomes feedback from all members.

b. Member Communications

Chelsea Byom, Director, Marketing, Communications, and Outreach gave an overview of the member communications completed since the September 2021 meeting. Ms. Byom discussed the 2022 Annual Member Mailing which included the CMC Annual Notice of Changes for the upcoming plan year. Ms. Byom reminded the committee that, during open enrollment, members with no changes to their current coverage will continue their same coverage through 2022. Member communications included the fall newsletter, with a large feature on our Reddit blog pertaining to the CRC. Ms. Byom highlighted the SCFHP website which is updated with meeting

materials, member materials such as the Formulary, Provider directory, newsletters, and COVID-19 vaccine information. Ms. Byom concluded with a list of the events the Plan participated in as of September 2, 2021.

c. Health Education Overview

Ms. Tran gave an overview of the Plan's flu campaign. Events include a flu reminder incentive raffle. Members can use our flu shot locator tool to help them find the nearest locations where they can receive their flu shot. The member newsletter and the Plan's website also include free health education information on the flu.

d. Cal MediConnect Ombudsman Program Update

Andy Le, Ombudsperson and Supervising Staff Attorney for Bay Area Legal Aid, gave an update on changes to the CMC plan and Medicare/Medi-Cal (Medi-Medi) plans since the September 2021 meeting. The CMC redeterminations process has begun, and Bay Area Legal Aid has received calls from many individuals who were disenrolled due to share of cost and are trying to spend down their income and assets to continue to qualify for free MC. Mr. Le encouraged the committee to refer their friends and neighbors to Bay Area Legal Aid for assistance.

Mr. Le highlighted some of the changes to expect for 2022. As of May 2022, MC coverage expands to include undocumented older adults 50 years of age and over regardless of their immigration status. Adults who wish to take advantage of this benefit must meet all financial eligibility requirements. In addition, as of July 1, 2022, the state will raise the asset limit for non-MC programs to $130,000.00 per person, with $65,000.00 for each additional person, up to a maximum of 10 individuals. This is part of the asset limitation elimination process. The state foresees an expansion of MC eligibility, with the intent to guard against loss of MediCare eligibility in the future.

e. Future Agenda Items

Dr. Nakahira solicited ideas for future topics. Mr. Pathak took this opportunity to express his gratitude for the CAB committee and for the wonderful service provided by SCFHP. Dr. Nakahira thanked Mr. Pathak, and she also thanked her staff for all their hard work and dedication throughout the year.

8. Adjournment

The meeting adjourned at 12:35 p.m. The next Cal MediConnect Consumer Advisory Board meeting is scheduled for Thursday, March 3, 2022 at 11:30 a.m.

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3/4/2022

Laurie Nakahira, DO, Chairperson
Cal MediConnect Consumer Advisory Board Committee

Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council (PAC)

Wednesday, February 9, 2022, 12:15 – 1:45 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present
Thad Padua, MD, Chair
Clara Adams, LCSW
Dolly Goel, MD
Bridget Harrison, MD
Michael Griffis, MD
Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD
Hien Truong, MD
Ghislaine Guez, MD

Members Absent
Pedro Alvarez, MD
Jack Pollack

Staff Present
Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Janet Gambatese, Director, Provider Network Operations
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Johanna Liu, PharmD, Director, Quality & Process Improvement
Brandon Engelbert, Manager, Provider Network Operations
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Claudia Graciano, Provider Network Program Manager
Stephanie Vielma, Manager, Provider Performance Program
Robyn Esparza, Administrative Assistant

1. **Roll Call/Establish Quorum**
   Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established. Dr. Padua welcomed Dr. Ghislaine Guez as a new member of the Provider Advisory Council.

2. **Public Comment**
   There was no public comment.

3. **Meeting Minutes**
   The minutes of the November 10, 2021, Provider Advisory Council (PAC) meeting were reviewed.

   It was moved, seconded, and the November 10, 2021, Provider Advisory Council (PAC) minutes were **unanimously approved.**
   Motion: Mr. Mineta
   Second: Mr. Lin
   Ayes: Ms. Adams, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Dr. Padua, Ms. Sager**,** Dr. Goel, Dr. Griffis

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the February 2022 Enrollment Summary, noting a total enrollment of 295,422, with 10,251 members in Cal MediConnect (CMC) and 285,171 members in Medi-Cal (MC).

Ms. Tomcala shared a presentation on how SCFHP is addressing COVID-19 vaccine and health disparities. She reminded the Council that last year we undertook a significant effort to update our strategic plan, as well as our mission and values, and created a vision statement for the organization. The Board-approved mission is "To improve the well-being of our numbers by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community," and the longer-term vision is "Health for all—a fair and just community where everyone has access to opportunities to be healthy." Ms. Tomcala further discussed her presentation.

5. Quality

a. DHCS MCAS (Medi-Cal Managed Care Accountability Set) Measures 2022

Johanna Liu presented on the DHCS MCAS and reviewed findings in detail.

b. DHCS Comprehensive Quality Strategy 2022

Due to time constraints, this item was not presented and is deferred to the next meeting.

6. Pharmacy Updates

a. Review and Discuss the Current Drug Reports

Dang Huynh, Director, Pharmacy and Utilization Management, presented the drug utilization reports for the top 10 drugs by cost and prior authorization volume for October 1, 2021 – December 31, 2021 (4th Quarter 2021).

For Medi-Cal (MC), Dr. Huynh noted cost for the reported timeframe was approximately $39.5 million. There was an increase of roughly $1 million from last quarter due to the increase of brand drug costs. For Cal MediConnect (CMC), cost and utilization were similar to the previously reported quarter. The total cost for the quarter was $14.6 million.

For Medi-Cal Prior Authorization (PA) volume, there was not much change in terms of volume or contribution to the top 10. For CMC Prior Authorization (PA), there was a decrease in PA volume from about 620 down to 537 PAs.

Dr. Huynh noted that moving forward only the CMC Drug Report will be coming to the committee and may share data from the state for MC if available.

b. Medi-Cal RX

Dr. Huynh provided an update on the Medi-Cal RX transition. He mentioned that there have been a lot of issues since the health plan transitioned its pharmacy benefit to the Medi-Cal RX with Magellan (fee-for-service) on January 1, 2022, even with previous plan interventions such as proactive prior authorization, provider education, and member pharmacy transitions to Medi-Cal Rx participating mail-order pharmacies.

Pharmacies are have reported that they are receiving non-meaningful denial messages. There is also a hierarchy of requirements for a drug to pay that was unclear. A prior authorization on file does not guarantee payment if the drug manufacturer is not a participating labeler. This restriction was not grandfathered. The biggest rejection issue so far is related to eligibility issues. A lot of these issues have been resolved. The plan meets weekly with DHCS, Magellan, and our local association. Last week, DHCS provided that the wait time on average for someone to call in is roughly about four (4) hours. DHCS agreed it was unacceptable and they plan to try to hire more individuals to help with the call center. DHCS also informed the plans that the prior authorization turnaround time is seven days. Grievances are redirected to Medi-Cal Rx per DHCS directive.

The plan has access to Clinical Liaisons at Medi-Cal Rx to help assist in resolving issues. Dr. Huynh advised the council that they may contact pharmacy@scfhp.com for urgent issues especially hospital discharge delays or potential member harm due to inability of getting medications.

c. COVID-19 Vaccination Initatives

Dr. Huynh updated the council that the health plan connected and executed contracts with three independent pharmacies and will be reaching out to roughly 507 members. There are also a couple of other pharmacies pending contracting to do member outreach and education on COVID-19 vaccinations.

d. COVID-19 Self-Testing Kits

Dr. Huynh noted the COVID-19 Self Testing Kits are covered by Medi-Cal RX. Medicare released the guidance that they'll start covering it in early spring.

7. Utilization Management Updates

a. Community Based Adult Services (CBAS)

Dr. Huynh advised the council that the CBAS face-to-face requirement process has changed to match the DHCS policy. Face-to-face is only required if the request does not meet the requirements for approval. Review of CBAS has moved into the UM Department.

b. Prior Authorization Grid

Dr. Huynh noted the Prior Authorization (PA) Grid has been updated. Nasal endoscopy no longer requires prior authorization.

8. Provider Network Operations

a. Updates on Major Organ Transplants (MOT) Contracting

Janet Gambatese, Director, Provider Network Operations (PNO), provided an update on major organ transplant (MOT) contracting. Beginning January 1, 2022, DHCS requires health plans to cover major organ transplants for adults. Therefore, SCFHP updated its contract with Stanford to include all transplants. DHCS doesn't recognize Stanford as an approved Center of Excellence for kidney and pancreas transplants, so SCFHP is working to get a contract with University of California, San Francisco Medical Center. Until we can get a contract with them, they will entertain Letter of Agreements (LOAs).

b. Discuss Provider Satisfaction Survey

Ms. Gambatese said that one of the plan's objectives this year is that we want to delve into understanding provider satisfaction beyond the annual survey that we do for regulatory purposes. At the last meeting, we asked the council for ideas on how would the plan get better participation from our provider network to answer questions about provider satisfaction? She indicated it was a robust discussion, noting council brought up some ideas like having an online survey such as Survey Monkey, understanding the best time of year to do conduct the surveys, like not doing them around the end of the year when providers are busy, possibly breaking a survey into multiple surveys versus one big long survey, and maybe doing some focus groups or one-on-ones for smaller practitioners.

Ms. Gambatese noted that PNO met with a vendor who has experience doing focus groups, interviews. She queried the council asking how can PNO focus in and narrow down to get a good cross representation of participation from all providers, as our network is made up of direct providers, Independent Practice Associations, and clinics. She futhrer inquired if the council has any ideas and encouranged thinking of current practices and stratigies to engage the group.

Dr. Padua noted his office has six pediatrics. It would be nice to get a visit and maybe do a lunch hourmeeting, target smaller offices for reaching out to different offices with high membership.

c. Update on the 2022 Provider Performance Program

Stephanie Vielma, Manager, Provider Performance Program, gave an update on the Provider Performance Program in 2022. She reviewed the retired and new measures of the program. She explained the timeline for PPP documentation and reporting for final rates of PPP 2021 and rates for quarter 1 2022. The gaps in care lists for 2022 will be available at the end of each month, and supplemental data is due by the sixth of each month and the data will be included in the next month's PPP report card. Finally, she noted that she included the Frequently Asked Questions (FAQs) weblink in her presentation.

Ms. Vielma also provided a presentation on Practice Transformation 2021 Year-End Summary, where she reviewed achievements of the provider groups that engaged in practice transformation, and discussed the practice transformation CY2022 goals.

d. Discuss SCFHP and Timely Access

Karen Fadley, Manager, Provider Data, Credentialing and Reporting, provided a presentation on SCFHP Provider Availability. She noted the Provider Appointment Availability Survey Methodology is developed by the Department of Managed Health Care and is a regulation in accordance with Government Code Section 11342.600. Ms. Fadley reviewed data related to urgent appointments, non-urgent appointments, and also the barriers and opportunities to timely access to care.

9. Old Business

There was no old business discussed.

10. New Business

Discuss DSNP

Due to time constraints, this item was not discussed and it will be deferred to the next meeting.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 1:55 p.m. The next meeting is scheduled for Wednesday, May 11, 2022.

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Thad Padua, Chair Date

Regular Meeting of the

Santa Clara County Health Authority
Consumer Advisory Committee

Tuesday, March 8, 2022, 6:00 PM – 7:00 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Debra Porchia-Usher, Chair
Rebecca Everett
Rachel Hart
Ajit Raina
Ishendra Sinha
Tran Vu

Members Absent
Barifara (Bebe) Barife
Blanca Ezquerro
Vishnu Karnataki
Maria Cristela Trejo Ramirez

Guest
Hoang Truong

Staff Present
Christine Tomcala, Chief Executive Officer
Chelsea Byom, Vice President, Marketing, Communications and Outreach
Mike Gonzalez, Director, Community Engagement
Tanya Nguyen, Director, Customer Service
Cristina Hernandez, Manager, Marketing and Public Relations
Liz Sullivan, Manager, Communications
Jenny Arellano, Marketing Project Manager
Sherry Anne Faphimai, Graphic Design Project Manager
Zara Hernandez, Health Educator
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Debra Porchia-Usher, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the December 14, 2021 Consumer Advisory Committee meeting were reviewed.

   It was moved, seconded, and the minutes of the December 14, 2021 Consumer Advisory Committee meeting were **unanimously approved.**

Motion:	Mr. Vu
Seconded:	Mr. Sinha
Ayes:	Ms. Everett, Ms. Hart, Ms. Porchia-Usher, Mr. Raina, Mr. Sinha, Mr. Vu
Absent:	Ms. Barife, Ms. Ezquerro, Mr. Karnataki, Ms. Ramirez

4. Health Plan Update

Christine Tomcala, Chief Executive Officer, presented the enrollment update. The Plan's total enrollment as of March 2022 is 295,422 members, an increase of approximately 7.4% since March 2021. The Plan's Medi-Cal membership is 285,171 members, an increase of approximately 7.6% since March 2021. The Plan's Cal MediConnect (CMC) membership is 10,251, an increase of approximately 3.6% since March 2021.

Ms. Tomcala stated that the COVID-19 public health emergency has been extended until at least April 16, 2022. Therefore, the "pause" on MC redeterminations remains in effect. In addition, the meetings of the Consumer Advisory Committee remain virtual until further notice.

Ms. Tomcala discussed routine audits the Plan has been undergoing. She also informed the Committee about an agreement Kaiser negotiated with the State for a direct Medi-Cal contract statewide. If this moves forward, Kaiser would no longer be a part of the SCFHP provider network as of January 2024, and members with a Kaiser primary care physician would transition to the Kaiser Medi-Cal plan.

Ms. Tomcala shared information on the new SCFHP Equity Steering Committee and three Councils, which were created to expand efforts to raise health equity for our members, and support an equitable and inclusive workplace. The Member Equity Council will seek input from members of the Consumer Advisory Committee.

An update on COVID-19 vaccination data and the Plan's outreach efforts was provided. Ms. Tomcala highlighted vaccine incentives, community partnerships, and vaccination clinic results, as well as outreach call and robocall campaigns.

Ms. Tomcala concluded her update with information on how Medi-Cal members can receive free COVID-19 rapid antigen tests.

5. Transportation Benefit Overview

Tanya Nguyen, Director, Customer Service, presented an overview of the Plan's transportation benefit. Ms. Nguyen highlighted the processes and procedures to arrange for no cost, unlimited transportation to and from medical appointments. Ms. Nguyen defined Non-Emergency Medical Transportation (NEMT), and she outlined physician certification and other requirements that are necessary in order to request NEMT.

Ms. Nguyen then defined Non-Medical Transportation (NMT), and she outlined the components specific to this service. Ms. Nguyen provided the committee with the Customer Service phone number to call to request either NEMT or NMT services. Members can also request NEMT or NMT services through our SCFHP member portal.

Mr. Sinha raised some concerns about the ease of use of our transportation benefit, and the complexity of the process. A discussion ensued, and it was agreed that Ms. Nguyen will contact Mr. Sinha outside of this meeting to resolve his concerns.

6. 2022 Wellness Rewards Program

Zara Hernandez, Health Educator, presented an overview of the 2022 Medi-Cal Wellness Rewards Program. Ms. Hernandez outlined the various types of medical visits and screenings that qualify for wellness rewards. She also discussed the eligibility requirements, and the specific rewards members will receive for completion of screenings and visits.

Ms. Hernandez introduced Sherry Anne Faphimai, Graphic Design Project Manager. Ms. Faphimai discussed the various mailings members will receive, and some of the photo concepts under consideration that will help illustrate the importance of preventive medical services and screenings. The members provided her with feedback on how these images make them feel, and whether or not certain images speak to them more than others.

At this time, Ms. Porchia-Usher noted the hour and proposed that agenda items #7, #8, and #9 be heard at the June 7, 2022 meeting.

Mr. Raina and Mr. Sinha expressed some additional concerns and it was agreed that Ms. Nguyen would contact them outside of the meeting to discuss their concerns.

Ms. Porchia-Usher received consensus from the committee members on deferring the proposed agenda items to the next meeting.

11. Adjournment

The meeting was adjourned at 7:23 p.m.

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Debra Porchia-Usher, Chair
Consumer Advisory Committee

Santa Clara County Health Authority
Updates to Pay Schedule
March 24, 2022

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Community Supports Program Manager	Annually	83,893	104,866	125,840
Director, Case Management & Behavioral Health	Annually	150,489	195,635	240,782
Enrollment Coordinator I	Annually	46,495	56,956	67,418
Enrollment Coordinator II	Annually	51,145	62,652	74,160
Medicare Broker Manager	Annually	83,893	104,866	125,840
Provider Access Program Manager	Annually	94,585	120,596	146,607

Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
March 24, 2022

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Director, Case Management	Annually	150,489	195,635	240,782
ILOS Program Manager	Annually	83,893	104,866	125,840
Provider Network Access Manager	Annually	94,585	120,596	146,607

Santa Clara Family Health Plan
Quarterly Investment Compliance Report
For The Quarter Ended December 31, 2021

1. OVERVIEW

The California Government Code (the Code), Section 53646, which governs Santa Clara Family Health Plan's investment policy, states that the Chief Financial Officer may render a quarterly report on the status of investment portfolio and cash to the Governing Board. This quarterly report includes the following:

1. A statement of compliance with the investment policy.
2. A summary of investments & cash held at quarter-end.
3. A statement of SCFHP's ability to meet its expenditure requirements for the next six months.
4. Statements of diversification compliance with investment policies from the County of Santa Clara, City National Bank & Wells Fargo Bank.
5. Details of investment diversification.
6. Analysis of, and commentary on, investment yield.
7. Reports & other reference materials

2. KEY RECENT CHANGES

Change in Investment Oversight Advisor: Previous quarterly reports were prepared by Sperry Capital, which is no longer providing these services. The Plan is engaging a new investment advisor. This report was prepared by CFO Neal Jarecki and retains the format used by Sperry Capital. The Plan has contracted with a new investment oversight advisor, Meketa Investment Group, for future investment reporting.

Transition from Wells Fargo: At the end of December 2021, the Plan commenced movement of bank-held investments from Wells Fargo Bank to City National Bank, as approved by the Exec/Finance Committee in August 2021. Funds at City National Bank were largely cash at 12/31/21. The transition to City National Bank was completed in March 2022.

3. COMPLIANCE WITH THE INVESTMENT POLICY

The Plan's Investments and Cash & Equivalent accounts include the following:

1. Investments
    a. County of Santa Clara Comingled Investment Pool (County Investment Pool)
    b. City National Bank (CNB Investments)
    c. Allspring Global Investments - formerly Wells Fargo Investments (Allspring Investments)

2. Cash & Equivalents
    a. City National Bank
    b. Wells Fargo Bank
    c. Bank of the West Money Market Account (Money Market Account)
    d. Chase Bank account (Lockbox account)

Following review of the quarterly investment reports of the above-listed accounts, all investments made were compliant with Santa Clara Family Health Plan's 2021 Investment Policy (adopted at the Executive/Finance Committee meeting of April 22, 2021, attached to this report) and with the California Government Code.

4. PORTFOLIO SUMMARY

The quarter-end value of the Investments and Cash & Equivalents accounts were as follows:

CHART #1: PORTFOLIO SUMMARY

Investments:	
County Comingled Investment Pool (County Investment Pool)	$183,007,193
City National Bank Investments (CNB Investments)	$224,633,070
Allspring Global Investments (Allspring Investments)	$45,011
	$407,685,274
Cash & Equivalents:	
City National Bank	$36,528,151
Wells Fargo Bank	$13,621,335
Bank of the West	$66,875
Chase Bank	$207,700
	$50,424,061
Quarter-End Balance of Investments and Cash & Equivalents	**$458,109,335**

5. SIX MONTH CASH SUFFICIENCY

The Plan has sufficient cash on-hand, plus projected revenues, to meet its operating expenditure requirements for at least the next six months.

6. DIVERSIFICATION COMPLIANCE

The published Quarterly Investment Report for the Santa Clara County Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. The Plan's investment policy specifies no maximum percentage or investment in the Commingled Investment Pool.

City National Bank provided a report of compliance with the Plan's investment policy, attached to this report.

Given the minor largely cash balance remaining in Allspring Investments, a report of compliance was not sought.

7. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

CHART #2: DIVERSIFICATION SUMMARY

Investment Type	Maximum Maturity	Maxium % of Portfolio	Quarter-End Balance	Percent	Compliant?
Comingled Investment Pool	N/A	None	**$183,007,193**	39.9%	Yes
City National Bank					
U.S. Agency Obligations	450 days	None	$10,493,350	2.3%	Yes
CA & Local Agency Obligations	450 days	None	$10,294,953	2.2%	Yes
Supranationals	450 Days	30%	$9,745,362	2.1%	Yes
Corporate Bonds	450 Days	30%	$34,819,483	7.6%	Yes
Commerical Paper	270 days	40%	$27,247,412	5.9%	Yes
Cash *	None	None	$132,032,510	28.8%	Yes
Subtotal			**$224,633,070**	49.0%	
Allspring & Bank Balances					
Cash & Equivalents	None	None	**$50,469,072**	11.0%	Yes
Quarter-End Balance of Investments and Cash & Equivalents			**$458,109,335**	**100.0%**	

* Including deposits in transit

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

8. INVESTMENT PERFORMANCE

CHART #3: INVESTMENT PERFORMANCE

Santa Clara County Comingled Investment Trust

Annualized Yield = 0.65%

Weighted Average Life = 1.84 years (670 days)

City National Bank

Annualized Yield = 0.00%. net of fees

Benchmark: 3-Month T-Bill Rate: 0.045%

Average Duration: 0.1 years

Commentary on Investment Performance:

Overall investment yield is much lower than budget (1.4% budgetd) due to market conditions.

Fund previously held at Wells Fargo were transferred to City National Bank in December, which is reflected in the temporary substantial concentration in cash.

9. REFERENCE/ATTACHMENTS

a. 2021 SCFHP Investment Policy
b. Link to County Investment Trust Report: https://controller.sccgov.org/sites/g/files/exjcpb511/files/report/Quarterly-Investment-Report-20211231.pdf
c. Listing of investments and compliance statement per City National Bank.

POLICY

Policy Title:	**Investment Policy**	**Policy No.:**	**FA.07**
Replaces Policy Title (if applicable):	NA	**Replaces Policy No. (if applicable):**	NA
Issuing Department:	Finance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☐ CMC	

I. PURPOSE

This investment policy sets for the investment guidelines and structure for the investment of short- term operating funds not required for the immediate needs on and after April22, 2021 of the Santa Clara Family Health Plan (SCFHP or the Plan) which was established by the Santa Clara County Board of Supervisors under Ordinance 300.576 and licensed by the State of California under the Knox-Keene Act of 1975 in 1996.

Investments may only be made as authorized by this Annual Investment Policy. SCFHP is required to invest its funds in accordance with the California Government Code Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox- Keene Act of 1975 as well as the prudent investment standard:

> The Prudent Investor Standard: When investing, reinvesting, purchasing, acquiring, exchanging, selling or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of SCFHP, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency (California Government Code Section 53600.3).

II. OBJECTIVES

i. **Safety**: the primary objective of this policy is the preservation of principal; avoiding capital losses by minimizing credit risk and interest rate or market risk.
ii. **Liquidity:** maintain sufficient liquidity to meet the operating requirements for six months.
iii. **Yield:** achieve a market-average rate of return (yield) through budgetary and economic cycles, considering SCFHP's regulatory constraints and cash flow characteristics. Investments will be limited to low risk securities in anticipation of earning a fair return relative to the risk being assumed.
iv. **Diversification:** provide diversification of the portfolio securities to avoid incurring unreasonable market and credit risks.

Santa Clara Family Health Plan

POLICY

III. INVESTMENT STRATEGY

The Plan will adhere to the investment goal of holding investments to maturity. From time to time, the portfolio may go out of alignment. The Chief Financial Officer may choose to rebalance the portfolio earlier to bring it back into compliance if the portfolio will not suffer any losses for selling the investment prior to maturity.

IV. ETHICS AND CONFLICTS OF INTEREST

SCFHP's officers, employees and Governing Board members involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. SCFHP's officers and employees involved in the investment process are not permitted to have any material financial interests in financial interests in financial institutions, including state or federal credit unions, that conduct business with SCFHP, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of SCFHP's investments.

V. DELEGATION OF AUTHORITY

A. County of Santa Clara Commingled Investment Pool

The Governing Board is responsible for the management and oversight of SCFHP's investment program. The Board has directed that available excess funds not required for immediate operational cash flow purposes be deposited with the County Treasurer into the County of Santa Clara Commingled Investment Pool which will be invested by the County Treasurer in accordance with the policies contained in the County of Santa Clara Treasury Investment Policy, now in effect, and which may be revised from time to time. As per the deposit requirements for county health plans under California Health and Safety Code Section 1346 and 1376.1, depositing SCFHP's excess funds with the County of Santa Clara is permitted if:

(1) All of the evidence of indebtedness of the County, has been rated "A" or better by Moody's Investors Service, Inc. or Standard & Poor's Corporation, based on a rating conducted during the immediately preceding 12 months.

(2) The County has cash or cash equivalents in an amount equal to fifty million dollars or more, based on its audited financial statements for the immediately preceding fiscal year.

(3) The day-to-day managing, reporting, and oversight of the investment contractual obligations between the County and SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

B. Depository (Financial) Institutions

All SCFHP money shall be deposited in financial institutions that meet the requirements as set forth in Section 53635.2 and authorized by the Board. The financial institution shall have received an overall rating of not less than "satisfactory" in its most recent evaluation by its appropriate federal financial supervisory agency. In addition, the depository financial institution shall maintain a rating of its senior long-term debt obligations, deposit rating or claims-paying ability rating, or is guaranteed by an entity whose obligations are rated not lower than "AA- by S&P, AA- by Fitch or "Aa3" by Moody's or its equivalent from another nationally recognized rating agency.

(1) All depository institutions shall provide SCFHP with notification of any downgrades in long-term ratings or any unsatisfactory rating by their appropriate federal financial supervisory agency within 10 days of such downgrade.

(2) Any downgrade in ratings of a financial institution holding SCFHP funds, shall be provided to the Board by the Chief Financial Officer.

(3) The day-to-day managing, reporting, and oversight of the depository and investment contractual obligations for SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

(4) The Board of Directors may renew the delegation of authority to enter into depository and investment relationships annually.

(5) Funds not required to compensate for transaction costs shall be invested in and earn a market rate of return in the depository institution's highest rated money market mutual fund as permitted by the California Government Code, Section 53600 et seq.

C. Portfolio Investment Manager

The Governing Board may grant authority to a qualified investment manager to direct investments of excess funds in accordance with the AIP and be subject to periodic review for compliance to the AIP. The qualified investment manager must meet all requirements established by federal and California law. Any Board-approved changes in Permitted Investments and the AIP shall be communicated to the investment manager upon approval.

D. Exceptions to this Policy

The Governing Board may grant express written authority to make a one-time investment not permitted by this Policy however, the investment must be permitted by the CA Government code. The Board of Directors may also make amendments to the AIP at any quarterly meeting as needed.

VI. AUTHORIZED INVESTMENTS

A. Authorized Investment Types: SCFHP shall invest only in instruments as permitted by the CA Government Code, subject to the limitations of this AIP.

POLICY

1. Permitted investments in the managed portfolio shall be considered short-term operating funds and are subject to a maximum stated term of four hundred fifty (450) days.

2. The Governing Board may designate a reserve fund for excess funds not required for operational cash flow for which permitted investments are subject to a maximum term of five years pursuant to the Code.

INVESTMENT TYPE	MAXIMUM REMAINING MATURITY	MAXIMUM SPECIFIED % OF PORTFOLIO	MINIMUM QUALITY REQUIREMENTS
U.S. Treasury Obligations	5 years	None	None. May invest in securities that could result in zero or negative interest accrual if held to maturity, in the event of a period of negative market interest rates.
U.S. Agency Obligations	5 years	None	None
State Obligations: CA and Others	5 years	None	None for CA; AA or better for other States
CA Local Agency Obligations	5 years	None	AA rated
Commercial Paper: Non-Pooled Funds (minimum $100,000,000 of investments)	270 days or less	40% of Plan's investible funds	Highest letter and number rating by an NRSRO[1,5]
Placement Service Certificates of Deposit	2 years	$250,000 per deposit per institution	FDIC insured at all times
Repurchase Agreements	1 year	None	U.S. Treasury and Agency Obligations
Medium-term Notes	5 years or less	30% (with not more than 10 % in any one institution)	"A" rating category or better
Mutual Funds and Money Market Mutual Funds	N/A	20% (no more than 10% invested in any one mutual fund; limitation does not apply to money market mutual funds)	Multiple[2]
Collateralized Bank Deposits	5 years	None	If investments require collateral, collateral must be placed in institution not affiliated with the issuer of the obligation.

Mortgage Pass-through and Asset Backed Securities	5 years or less	20%	"AA" rating category or its equivalent or better[4]
County Pooled Investment Funds-Santa Clara County Pool	N/A	None	A or better
Joint Powers Authority Pool (CAMP, CalTrust)	N/A	None	Multiple[3]
Local Agency Investment Fund (LAIF)	N/A	None	None
Supranational Obligations	5 years or less	30%	"AA" rating or better
Public Bank Obligations	5 years	None	Section 57600 (b) [6]

1Issuing corporation must be organized and operating within the U.S., have assets in excess of $500 million, and debt other than commercial paper must be in a rating category of "A" or its equivalent or higher by a nationally recognized statistical rating organization, or the issuing corporation must be organized within the U.S. as a special purpose corporation, trust, or LLC, have program wide credit enhancements, and have commercial paper that is rated "A-1" or higher, or the equivalent, by a nationally recognized statistical rating agency (NSRO).

2A money market mutual fund must receive the highest ranking by not less than two nationally recognized rating organizations or retain an investment advisor registered with the SEC or exempt from registration and who has not less than five years' experience investment in money market instruments with assets under management in excess of $500 million.

3A joint powers authority pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of $500 million, and has at least five years' experience investment in instruments authorized by Section 53601, subdivisions (a) to (o).

4Any investments in asset-backed securities (mortgage pass-through securities, collateralized mortgage obligations, mortgage-backed or other pay-through bonds, equipment lease-backed certificates, consumer receivable pass-through certificates, or consumer receivable-backed bonds) are required to have a maximum remaining maturity of five years or less. While the Legislature removed the requirement that the securities' issuer be rated "A" or its equivalent or better for the issuer's debts in accordance with a nationally recognized statistical rating organization (NRSRO), the Plan retains this requirement.

[5] In 2021, Section 53601 (h) amended to allow local agencies that have one hundred million dollars or more of investment assets under management to invest no more than 40% of their moneys in eligible commercial paper. Further amendment to Section 53601 limits local agencies to invest no more than 10% of their total investment assets in commercial paper and medium- term notes of any single issuer.

[6] Public Bank means a corporation organized under the Nonprofit Mutual benefit corporation Law for the purpose of engaging in the commercial banking business or industrial banking business that is wholly owned by a local agency, local agencies or a joint powers authority that is composed only of local agencies. A local agency may invest in commercial paper, debt securities, or other obligations of a public bank.

B. Prohibited Investment Types: CA Government Code Section 53601.6 prohibits local agencies from investing in inverse floaters, range notes, or mortgage-derived, interest-only strips, and any security which could result in zero interest accrual if held to maturity. In addition, the Plan does not authorize investment in the following:

i. Bankers' Acceptances
ii. Commercial Paper: Pooled Funds (pertains only to Managed Portfolio)
iii. Negotiable Certificates of Deposit
iv. Non-negotiable Certificates of Deposit
v. Reverse Repurchase Agreements and Securities Lending Agreements
vi. Voluntary Investment Program Fund

VII. REPORTING REQUIREMENTS

The following documents and reports will be periodically provided to support the investment procedures, oversight and reporting requirements:

A. County of Santa Clara Investment Pool Disclosure and Agreement for Voluntary Deposits

B. County of Santa Clara Treasury Investment Policy

C. County of Santa Clara Treasury Quarterly Report

D. SAP Balance and Interest Earnings Report of SCFHP Invested Funds

E. Depository Institution – daily transaction and monthly activity report

F. Managed Portfolio - Month-end and quarter-end portfolio performance summary, income, ending balance sheet, trading activity, transaction detail and portfolio diversification report. The listing must include issuer names, dates of maturity, par amounts, dollar amount, market values as of month-end and comparable published index as to diversification and duration that most closely tracks the performance of the portfolio.

G. Investment Oversight Quarterly Report – provides independent review of all invested funds for tracking of AIP, diversification requirements and performance review. Minimum reporting requirements includes a listing of the types of investment, issuer names, dates of maturity, par amounts, dollar amount, market values, descriptions of the programs under the management of contracted parties, a statement of compliance with the investment policy, and a statement of the ability to meet cash flow needs for six months. Any irregularities shall be noted and included in the report.

Santa Clara Family Health Plan™

POLICY

VIII. REVIEW OF INVESTMENT POLICY

At least annually and more frequently as needed, the Governing Board will review this investment policy at a regular meeting of the Board. Any recommended changes to the Policy, including modifications to current investment strategy, oversight procedures including internal controls will be first be brought to the Executive/FinanceCommittee by the CFO for review and approval prior to presentation to the Board. The Executive Committee and Board of Directors will be supported in this work by the CFO, investment advisors and legal counsel for financial and legal issues, respectively.

Any modifications to this Investment Policy, including withdrawal from the County of Santa Clara Commingled Investment Pool, will be made in accordance with California Government Code Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox Keene Act of 1975 as well as the prudent investment standard.

IX. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller April 14, 2021 Date	Neal Jarecki Chief Financial Officer April 14, 2021 Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Exec/Finance	Approved 04/26/18	Approved 06/28/18
V1	Original (no changes)	Exec/Finance	Approved 05/01/19	Approved 06/27/19
V2	Revised	Exec/Finance	Approved 04/23/20	Approved 06/25/20
V3	Revised	Exec/Finance	04/22/21	

City National Rochdale®
INVESTMENT MANAGEMENT

Year End 2021

Portfolio Review

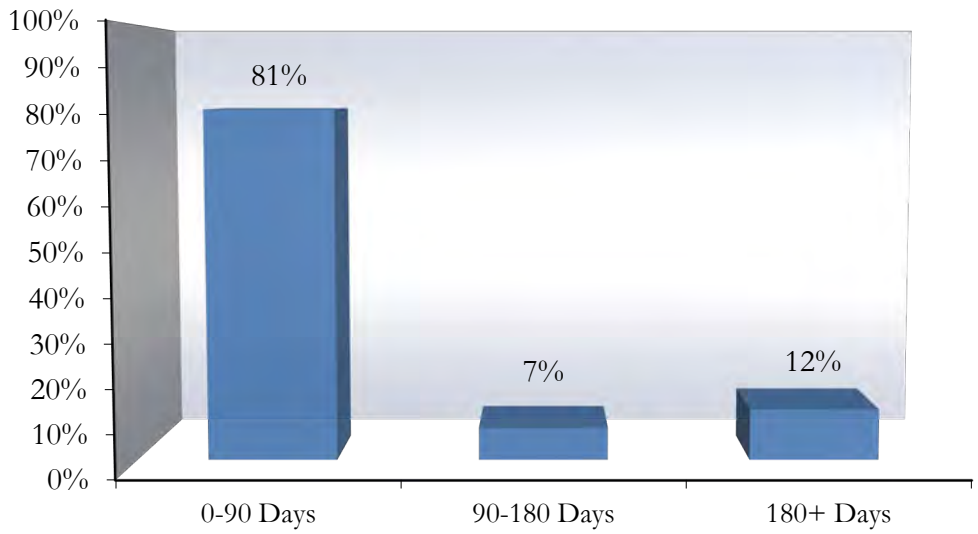
Prepared for: Santa Clara Family Health Plan

Presented by:
Michael Taila
Managing Director, Co-Director Fixed Income

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Review Snapshot as of 12/31/2021

Effective Maturity Schedule



MARKET VALUE

Market Value	$199,300,400
Accrued Income	$341,898
Total	$199,642,298

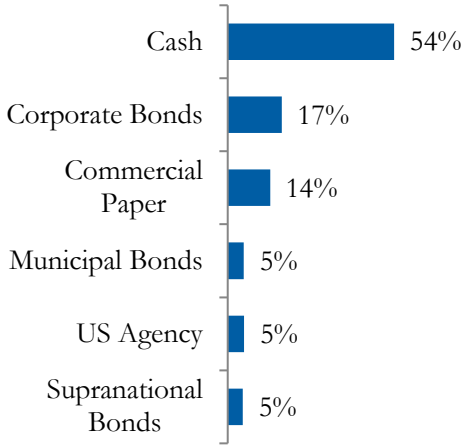
COMPLIANCE

Acceptable Investments	☑
Credit Quality	☑
Diversification	☑
Marketability/Liquidity	☑
Maturity/Portfolio Duration	☑

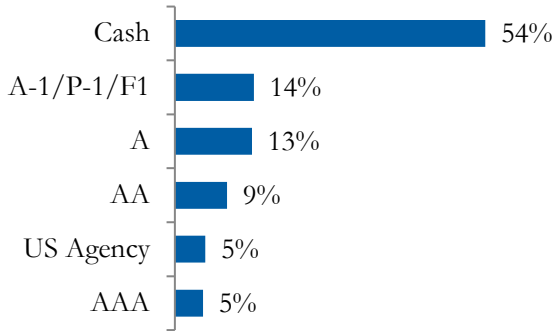
FIXED INCOME PORTFOLIO CHARACTERISTICS

Estimated Annual Income:	$495,618
Yield to Maturity:	0.14%
Average Quality:	AAA
Effective Duration:	0.13
Average Days to Maturity:	48
Percent of Floaters:	0%

Sector Allocation



Quality Ratings (S&P)



Preliminary Total Return Performance

As of 12/31/2021	Since Inception 11/10/2021
Account Gross	-0.02%
Account Net	-0.02%
Barclays 1-3 Month T-Bill Index	0.00%

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 12/31/2021 – By Maturity

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
48597310 - SANTA CLARA COUNTY HEALTH AUTHORITY (Prices as of 12/31/2021)																	
107,042	0000CNAM8	Cash & Equivalent				U.S.	U.S.	U.S.	0.030	12/31/2021	0	100.00	107,041,738.50	0.03	0.03	0.00	0.00
1,500	88602UA67	Thunder Bay Fdg Llc 0% Cp 06/01/2022	P-1	A-1+						01/06/2022	6	100.00	1,499,979.00	0.09	0.13	0.02	11.55
2,500	30231GAJ1	Exxon Mobil Corp Sr Glbl Nt 22 Sr Glb				Aa2	AA-		2.397	01/06/2022	6	100.01	2,519,277.71	1.99	0.20	0.01	-625.00
2,000	50000EAB0	Koch Inds Inc Disc Coml Paper 0% Cp 11/01/2022	P-1	A-1+						01/11/2022	11	100.00	1,999,960.00	0.07	0.12	0.03	33.53
3,669	45818WBA3	Inter-American Dev Bk Vr 012615-011522 Vr 012				Aaa	AAA		0.124	01/15/2022	15	100.00	3,670,038.50	0.08	0.05	0.04	-39.92
2,500	92512MAJ8	Versailles Commercial Paper Ll 0% Cp 18/01/2022	P-1	A-1						01/18/2022	18	100.00	2,499,877.50	0.10	0.29	0.05	237.45
5,000	4581X0CW6	Inter-American Dev Bk Fr 2.125%011822 Fr 2.1			NR	Aaa		AAA	2.125	01/18/2022	18	100.17	5,056,262.15	-1.24	-4.06	0.05	-7,133.95
4,500	313313SE9	Federal Farm Cr Bks 0% Pidi Disc Nts 24/01/2022 Usd				USAGY	USAGY	USAGY		01/24/2022	24	100.00	4,499,973.77	0.01	0.12	0.07	322.89
3,000	06051GEM7	Bk of America Corp Fr 5.7%012422 Fr 5.7			NR	A2	A-	AA-	5.700	01/24/2022	24	100.28	3,083,008.00	1.27	-7.84	0.06	-18,027.00
5,000	63763QAS6	Natl Sec Clearing Corp 0% Cp 26/01/2022	P-1	A-1+						01/26/2022	26	99.99	4,999,725.00	0.08	0.17	0.07	316.16
3,000	92512MB16	Versailles Commercial Paper Ll 0% Cp 01/02/2022	P-1	A-1						02/01/2022	32	99.99	2,999,640.00	0.14	0.28	0.09	381.52
4,000	63873KB30	Natixis Disc Coml Paper 0% Cp 03/02/2022	P-1	A-1	F1					02/03/2022	34	99.99	3,999,680.00	0.09	0.14	0.09	205.30
3,500	04821UB92	Atlantic Asset Securitizatio 0% Cp 09/02/2022	P-1	A-1						02/09/2022	40	99.98	3,499,415.50	0.15	0.14	0.11	-47.60
3,000	21687BBA8	Rabobank Nederland 0% Cp 10/02/2022	P-1	A-1						02/10/2022	41	99.99	2,999,721.00	0.08	0.13	0.11	165.76
2,750	38346MBE3	Gotham Fdg Corp 0% Cp 14/02/2022	P-1	A-1						02/14/2022	45	99.98	2,749,414.25	0.17	0.24	0.13	227.71
2,000	69353RFB9	Pnc Bk N a Pittsburgh PA Disc Fr 2.625%021722 Fr 2.6			NR	A2	A	A+	2.625	02/17/2022	48	100.18	2,023,087.67	0.42	0.18	0.08	1,370.00
2,655	166764AT7	Chevron Corporation Sr Glbl Nt 22 Sr Glb				Aa2	AA-		2.411	03/03/2022	62	100.15	2,679,935.02	0.56	0.13	0.08	3,618.77
1,335	693476BN2	Pnc Funding Corp Fdic Tlgp Sr Nt 3.3%22 Sr Nt			NR	A3	A-	A+	3.300	03/08/2022	67	100.28	1,352,511.64	0.46	0.21	0.10	-327.07
2,000	010392FQ6	Alabama Pwr CO Sr Glbl 2017a 22 Sr Glb			NR	A1	A-	A+	2.450	03/30/2022	89	100.32	2,018,634.00	0.46	0.15	0.16	-1,022.00
1,500	21969AAA0	Corona Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.249	05/01/2022	121	99.98	1,500,558.88	0.30	0.25	0.33	-240.00
1,515	91412HJH7	University Calif Revs Taxable Gen Bds 2021 B Taxabl			NR	Aa2	AA	AA	0.163	05/15/2022	135	99.99	1,515,103.44	0.20	0.16	0.37	-212.10
3,000	90331HPC1	U S Bk Natl Assn Sr Glbl Nt 22 Sr Glb			NR	A1	AA-	AA-	2.650	05/23/2022	143	100.72	3,029,868.67	0.33	0.15	0.31	-1,623.00
4,000	313313XH6	Federal Farm Cr Bks Matures 05/27/22 Mature				USAGY	USAGY	USAGY		05/27/2022	147	99.94	3,997,762.20	0.14	0.06	0.41	-1,255.36
1,500	130658QX8	California St Dept Vet Affairs Taxable Bds 2021 a Taxabl			NR	Aa3	AA	AA-	0.214	06/01/2022	152	100.00	1,500,252.50	0.22	0.21	0.42	-15.00
600	80182AAA7	Santa Cruz Cnty Calif Pension Taxable Bds 2021 Taxabl					AAA		0.163	06/01/2022	152	99.95	599,947.67	0.29	0.16	0.42	-324.00
500	966770AA7	Whittier Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.212	06/01/2022	152	99.97	499,918.33	0.29	0.21	0.42	-170.00
500	244199BE4	Deere & CO Sr Glbl Nt2.6%22 Sr Glb			NR	A2	A	A	2.600	06/08/2022	159	100.44	503,048.06	0.22	0.14	0.18	-68.50
1,715	05531FBG7	Truist Finl Corp -G 3.05%22 -G 3.0			NR	A3	A-	A	3.050	06/20/2022	171	100.98	1,733,413.86	0.51	0.17	0.39	-2,214.06
500	284035AA0	El Segundo Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.191	07/01/2022	182	99.93	500,170.86	0.34	0.19	0.50	-365.00
1,000	459058GU1	International Bk For Recon&Dev Sr Glbl 10079622 Sr Glb				Aaa	AAA		2.125	07/01/2022	182	100.85	1,019,061.29	0.43	0.02	0.50	-2,092.17
450	797356DC3	San Diego Calif Uni Sch Dist Taxable Election 2012 GO 2021 Z Taxabl			NR	Aa2		AAA	0.199	07/01/2022	182	99.92	449,800.63	0.37	0.20	0.50	-373.50
600	223047AA9	Covina Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.299	08/01/2022	213	99.91	600,210.45	0.46	0.30	0.58	-552.00
855	419792F68	Hawaii St GO Ref Taxable Bds 2021 G GO Ref			NR	Aa2	AA+	AA	0.247	08/01/2022	213	99.92	854,813.63	0.38	0.25	0.58	-649.80
800	612574EP4	Monterey Peninsula Calif Cmnty Election 2020 Taxable GO a Electi					AA		0.182	08/01/2022	213	99.91	799,789.60	0.34	0.18	0.58	-720.00
475	796720NX4	San Bernardino Calif Cmnty Col Taxable GO Ref Bds 2021 Taxabl				Aa1			0.225	08/01/2022	213	99.94	475,148.44	0.33	0.23	0.58	-285.00
1,000	86787EAT4	Truist Bk Charlotte N C Fr 2.45%080122 Fr 2.4			NR	A2	A	A+	2.450	08/01/2022	213	101.02	1,020,389.33	0.41	0.16	0.50	-1,249.00
1,000	9523474S8	West Contra Costa Calif Uni SC Taxable GO Ref Bds 2021 B Taxabl			NR		AA-	AAA	0.206	08/01/2022	213	99.84	999,238.33	0.48	0.21	0.58	-1,620.00
2,000	06406RAK3	Bank New York Mellon Corp Fr 1.95%082322 Fr 1.9			NR	A1	A	AA-	1.950	08/23/2022	235	100.97	2,033,356.67	0.43	0.13	0.64	-3,922.00
1,345	14913Q3A5	Caterpillar Finl Svcs Mtns Be Fr 1.9%090622 Fr 1.9			NR	A2	A	A	1.900	09/06/2022	249	101.04	1,367,209.24	0.36	-0.32	0.68	-6,305.36
3,000	89236TEC5	Toyota Mtr Cr Corp Fr 2.15%090822 Fr 2.1			NR	A1	A+	A+	2.150	09/08/2022	251	101.12	3,053,830.83	0.51	-0.29	0.68	-16,644.00
2,450	63743HEQ1	National Rural Utils Coop Fin Fr 2.3%091522 Fr 2.3			NR	A2	A-	A	2.300	09/15/2022	258	101.07	2,492,870.64	0.57	0.18	0.62	-6,081.45
2,000	46625HJE1	Jpmorgan Chase & CO Sr Nt 3.25%22 Sr Nt			NR	A2	A-	AA-	3.250	09/23/2022	266	102.01	2,057,808.44	0.49	0.17	0.73	-4,636.00
780	69371RQ33	Paccar Financial Corp Fr 2%092622 Fr 2%0				A1	A+		2.000	09/26/2022	269	101.22	793,636.57	0.34	0.15	0.73	-1,079.52
2,000	313313J58	Federal Farm Cr Bks Matures 10/06/22 Mature				USAGY	USAGY	USAGY		10/06/2022	279	99.78	1,995,613.90	0.29	0.17	0.77	-1,774.55
3,000	91324PDD1	Unitedhealth Group Inc Sr Nt 2.375%22 Sr Nt			NR	A3	A+	A	2.375	10/15/2022	288	101.42	3,057,596.67	0.57	0.23	0.79	-8,199.00
199,036									**0.569**	**02/17/2022**	**48**	**100.13**	**199,642,298.34**	**0.14**	**-0.15**	**0.13**	**-83,002.27**

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 12/31/2021 – By Sector

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
48597310 - SANTA CLARA COUNTY HEALTH AUTHORITY (Prices as of 12/31/2021)																	
Cash																	
107,042	0000CNAM8	Cash & Equivalent				U.S.	U.S.	U.S.	0.030	12/31/2021	0	100.00	107,041,738.50	0.03	0.03	0.00	0.00
107,042									0.030	12/31/2021	0	100.00	107,041,738.50	0.03	0.03	0.00	0.00
Corp CP Disc Note																	
1,500	88602UA67	Thunder Bay Fdg Llc 0% Cp 06/01/2022	P-1	A-1+						01/06/2022	6	100.00	1,499,979.00	0.09	0.13	0.02	11.55
2,000	50000EAB0	Koch Inds Inc Disc Coml Paper 0% Cp 11/01/2022	P-1	A-1+						01/11/2022	11	100.00	1,999,960.00	0.07	0.12	0.03	33.53
2,500	92512MAJ8	Versailles Commercial Paper Ll 0% Cp 18/01/2022	P-1	A-1						01/18/2022	18	100.00	2,499,877.50	0.10	0.29	0.05	237.45
5,000	63763QAS6	Natl Sec Clearing Corp 0% Cp 26/01/2022	P-1	A-1+						01/26/2022	26	99.99	4,999,725.00	0.08	0.17	0.07	316.16
3,000	92512MB16	Versailles Commercial Paper Ll 0% Cp 01/02/2022	P-1	A-1						02/01/2022	32	99.99	2,999,640.00	0.14	0.28	0.09	381.52
4,000	63873KB30	Natixis Disc Coml Paper 0% Cp 03/02/2022	P-1	A-1	F1					02/03/2022	34	99.99	3,999,680.00	0.09	0.14	0.09	205.30
3,500	04821UB92	Atlantic Asset Securitizatio 0% Cp 09/02/2022	P-1	A-1						02/09/2022	40	99.98	3,499,415.50	0.15	0.14	0.11	-47.60
3,000	21687BBA8	Rabobank Nederland 0% Cp 10/02/2022	P-1	A-1						02/10/2022	41	99.99	2,999,721.00	0.08	0.13	0.11	165.76
2,750	38346MBE3	Gotham Fdg Corp 0% Cp 14/02/2022	P-1	A-1						02/14/2022	45	99.98	2,749,414.25	0.17	0.24	0.13	227.71
27,250									0.000	01/30/2022	30	99.99	27,247,412.25	0.11	0.18	0.08	1,531.38
Corp Fixed Rate MTN																	
1,000	86787EAT4	Truist Bk Charlotte N C Fr 2.45%080122 Fr 2.4			NR	A2	A	A+	2.450	08/01/2022	213	101.02	1,020,389.33	0.41	0.16	0.50	-1,249.00
2,000	06406RAK3	Bank New York Mellon Corp Fr 1.95%082322 Fr 1.9			NR	A1	A	AA-	1.950	08/23/2022	235	100.97	2,033,356.67	0.43	0.13	0.64	-3,922.00
1,345	14913Q3A5	Caterpillar Finl Svcs Mtns Be Fr 1.9%090622 Fr 1.9			NR	A2	A	A	1.900	09/06/2022	249	101.04	1,367,209.24	0.36	-0.32	0.68	-6,305.36
3,000	89236TEC5	Toyota Mtr Cr Corp Fr 2.15%090822 Fr 2.1			NR	A1	A+	A+	2.150	09/08/2022	251	101.12	3,053,830.83	0.51	-0.29	0.68	-16,644.00
2,450	63743HEQ1	National Rural Utils Coop Fin Fr 2.3%091522 Fr 2.3			NR	A2	A-	A	2.300	09/15/2022	258	101.07	2,492,870.64	0.57	0.18	0.62	-6,081.45
780	69371RQ33	Paccar Financial Corp Fr 2%092622 Fr 2%0				A1	A+		2.000	09/26/2022	269	101.22	793,636.57	0.34	0.15	0.73	-1,079.52
10,575									2.132	09/04/2022	247	101.07	10,761,293.28	0.47	-0.03	0.65	-35,281.33
Corp Note / Bond																	
2,500	30231GAJ1	Exxon Mobil Corp Sr Glbl Nt 22 Sr Glb				Aa2	AA-		2.397	01/06/2022	6	100.01	2,519,277.71	1.99	0.20	0.01	-625.00
3,000	06051GEM7	Bk of America Corp Fr 5.7%012422 Fr 5.7			NR	A2	A-	AA-	5.700	01/24/2022	24	100.28	3,083,008.00	1.27	-7.84	0.06	-18,027.00
2,000	69353RFB9	Pnc Bk N a Pittsburgh PA Disc Fr 2.625%021722 Fr 2.6			NR	A2	A	A+	2.625	02/17/2022	48	100.18	2,023,087.67	0.42	0.18	0.08	1,370.00
2,655	166764AT7	Chevron Corporation Sr Glbl Nt 22 Sr Glb				Aa2	AA-		2.411	03/03/2022	62	100.15	2,679,935.02	0.56	0.13	0.08	3,618.77
1,335	693476BN2	Pnc Funding Corp Fdic Tlgp Sr Nt 3.3%22 Sr Nt			NR	A3	A-	A+	3.300	03/08/2022	67	100.28	1,352,511.64	0.46	0.21	0.10	-327.07
2,000	010392FQ6	Alabama Pwr CO Sr Glbl 2017a 22 Sr Glb			NR	A1	A-	A+	2.450	03/30/2022	89	100.32	2,018,634.00	0.46	0.15	0.16	-1,022.00
3,000	90331HPC1	U S Bk Natl Assn Sr Glbl Nt 22 Sr Glb			NR	A1	AA-	AA-	2.650	05/23/2022	143	100.72	3,029,868.67	0.33	0.15	0.31	-1,623.00
500	244199BE4	Deere & CO Sr Glbl Nt2.6%22 Sr Glb			NR	A2	A	A	2.600	06/08/2022	159	100.44	503,048.06	0.22	0.14	0.18	-68.50
1,715	05531FBG7	Truist Finl Corp -G 3.05%22 -G 3.0			NR	A3	A-	A	3.050	06/20/2022	171	100.98	1,733,413.86	0.51	0.17	0.39	-2,214.06
2,000	46625HJE1	Jpmorgan Chase & CO Sr Nt 3.25%22 Sr Nt			NR	A2	A-	AA-	3.250	09/23/2022	266	102.01	2,057,808.44	0.49	0.17	0.73	-4,636.00
3,000	91324PDD1	Unitedhealth Group Inc Sr Nt 2.375%22 Sr Nt			NR	A3	A+	A	2.375	10/15/2022	288	101.42	3,057,596.67	0.57	0.23	0.79	-8,199.00
23,705									3.044	04/29/2022	119	100.63	24,058,189.74	0.73	-0.85	0.28	-31,752.86

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Portfolio Holdings as of 12/31/2021 – By Sector

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
Muni Bond																	
1,500	21969AAA0	Corona Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.249	05/01/2022	121	99.98	1,500,558.88	0.30	0.25	0.33	-240.00
1,515	91412HJH7	University Calif Revs Taxable Gen Bds 2021 B Taxabl			NR	Aa2	AA	AA	0.163	05/15/2022	135	99.99	1,515,103.44	0.20	0.16	0.37	-212.10
1,500	130658QX8	California St Dept Vet Affairs Taxable Bds 2021 a Taxabl			NR	Aa3	AA	AA-	0.214	06/01/2022	152	100.00	1,500,252.50	0.22	0.21	0.42	-15.00
600	80182AAA7	Santa Cruz Cnty Calif Pension Taxable Bds 2021 Taxabl					AAA		0.163	06/01/2022	152	99.95	599,947.67	0.29	0.16	0.42	-324.00
500	966770AA7	Whittier Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.212	06/01/2022	152	99.97	499,918.33	0.29	0.21	0.42	-170.00
500	284035AA0	El Segundo Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.191	07/01/2022	182	99.93	500,170.86	0.34	0.19	0.50	-365.00
450	797356DC3	San Diego Calif Uni Sch Dist Taxable Election 2012 GO 2021 Z Taxabl			NR	Aa2		AAA	0.199	07/01/2022	182	99.92	449,800.63	0.37	0.20	0.50	-373.50
600	223047AA9	Covina Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.299	08/01/2022	213	99.91	600,210.45	0.46	0.30	0.58	-552.00
855	419792F68	Hawaii St GO Ref Taxable Bds 2021 G GO Ref			NR	Aa2	AA+	AA	0.247	08/01/2022	213	99.92	854,813.63	0.38	0.25	0.58	-649.80
800	612574EP4	Monterey Peninsula Calif Cmnty Election 2020 Taxable GO a Electi					AA		0.182	08/01/2022	213	99.91	799,789.60	0.34	0.18	0.58	-720.00
475	796720NX4	San Bernardino Calif Cmnty Col Taxable GO Ref Bds 2021 Taxabl				Aa1			0.225	08/01/2022	213	99.94	475,148.44	0.33	0.23	0.58	-285.00
1,000	9523474S8	West Contra Costa Calif Uni SC Taxable GO Ref Bds 2021 B Taxabl			NR		AA-	AAA	0.206	08/01/2022	213	99.84	999,238.33	0.48	0.21	0.58	-1,620.00
10,295									0.212	06/19/2022	170	99.95	10,294,952.76	0.31	0.21	0.47	-5,526.40
Supranational Bond																	
3,669	45818WBA3	Inter-American Dev Bk Vr 012615-011522 Vr 012				Aaa	AAA		0.124	01/15/2022	15	100.00	3,670,038.50	0.08	0.05	0.04	-39.92
5,000	4581X0CW6	Inter-American Dev Bk Fr 2.125%011822 Fr 2.1			NR	Aaa		AAA	2.125	01/18/2022	18	100.17	5,056,262.15	-1.24	-4.06	0.05	-7,133.95
1,000	459058GU1	International Bk For Recon&Dev Sr Glbl 10079622 Sr Glb				Aaa	AAA		2.125	07/01/2022	182	100.85	1,019,061.29	0.43	0.02	0.50	-2,092.17
9,669									1.366	02/03/2022	34	100.18	9,745,361.94	-0.57	-2.08	0.09	-9,266.04
US Agency Disc Note																	
4,500	313313SE9	Federal Farm Cr Bks 0% Pidi Disc Nts 24/01/2022 Usd				USAGY	USAGY	USAGY		01/24/2022	24	100.00	4,499,973.77	0.01	0.12	0.07	322.89
4,000	313313XH6	Federal Farm Cr Bks Matures 05/27/22 Mature				USAGY	USAGY	USAGY		05/27/2022	147	99.94	3,997,762.20	0.14	0.06	0.41	-1,255.36
2,000	313313J58	Federal Farm Cr Bks Matures 10/06/22 Mature				USAGY	USAGY	USAGY		10/06/2022	279	99.78	1,995,613.90	0.29	0.17	0.77	-1,774.55
10,500									0.000	04/29/2022	119	99.94	10,493,349.87	0.11	0.11	0.33	-2,707.02
199,036									**0.569**	**02/17/2022**	**48**	**100.13**	**199,642,298.34**	**0.14**	**-0.15**	**0.13**	**-83,002.27**

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Important Disclosures

The information presented does not involve the rendering of personalized investment, financial, legal, or tax advice. This presentation is not an offer to buy or sell, or a solicitation of any offer to buy or sell any of the securities mentioned herein.

Certain statements contained herein may constitute projections, forecasts and other forward looking statements, which do not reflect actual results and are based primarily upon a hypothetical set of assumptions applied to certain historical financial information. Certain information has been provided by third-party sources and, although believed to be reliable, it has not been independently verified and its accuracy or completeness cannot be guaranteed.

Any opinions, projections, forecasts, and forward-looking statements presented herein are valid as on the date of this document and are subject to change.

There are inherent risks with fixed income investing. These risks may include interest rate, call, credit, market, inflation, government policy, liquidity, or junk bond. *When interest rates rise, bond prices fall.* This risk is heightened with investments in longer duration fixed-income securities and during periods when prevailing interest rates are low or negative.

Investments in below-investment-grade debt securities which are usually called “high-yield” or “junk bonds,” are typically in weaker financial health and such securities can be harder to value and sell and their prices can be more volatile than more highly rated securities. While these securities generally have higher rates of interest, they also involve greater risk of default than do securities of a higher-quality rating.

Because the liquidity management strategy will subject investors to principal risk, the strategy shouldn’t be viewed as a substitute for a money market fund. The strategy’s income will decline because of falling interest rates. Income risk is generally high for this strategy, so investors should expect monthly income to fluctuate.

The yields and market values of municipal securities may be more affected by changes in tax rates and policies than similar income-bearing taxable securities. Certain investors' incomes may be subject to the Federal Alternative Minimum Tax (AMT) and taxable gains are also possible.

Investments in the municipal securities of a particular state or territory may be subject to the risk that changes in the economic conditions of that state or territory will negatively impact performance. These events may include severe financial difficulties and continued budget deficits, economic or political policy changes, tax base erosion, state constitutional limits on tax increases, and changes in the credit ratings.

Although inflation-indexed bonds seek to provide inflation protection, their prices may decline when interest rates rise and vice versa. Interest payments on inflation-protected debt securities can be unpredictable.

Restricted and illiquid securities may be difficult to sell for the value at which they are carried, if at all, or at any price within the desired time frame. Investing in restricted and illiquid securities may subject a portfolio to higher costs and liquidity risk.

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All investing is subject to risk, including the possible loss of the money you invest. As with any investment strategy, there is no guarantee that investment objectives will be met and investors may lose money. Diversification does not ensure a profit or protect against a loss in a declining market. Past performance is no guarantee of future performance.

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Santa Clara County Health Authority

Board Resolution: Delegating Authority to the CEO to Amend the Santa Clara County Health Authority Retirement and Health and Welfare Plans

March 24, 2022

Background

The resolution will grant the right to the CEO to adopt certain regulatory, required, and minor amendments to the Authority's retirement and health and welfare plans. The adoption of such amendments will be limited to amendments (i) designed to bring a plan into compliance with applicable federal or State law or the regulations of the Internal Revenue Service (ii) designed to clarify any provision of a plan; (iii) to implement any Board directive; (iv) to implement the requirements under a collective bargaining agreement; or (v) to make any other changes that the CEO finds necessary or desirable as long as the Changes do not result in material increase to Plan's cost.

Recommendation

Management recommends approval of the attached resolution.

RESOLUTION
REGARDING DELEGATING AUTHORITY TO THE
CHIEF EXECUTIVE OFFICER TO AMEND
THE SANTA CLARA COUNTY HEALTH AUTHORITY
RETIREMENT AND HEALTH AND WELFARE PLANS

WHEREAS, (1) The Santa Clara County Health Authority (Authority) sponsors and maintains the following retirement and health and welfare plans (each a "Plan" and, collectively, the "Plans");

- Santa Clara County Health Authority 457 Deferred Compensation Plan
- Santa Clara County Health Authority Flexible Spending Account Plan (Section 125 Plan)
- Santa Clara County Health Authority Governmental Money Purchase Plan
- Santa Clara County Health Authority Governmental Profit Sharing Plan (PEPRA Members)
- Santa Clara County Health Authority Governmental Profit Sharing Plan (Staff employees)
- Santa Clara County Health Authority Health Premium Reimbursement Plan

WHEREAS, (2) The Plans authorized the Authority's Governing Board (Board) as the Plans' sponsor to amend the Plans, subject to certain terms and conditions set forth therein; and

WHEREAS, (3) At various times, the Board has delegated authority to certain officers to adopt amendments to particular Plans; and

WHEREAS, (4) The Board now wishes to adopt a single, uniform resolution delegating to the Authority's Chief Executive Officer (CEO) the authority to amend all the Plans.

RESOLVED, (a) The Board hereby delegates to the CEO the authority to adopt amendments to every Plan for any of the following purposes (i) to conform the Plan's terms to applicable law; (ii) to clarify the Plan's intended operation; (iii) to implement any directive by the Board; (iv) to implement the requirements under a collective bargaining agreement agreed to by the Authority and a collective bargaining unit, or (v) to make any other changes to the Plan that the CEO finds necessary or desirable, but only to the extent that any such change does not result in a material increase to the Plan's costs.

RESOLVED, (b) Any and all amendments to the Plans adopted at any time by the CEO are hereby ratified and affirmed and given full effect without any further action by the Board.

RESOLVED, (c) The Board authorizes and directs the CEO to take such actions as the CEO determines is necessary or appropriate to implement these resolutions.

Adopted at a regular meeting of the Board in San Jose, California, this 24th day of March, 2022.

Signed: _____
Robert Brownstein, Chair

Attest: _____
Michele Lew, Secretary

MEMORANDUM

Date: March 24, 2022

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Governing Board

Re. AB 361 compliance

Background

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

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - 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 most recently on February 24, 2022 and the Governing Board needs to do so again in order for the Board and committees to continue meeting remotely during the ongoing state of emergency.

Recommended Action

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

- Santa Clara Family Health Plan has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - 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.

RESOLUTION FOR 180-DAY WAIT PERIOD EXCEPTION
G.C. sections 7522.56 & 21224

WHEREAS, in compliance with Government (Gov.) Code section 7522.56 of the Public Employees' Retirement Law, the Santa Clara County Health Authority Governing Board must provide CalPERS this certification resolution when hiring a retiree before 180 days has passed since their retirement date; and

WHEREAS, Laura Watkins will retire from Santa Clara County Health Authority dba Santa Clara Family Health Plan in the position of Vice President, Marketing & Enrollment, effective June 24, 2022; and

WHEREAS, Gov. Code section 7522.56 requires that post-retirement employment commence no earlier than 180 days after the retirement date, which is December 22, 2022 without this certification resolution; and

WHEREAS, Gov. Code section 7522.56 provides that this exception to the 180-day wait period shall not apply if the retiree accepts any retirement-related incentive; and

WHEREAS, the Santa Clara County Health Authority Governing Board, the Santa Clara Family Health Plan and Laura Watkins certify that Laura Watkins is not and will not receive a Golden Handshake or any other retirement-related incentive; and

WHEREAS, the Santa Clara County Health Authority Governing Board hereby appoints Laura Watkins as an extra help retired annuitant to perform the duties comparable to those of the Vice President, Marketing & Enrollment for the Santa Clara County Health Authority dba Santa Clara Family Health Plan under Government Code section 21224, effective July 1, 2022; and

WHEREAS, the entire employment agreement, contract or appointment document between Laura Watkins and Santa Clara Family Health Plan has been reviewed by this body and is attached herein; and

WHEREAS, no matters, issues, terms or conditions related to this employment and appointment have been or will be placed on a consent calendar; and

WHEREAS, the employment shall be limited to 960 hours per fiscal year for all CalPERS employers; and

WHEREAS, the compensation paid to retirees cannot be less than the minimum nor exceed the maximum monthly base salary paid to other employees performing comparable duties, divided by 173.333 to equal the hourly rate; and

WHEREAS, the maximum base salary for this position is $346,726.00 and the hourly equivalent is $166.70, and the minimum base salary for this position is $216,704.00 and the hourly equivalent is $104.18; and

WHEREAS, the hourly rate paid to Laura Watkins will be $165.00; and

WHEREAS, Laura Watkins has not and will not receive any other benefit, incentive, compensation in lieu of benefit or other form of compensation in addition to this hourly pay rate; and

THEREFORE, BE IT RESOLVED THAT the Santa Clara County Health Authority Governing Board hereby certifies the nature of the employment of Laura Watkins as described herein and detailed in the attached contract, and that this appointment is necessary for Santa Clara County Health Authority dba Santa Clara Family Health Plan by July 1, 2022 because of the January 1, 2023 transition of Cal MediConnect to a Medicare Dual-Eligible Special Needs Plan, and the urgent need for subject matter expertise and supplemental management resources to support the Enrollment team in timely completing all necessary work.

PASSED AND ADOPTED by the Santa Clara County Health Authority of the County of Santa Clara, State of California on March 24, 2022 by the following vote:

AYES:
NOES:
ABSENT:

Signed: _____
Robert Brownstein, Chair

Attest: _____
Susan G. Murphy, Secretary

Attachments to this Resolution:
Services Agreement – SCFHP and The DL Group

SERVICES AGREEMENT
BETWEEN
SANTA CLARA FAMILY HEALTH PLAN
AND
THE DL GROUP

THIS SERVICES AGREEMENT (the "Agreement") is made and entered into as of July 1, 2022 (the "Effective Date"), by and between Santa Clara County Health Authority, a public agency, d.b.a. Santa Clara Family Health Plan ("SCFHP"), and The DL Group, a sole proprietor ("Vendor"), with reference to the following facts:

WHEREAS, SCFHP seeks to obtain specified services from Vendor and Vendor has the requisite skills to provide such services; and

WHEREAS, the parties desire to enter into this Agreement to memorialize the arrangement that the parties have agreed to, and in the following exhibits attached hereto and incorporated herein by this reference:

Exhibit A – Statement of Work and Compensation
Exhibit B – Business Associate Agreement

NOW, THEREFORE, in consideration of the foregoing recitals, and for other good and valuable consideration, SCFHP and Vendor hereby mutually agree as follows:

1. **SERVICES**.

   a. *Services to be Rendered*. Vendor shall provide the services described in Exhibit A, STATEMENT OF WORK AND COMPENSATION (the "SOW"), subject to the terms and conditions of this Agreement (the "Services"). In the event of a conflict between this Agreement and the SOW, the terms and conditions of this Agreement shall prevail, unless the SOW expressly provides otherwise. Vendor shall furnish the labor and any other materials necessary to perform the Services, which shall be performed in a complete, skillful, and professional manner.

   b. *Compliance with SCFHP Requirements*. Vendor and Vendor's employees and any other individual(s) assigned by Vendor to perform Services, shall abide by and comply with SCFHP's security guidelines, dress code, and policies relating to professional conduct when onsite at SCFHP's premises.

2. **COMPENSATION**.

   a. *Invoices and Payment*. SCFHP shall compensate Vendor for the Services as set forth in Exhibit A. Unless otherwise specifically stated in Exhibit A, Vendor shall submit invoices at the conclusion of every month to the attention of SCFHP Accounts Payable at accountspayable@scfhp.com itemizing the Services rendered during the billing period and the amount due. SCFHP shall have thirty (30) days from the receipt of an invoice or corrected invoice, if disputed by SCFHP, to pay Vendor.

   b. *Disallowance*. The parties agree that SCFHP's payment to Vendor does not constitute or imply acceptance by SCFHP for any portion of Vendor's work. In the event Vendor receives payment for Services under this Agreement which are later found to be unsatisfactory and/or nonconforming with the terms and conditions herein, Vendor shall refund the disallowed amount to SCFHP within thirty (30) days of SCFHP's written request. SCFHP retains the option to offset the amount disallowed from any payment due to Vendor under this Agreement.

3. **TERM AND TERMINATION**.

a. *Term*. The term of this Agreement shall commence on the Effective Date and shall terminate on June 30, 2023 unless earlier terminated in accordance with the provisions of this Section 3. This Agreement may be extended by the parties by written amendment.

b. *Termination*.

i. Termination for Convenience. Either party may terminate this Agreement, for no cause or for convenience, upon thirty (30) days' prior written notice to the other party.

ii. Termination for Cause. Should a party determine that there is a basis for termination for cause, such non-defaulting party may terminate this Agreement upon five (5) days' prior written notice to defaulting party.

c. *Fees Due Upon Termination*. Upon termination for any reason, SCFHP shall only be responsible to pay amounts due for Services satisfactorily performed and accepted by SCFHP through the date of termination; any prepaid fees shall be refunded on a pro rata basis.

4. **TRAVEL**.

a. To the extent Vendor has obtained SCFHP's advance written authorization for travel, SCFHP will reimburse Vendor for the actual costs, without markup, of all reasonable and pre-approved project-related expenses. These include, but are not limited to, coach airfare, baggage fees, ground transportation, lodging, rental car, gas, meals, gratuities, mileage, tolls and any necessary communication charges (e.g., airline internet fees). Meal reimbursements for out-of-town travel include up to three meals per day with a maximum per diem expense of $60 per day. SCFHP will not pay vendor any stipend for travel.

b. Vendor will make reasonable efforts to minimize travel related expenses, and all incurred expenses shall be reasonable and necessary. Coach airfare, business-friendly hotels, and mileage at the prevailing IRS rate are considered reasonable expenses. Alcoholic beverages, entertainment, incidental expenses and lifestyle/personal expenses such as snacks, gyms, laundry, dry cleaning, etc. will not be reimbursable. Supporting itemized documentation (including receipts or other reasonable evidence) must be provided for all expenses requesting to be reimbursed.

5. **INDEMNIFICATION**. Vendor agrees to indemnify, defend and hold harmless SCFHP, its governing board, officers, officials, agents, employees and volunteers against all third party claims, liabilities, losses, expenses, suits, actions and causes of actions (including reasonable attorneys' fees and legal expenses), settlements, fines, penalties, taxes or damages based or asserted upon any act or omission of the Vendor, its, employees, subcontractors or agents relating to or in any way connected with the accomplishment of the work or performance of Services under this Agreement.

6. **LIMITATION OF LIABILITY**. Without affecting any indemnification obligations set forth in this Agreement, in no event shall either party be liable for special, incidental, consequential, or indirect damages of any kind, including, without limitation, costs of cover, lost profits, arising out of the Services provided under this Agreement.

7. **INSURANCE**. Throughout the term of this Agreement, Vendor shall maintain, at its sole cost and expense, insurance coverage(s): (a) required by law; and (b) any additional coverage(s) Vendor deems

prudent and customary in the exercise of Vendor's business operations, in amounts as may be necessary to protect Vendor and its officers, agents, employees, and SCFHP, as applicable, in the discharge of its responsibilities and obligations under this Agreement. Upon request, Vendor shall furnish SCFHP with Certificates of Insurance for the insurance coverage(s) required herein.

8. **CONFIDENTIALITY**. In the event Vendor has access to SCFHP's information which is marked confidential or otherwise understood to be confidential due to its character and nature, Vendor agrees to protect such information at all times and use such confidential information only for the purposes of this Agreement. Vendor shall protect SCFHP's confidential information in the same manner as Vendor protects the confidentiality of its own confidential materials, but in no event with less than a reasonable standard of care.

9. **PROTECTED HEALTH INFORMATION**. In the event there is access by Vendor to SCFHP's protected health information ("PHI"), as defined under the Health Insurance Portability and Accountability Act of 1996 and attendant privacy and security regulations, such access, use or disclosure of PHI shall be governed by the attached Business Associate Agreement, as applicable.

10. **COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS**.

a. *General*. The parties shall comply with all applicable local, state and federal laws, ordinances, rules and regulations now in effect or hereafter enacted, each of which is hereby made a part hereof and incorporated herein by reference. Additionally, Vendor shall comply with policies and procedures SCFHP has adopted (or may adopt) in order to comply with such applicable laws, regulations, and regulatory requirements.

b. *Anti-Discrimination*. In the performance of this Agreement, Vendor shall not discriminate against any employee, subcontractor or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Vendor agrees to comply with the provisions of Title 2 of the California Code of Regulations ("CCR"), Section 11105(b), which is incorporated into this Agreement by reference.

c. *Conflict of Interest*. Vendor shall comply with applicable conflict of interest laws and regulations, including without limitation, the California Political Reform Act (Government Code Section 81000 *et seq*.) and Government Code Section 1090 *et seq.*, as applicable. During the term of this Agreement, Vendor shall have no interest, and shall not acquire any interest, direct or indirect, which would result in a conflict of interest, and further warrants that it is not aware of any facts which would create a conflict of interest.

d. *Exclusion or Debarment*. Vendor represents and warrants that Vendor and its principals, employees, or any subcontractor utilized under this Agreement (as applicable) are not excluded, debarred, or suspended from participation in any state or federal health care programs, including, without limitation, appearance on any Exclusion Lists or otherwise voluntarily excluded from participation in programs and activities by any federal department or agency. Vendor warrants that such status shall be maintained throughout the term of this Agreement. If, however, any of Vendor's employees or subcontractors appears on such Exclusion List, Vendor will immediately notify SCFHP, promptly remove such employee or subcontractor from performing any Services and take appropriate corrective actions, as directed by SCFHP.

e. *Public Entity Status*. Vendor hereby acknowledges and agrees that SCFHP is a public agency subject to all applicable open record and meeting laws, including without limitation, the California Public Records Act (Government Code Section 6250 *et seq.*) and the Ralph M. Brown Act (Government Code Section *54950 et seq.*).

11. GENERAL PROVISIONS.

a. *Independent Contractor*. It is understood and agreed that the relationship between the parties is an independent contractor relationship. Neither party, including its officers, agents, employees or subcontractors, shall be considered to be employees of the other, nor entitled to any benefits payable to such employees. None of the provisions of this Agreement shall be construed to create a relationship of agency, representation, joint venture, ownership, control or employment between the parties other than that of independent parties contracting for the purposes of effectuating this Agreement.

b. *County of Santa Clara*. Vendor understands that SCFHP is a separate legal entity from the County of Santa Clara, CA ("County"), and the County and its officials, employees and agents, are not responsible for the obligations of SCFHP. The parties to this Agreement do not intend to, or have the power to, confer on any person or entity any rights or remedies against the County or any officials, employees or agents of the County.

c. *Amendments*. No alteration and/or amendment of any terms or conditions of this Agreement shall be binding, unless reduced to writing and signed by the duly authorized representatives of the parties hereto. Notwithstanding the foregoing, amendments required due to legislative, regulatory or other legal or governmental authority do not require the prior approval of Vendor and shall be deemed effective immediately (or such other time frame as required by law or regulation) upon Vendor's receipt of notice.

d. *Notices*. All notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and will reference this Agreement. Such notices will be by personal delivery, certified mail, or commercial delivery services. Notice shall be deemed to have been given when such notice is delivered (or first refusal of delivery, if applicable), as evidenced by generally accepted documentation of a delivery services organization confirming delivery. All notices to a Party will be sent to its address set forth below and a party may change its address for receipt of notice pursuant to this Section.

To: SCFHP	**To: THE DL GROUP**
6201 San Ignacio Avenue	584 N Redwood Ave
San Jose, CA 95119	San Jose, CA 95128
ATTN: Chief Executive Officer	ATTN: Laura L Watkins

e. *Severability*. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, illegal or unenforceable, such provision shall be deemed not to form part of this Agreement and shall be amended and interpreted so as to best accomplish the objectives of the original provision to the fullest extent allowed and the remaining provisions of this Agreement shall remain in full force and effect.

f. *Waiver*. A waiver by a party of any breach of any one (1) or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same term or of any other term herein.

g. *Governing Law; Venue*. This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflicts of law provisions. All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the state or federal courts (as applicable) located in the County of Santa Clara, State of California.

h. *Force Majeure*. No party shall be deemed to have breached any obligation under this Agreement or be in default hereunder, by reason of any circumstance or delay resulting from acts or events beyond the reasonable control of such party, including, without limitation, acts of nature (such as, but not limited to, fires, floods, explosions, earthquakes, and hurricane), emergency orders, pandemics, war, terrorism, or action of a governmental entity; provided that the affected party provides the other party with prompt written notice thereof and uses all reasonable efforts to remove or avoid such causes.

i. *Survival*. Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this Agreement, shall continue in full force and effect, notwithstanding the expiration or termination of this Agreement.

j. *Non-Exclusivity*. Vendor acknowledges that it is not necessarily the exclusive provider to SCFHP of the services described under this Agreement, and that SCFHP has, or may enter into, contracts with other vendors.

k. *Assignment*. Neither party may assign its rights or obligations under this Agreement without the other party's prior written consent. Any attempted assignment of this Agreement that is not in accordance with this Section shall be null and void.

l. *Representations*. Each party has had the opportunity to have representation by legal counsel of the party's own choice or has elected not to be represented by legal counsel in this matter. The parties agree this Agreement was negotiated fairly between the parties at arms' length and agree that it has been jointly and equally drafted; the provisions of this Agreement shall not be construed against one party on the grounds that such party drafted or was more responsible for drafting the provisions.

m. *Third-Party Beneficiaries*. SCFHP and Vendor are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third parties.

n. *Captions and Construction.* The captions of this Agreement are for convenience only and are not to be construed as defining or limiting in any way the scope or intent of any of the provisions hereof.

o. *Entire Agreement*. This Agreement, including all attachments, which are incorporated herein by this reference, constitutes the entire agreement by and between the parties regarding the matters contemplated by this Agreement, and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the parties with respect to the subject matter and period governed by this Agreement.

p. *Counterparts; Signatures*. This Agreement may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, signatures scanned into PDF format, and/or other such electronic transmission of signatures, shall be effective to bind them to this Agreement.

IN WITNESS WHEREOF, the parties hereto certify that the individuals signing below have authority to execute this Agreement on behalf of their respective organizations, and may legally bind them to the terms and conditions of this Agreement, and any attachments hereto. The parties have signed this Agreement as set forth below.

SANTA CLARA FAMILY HEALTH PLAN		**THE DL GROUP**	
Signature:	_____	Signature:	_____
Date:	_____	Date:	_____
Print Name:	Christine M. Tomcala	Print Name:	Laura L Watkins
Print Title:	Chief Executive Officer	Print Title:	Principal

EXHIBIT A

STATEMENT OF WORK AND COMPENSATION

This SOW is attached to and made part of the Agreement between SCFHP and Vendor. Except as expressly set forth herein, the terms of the Agreement shall apply to the Services provided under this SOW.

1. **PROJECT.** Provide project management and subject matter expertise to SCFHP in the selection and implementation of a CMS encounter submission and reconciliation vendor for its MMP/Duals and future DSNP plans.

2. **SCOPE OF WORK, DELIVERABLES AND ESTIMATED TIMELINE.**

   - *Enrollment and Eligibility* – Provide writing, input, and critical review for Enrollment and Eligibility policies, procedures and workflows, specifically as related to launch of a new Medicare Dual-Eligible Special Needs Plan. Assist in identifying regulatory and/or operational gaps and developing plans to close those gaps and writing required documentation to address gaps.

   - *Community Health Investment Program* – Provide writing, input, subject matter expertise and critical review to set up formal documentation for SCFHP's Community Health Investment Program and to transitioning responsibility for program oversight.

3. **ACCOUNTABLE EXECUTIVE(S).** Christine Turner, Chief Operating Officer

4. **EXPECTED TERM.** 6 months (July 1, 2022 – June 30, 2023)

5. **COMPENSATION.**

   - *Professional Fee/Rate*. $165.00 per hour

   - *Expected Hours*. Average of 15 hours per week

IN WITNESS WHEREOF, the Parties have caused this SOW to be signed and delivered by their duly authorized agents, as of the Effective Date.

SANTA CLARA FAMILY HEALTH PLAN		**THE DL GROUP**	
Signature:	_____	Signature:	_____
Date:	_____	Date:	_____
Print Name:	Christine M. Tomcala	Print Name:	Laura L Watkins
Print Title:	Chief Executive Officer	Print Title:	Principal

EXHIBIT B

SANTA CLARA FAMILY HEALTH PLAN
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("BAA") is an attachment to the CRC Services Agreement (the "Underlying Agreement") by and among Santa Clara County Health Authority, dba Santa Clara Family Health Plan, a public agency (hereinafter referred to as "Health Plan") and The DL Group ("Business Associate") as of the effective date of the Underlying Agreement (the "Effective Date"), with reference to the following facts:

RECITALS

A. Health Plan and Business Associate are parties to the Underlying Agreement pursuant to which Business Associate provides a service to, or performs a function on behalf of, Health Plan and, in connection therewith, uses or discloses Protected Health Information ("PHI"), which includes Electronic Protected Health Information ("EPHI");

B. Business Associate's use and/or disclosure of Health Plan's PHI is subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the American Recovery and Reinvestment Act of 2009 ("ARRA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and certain privacy, security, breach notification and enforcement regulations found at 45 Code of Federal Regulations ("C.F.R.") Parts 160 through 164 ("HIPAA Regulations"), as amended from time to time;

C. The parties mutually agree that any disclosure or use of PHI must be in compliance with HIPAA, HITECH, the HIPAA Regulations, and other applicable law, including without limitation, the business associate obligations under HITECH, to which Business Associate agrees to comply;

D. Health Plan is a Covered Entity as that term is defined in the HIPAA Regulations. Business Associate creates, receives, or has access to PHI from or on behalf of Health Plan and is, therefore, a Business Associate, as that term is defined in the HIPAA Regulations; and

E. The parties enter into this BAA to address the requirements of HIPAA, HITECH, and the HIPAA Regulations, as they apply to Business Associate, and to satisfy the business associate contract requirements set forth in 45 C.F.R. §§ 164.314(a) and § 164.504(e).

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. **DEFINITIONS**. Unless otherwise provided in this BAA, capitalized terms have the same meaning as set forth in the HIPAA Regulations.

2. **SCOPE OF USE AND DISCLOSURE OF PHI**. Except as otherwise limited in this BAA:

   a. Business Associate shall use and disclose PHI solely to provide the services, or perform the functions, described in the Underlying Agreement and this BAA, provided that such use or disclosure would not violate the HIPAA Regulations.

b. Business Associate may use or disclose PHI for the proper management and administration of Business Associate or to provide Data Aggregation services to Health Plan, provided that the use or disclosure is Required by Law, or Business Associate obtains reasonable written assurances from the person to whom the information is disclosed that the PHI will remain confidential and used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person agrees in writing to notify immediately Business Associate and Health Plan of any instances of which it is aware in which the confidentiality of the PHI has been Breached.

3. **OBLIGATIONS OF BUSINESS ASSOCIATE**.

a. *Minimum Necessary*. Business Associate shall use or disclose PHI only as permitted or required by the Underlying Agreement, this BAA, or as Required by Law. As required by 45 C.F.R. § 164.502(b) of the HIPAA Regulations, when using or disclosing PHI, or requesting PHI from Health Plan, Business Associate and its agents shall request, use, and disclose PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

b. *Appropriate Safeguards*. Business Associate shall:

i. Implement, use, and maintain reasonable and appropriate safeguards to prevent unauthorized use or disclosure of the PHI, including implementing requirements of the HIPAA Security Rule with regard to EPHI. Business Associate warrants that it shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of PHI, consistent with Business Associate's obligations under the HIPAA Regulations, including 45 C.F.R. §§ 164.308, 164.310, 164.312 and 164.316.

ii. In accordance with 45 C.F.R. § 164.308 (a)(1)(ii)(A) of the HIPPA Regulations, Business Associate shall, from time to time according to its internal policies regarding same, conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of Electronic Protected Health Information held by Business Associate.

c. *Mitigation*. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA, regardless of the Business Associate's fault or negligence. Business Associate agrees that the standard for mitigation shall be to remedy harm to Health Plan enrollees or other individuals resulting from the inappropriate use or disclosure and to remedy damage to Health Plan's relationship with its patients and others and Health Plan's reputation.

d. *Unauthorized Use or Disclosure of PHI*. Business Associate shall report to Health Plan in writing any Breach, Security Incident, or any unauthorized use, access, or disclosure of PHI not provided for by this BAA of which Business Associate becomes aware,

including incidents that pose a risk of constituting Breaches. An unauthorized use, access, or disclosure of PHI shall be treated as discovered by Business Associate as of the first day on which it is known, or by exercising reasonable diligence would have been known. Unless requested by Health Plan, Business Associate shall not be required to report Security Incidents that are known to be unsuccessful. Upon discovery of the unauthorized use, access, or disclosure, Business Associate shall complete the following actions:

i. Notify Health Plan's Compliance Officer within twenty-four (24) hours of discovery. Notice to the Compliance Officer shall be provided via email to privacyandsecurityofficers@scfhp.com, or facsimile 408-874-1970, with a copy to SCFHP pursuant to the Notice provision below. Such report shall include the following, to the extent available to Business Associate:

    1) The identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed during the Breach or Security Incident.
    2) A brief description of what happened.
    3) A description of the types of unsecured PHI that were involved in the Breach (e.g., name, social security number, date of birth, CPT, diagnosis, etc.).
    4) Steps Individuals should take to protect themselves from harm resulting from the Breach or Security Incident.
    5) A description of what is being done to investigate the Breach/Security Incident, to mitigate harm to Individuals, and to protect against further Breaches/Security Incidents.
    6) Business Associate's contact information where Health Plan can obtain additional information.

ii. Keep Health Plan informed, in a timely manner, of all additional information obtained by Business Associate. An initial report to Health Plan shall not be delayed because the Business Associate has not confirmed a Breach or Security Incident, has not completed an investigation, or does not have all the information needed to provide a complete report.

iii. Within five (5) days of discovery, conduct and document a risk assessment to determine whether the unauthorized use, access, or disclosure of PHI compromised the security and/or privacy of the PHI, and whether notification of Breach is required. Business Associate's risk assessment shall be reasonable, thorough, and completed in good faith. Health Plan reserves the right to review, provide input, and make the final determination on whether Breach notification is required.

iv. Work with Health Plan to comply with additional reports or reporting elements of the Department of Health Care Services required for Breaches or Security Incidents relating to Medi-Cal beneficiary PHI. Business Associate shall work with Health Plan to comply with the reporting requirements of the Medi-Cal program.

v. Cooperate with Health Plan to provide all the information necessary to provide any legally required notices within the time frames required under the HIPAA Regulations, including, without limitation, notices to individuals, media outlets, and the Secretary of the U.S. Department of Health and Human Services (the "Secretary") under 45 C.F.R. §§ 164.404, 164.406, and 164.408.

e. *Business Associate Liability*.

i. Under HITECH, business associates are directly liable for compliance with certain requirements under HIPAA and the HIPAA Regulations, including civil penalties, and in some cases criminal penalties, for making uses and disclosures of Protected Health Information that are not authorized by this BAA or otherwise Required by Law, and failing to safeguard PHI in accordance with the HIPAA Security and Privacy Rules (including, without limitation, 45 C.F.R. §§ 164.306, 164.310, and 164.312).

ii. In the event the Breach is caused by Business Associate or its employees or subcontractors, Business Associate shall reimburse Health Plan for the reasonable and substantiated costs related to the following: providing legally required notifications to individuals, media outlets, and the Secretary; providing credit monitoring services to the affected individuals, if appropriate, for up to one (1) year; and any fines and penalties assessed against Health Plan directly attributable to a Breach by Business Associate or its employees or subcontractors.

f. *Subcontractors*. In accordance with the HIPAA Regulations (45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2)), Business Associate shall require Subcontractors to whom Business Associate provides PHI created or received by Business Associate on behalf of Health Plan to agree in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such PHI under this BAA.

g. *Access to Designated Record Set*. If applicable, Business Associate shall provide access, at the request of Health Plan, in the time and manner designated by Health Plan, to PHI in a Designated Record Set, to Health Plan in order to meet the requirements under 45 C.F.R. § 164.524. If Health Plan and Business Associate mutually agree, Business Associate may provide such access directly to Individual, provided that such access is provided to the Individual in the timeframes set forth in 45 C.F.R. § 164.524.

h. *Amendment of Designated Record Set*. If applicable, Business Associate shall make any amendments(s) to PHI in a Designated Record Set that Health Plan directs or agrees to pursuant to 45 C.F.R. § 164.526, at the request of Health Plan, in the time and manner designated by Health Plan.

i. *Access to Records*. Business Associate shall make internal practices, books, and records, including, but not limited to, policies and procedures, relating to the use and disclosure of PHI created or received by Business Associate on behalf of Health Plan available to the Secretary, and to Health Plan, if requested, in a time and manner designated by the

Secretary, for purposes of the Secretary determining Health Plan's compliance with the HIPAA Regulations.

j. *Accounting of Disclosures*. Business Associate shall:

i. Maintain for a minimum period of six (6) years an accounting of all disclosures of PHI that are required to be maintained under 45 C.F.R. § 164.528. Such accounting will include the date of the disclosure, the name of the recipient, a description of PHI disclosed and the purpose of the disclosure.

ii. Provide to Health Plan within thirty (30) calendar days of receipt of written request from Health Plan, information collected in accordance with the Subsection above, to permit Health Plan to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. If Health Plan and Business Associate mutually agree, Business Associate may provide such accounting directly to Individual, provided that such accounting is provided to the Individual in the timeframes set forth in 45 C.F.R. § 164.528.

k. *Restrictions*.

i. Business Associate shall not disclose PHI, except as otherwise Required by Law, to a health plan for payment or healthcare operations purposes if the individual has requested this restriction, and the PHI solely relates to a health care item or service that is paid in full by the individual or person (other than the health plan) on behalf of the individual (45 C.F.R. § 164.522(a)(1)(vi)).

ii. Business Associate shall not directly or indirectly receive remuneration for, nor engage in any acts that would constitute, a Sale of PHI (45 C.F.R. § 164.502(a)(5)(ii)).

iii. Business Associate shall not perform any services (including any and all subcontracted services), which involves creating, receiving, maintaining or transmitting PHI and/or ePHI outside the United States of America.

iv. Business Associate shall not disclose PHI for fundraising or marketing purposes.

v. Business Associate shall not use or disclose PHI that is Genetic Information for Underwriting Purposes, as those terms are defined in 45 C.F.R. §§ 160.103 and 164.502(a)(5)(i), respectively.

vi. Business Associate shall implement any restrictions on the use or disclosure of PHI that Health Plan has agreed to under Section 4.a. of this BAA.

l. *Delegated Covered Entity Obligations*. To the extent Business Associate is delegated to perform any of Health Plan's obligations under the Privacy Rule (45 C.F.R. Part 160 and Subparts A and E of Part 164), Business Associate shall comply with all the requirements thereunder applicable to such obligations.

m. *Workforce Training*. Business Associate warrants that all employees who use, access or disclose PHI shall be properly trained to comply with HIPAA, HITECH, the HIPAA Regulations, or other such applicable law.

n. *Medi-Cal Requirements*. As a condition of obtaining access to Health Plan PHI relating to Medi-Cal beneficiaries, Business Associate acknowledges receipt of a copy of Exhibit G of the contract between Health Plan and the California Department of Health Care Services (which can also be found at: https://www.dhcs.ca.gov/provgovpart/Documents/Two-PlanCCIFinalRuleBoilerplate.pdf), and agrees to the terms and conditions therein with respect to such PHI.

4. **OBLIGATIONS OF HEALTH PLAN**.

a. *Notification of Restrictions to Use or Disclosure of PHI*. Health Plan shall promptly notify Business Associate in writing of any changes, restrictions, or limitations to the use, access, or disclosure of PHI agreed to by Health Plan in accordance with 42 U.S.C. 17935(a) or 45 C.F.R. § 164.522, to the extent they may affect Business Associate's use or disclosure of PHI in performing its obligations under this BAA or the Underlying Agreement.

b. *Proper Use of PHI*. Health Plan shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Regulations if so used or disclosed by Health Plan, unless such use or disclosure is necessary for the purposes of Data Aggregation or management and administrative activities of Business Associate under the Underlying Agreement.

c. *Breach Notification*. Health Plan shall: (i) determine the appropriate method of notification to the patient/enrollee(s) regarding a Breach as outlined in 45 C.F.R. § 164.404(d); and (ii) determine whether notice to the Secretary is required, and if so, to submit the Breach information to the Secretary within the required time frame in accordance with 45 C.F.R. § 164.408(b).

5. **TERM AND TERMINATION**.

a. *Term*. This BAA shall be effective on the Effective Date and terminate upon the termination or expiration of the Underlying Agreement unless sooner terminated in accordance with the terms and conditions of this BAA.

b. *Termination for Breach*. Upon Health Plan's knowledge of a material breach of the terms of this BAA by Business Associate, Health Plan may terminate this BAA and the Underlying Agreement immediately if Health Plan, in its sole discretion, determines that Business Associate has breached a material provision of this BAA relating to the privacy and/or security of the PHI. Alternatively, Health Plan may, in accordance with the notification requirement and cure period set forth in the Underlying Agreement, choose

to provide an opportunity for Business Associate to cure the breach or end the violation. Health Plan may terminate the BAA and the Underlying Agreement if Business Associate does not cure the breach or end the violation within the cure period set forth in the Underlying Agreement.

c. *Effect of Termination; Return/Destruction of PHI*. Upon the expiration or earlier termination of the Underlying Agreement and this BAA, for any reason, Business Associate shall return or destroy all PHI received from Health Plan, or created or received by Business Associate on behalf of Health Plan, and shall retain no copies of such PHI. Provided, however, that if such return or destruction of PHI is infeasible, Business Associate shall provide to Health Plan notification of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of this BAA to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. Upon expiration or termination of the Underlying Agreement and this BAA, Business Associate's obligations under this BAA shall not terminate until Business Associate meets its obligations to destroy or return to Health Plan all PHI, as described in this Section.

6. **INDEMNIFICATION**.

a. Business Associate agrees to defend, indemnify and hold Health Plan, its respective directors, officers, governing board, and employees, harmless from and against any and all claims, lawsuits, enforcement actions, losses, liabilities or expenses (including without limitation, attorneys' fees and any fines, penalties, or other such applicable costs) which may arise, in whole or in part, out of a breach or violation by Business Associate, its employees or subcontractors, of its obligations under this BAA or applicable law.

b. Health Plan shall provide Business Associate: (i) prompt notice of any claim, lawsuit, or enforcement action; (ii) reasonable cooperation; and (iii) sole authority to control the defense and settlement using counsel reasonably acceptable to Health Plan, provided, Business Associate shall not settle any claim, lawsuit, or enforcement action in a manner that would impose any penalty or admission of guilt or liability on Health Plan without Health Plan's written consent, which consent Health Plan will not unreasonably withhold.

7. **INSURANCE**. During performance under this BAA, and entirely at Business Associate's expense, Business Associate shall maintain cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from identity theft and the like, with an occurrence or per claim limit of not less than One Million Dollars ($1,000,000) and Three Million Dollars ($3,000,000) annual aggregate. Business Associate shall maintain such coverage set forth in this Section, without lapse, during the term of this contract.

8. **AMENDMENT**. The parties agree to take such action to amend this BAA from time to time as is necessary for the parties to comply with the requirements of HIPAA, HITECH and the HIPAA Regulations.

9. **TITLES AND CAPTIONS**. The titles or captions of sections contained in this BAA are provided for convenience of reference only and shall not be considered a part hereof for purposes of interpreting or applying this BAA. Such titles or captions do not define, limit, extend, explain, or describe the scope or extent of this BAA or any of its terms, provisions, representations, warranties, or conditions in any manner or way whatsoever.

10. **REGULATORY REFERENCES**. A reference in this BAA to a section of HIPAA, HITECH, and/or the HIPAA Regulations means the section(s) as in effect or as amended.

11. **APPLICABLE LAW**. Business Associate agrees that in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA and/or HITECH (including but not limited to prohibiting the disclosure of mental health, and/or substance abuse records), the more stringent laws and/or regulations shall control the disclosure of PHI.

12. **REMEDIES**. Business Associate agrees that Health Plan shall be entitled to seek immediate injunctive relief as well as to exercise all other rights and remedies which Health Plan may have at law or in equity in the event of an unauthorized use, access, or disclosure of PHI by Business Associate or any agent or subcontractor of Business Associate that received PHI from Business Associate. In the event equitable relief is sought in connection herewith, Business Associate agrees to waive any requirement for the securing or posting of any bond in connection with such remedy.

13. **NO WARRANTY**. Health Plan makes no warranty or representation that compliance by Business Associate with this BAA will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all compliance with applicable laws and/or regulations relating to PHI in rendering the services pursuant to the Underlying Agreement.

14. **SURVIVAL**. The respective rights and obligations of the parties shall survive the termination or expiration of this BAA, including without limitation, Section 5.c., Section 6, and Section 7.

15. **INTERPRETATION**. Any ambiguity in this BAA shall be resolved to permit Health Plan and Business Associate to comply with the HIPAA Regulations and to ensure the privacy and security of the PHI.

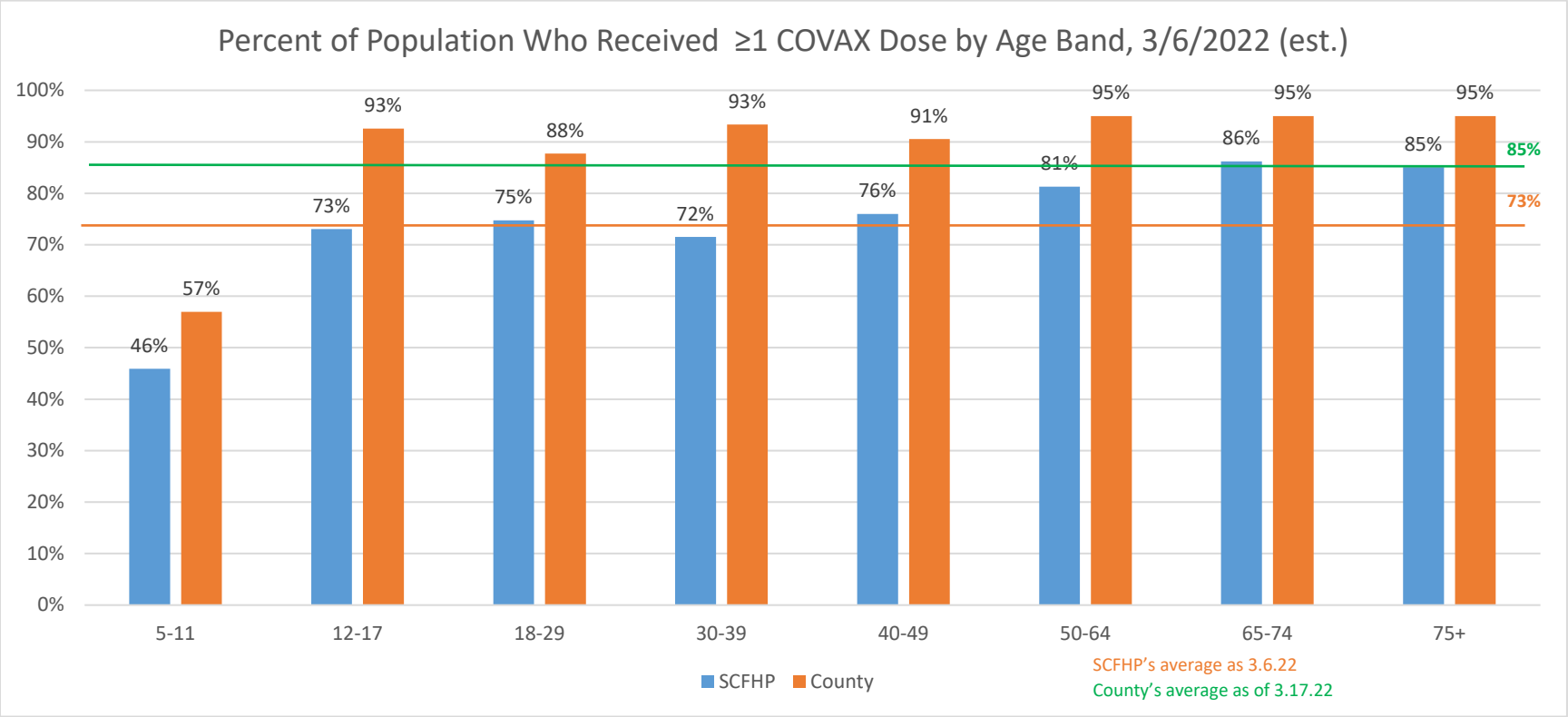
16. **CONFLICTS OF TERMS**. Whenever the terms of the Underlying Agreement and this BAA are in conflict, the terms of this BAA shall control (except for record retention periods under applicable law, in which case the longer time frame shall control).

17. **OTHER TERMS REMAIN IN FORCE**. Except as expressly modified by the terms of this BAA, all of the terms and conditions set forth in the Underlying Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, each of the undersigned, as duly authorized representatives of each party, has caused this BAA to be executed effective as of the Effective Date.

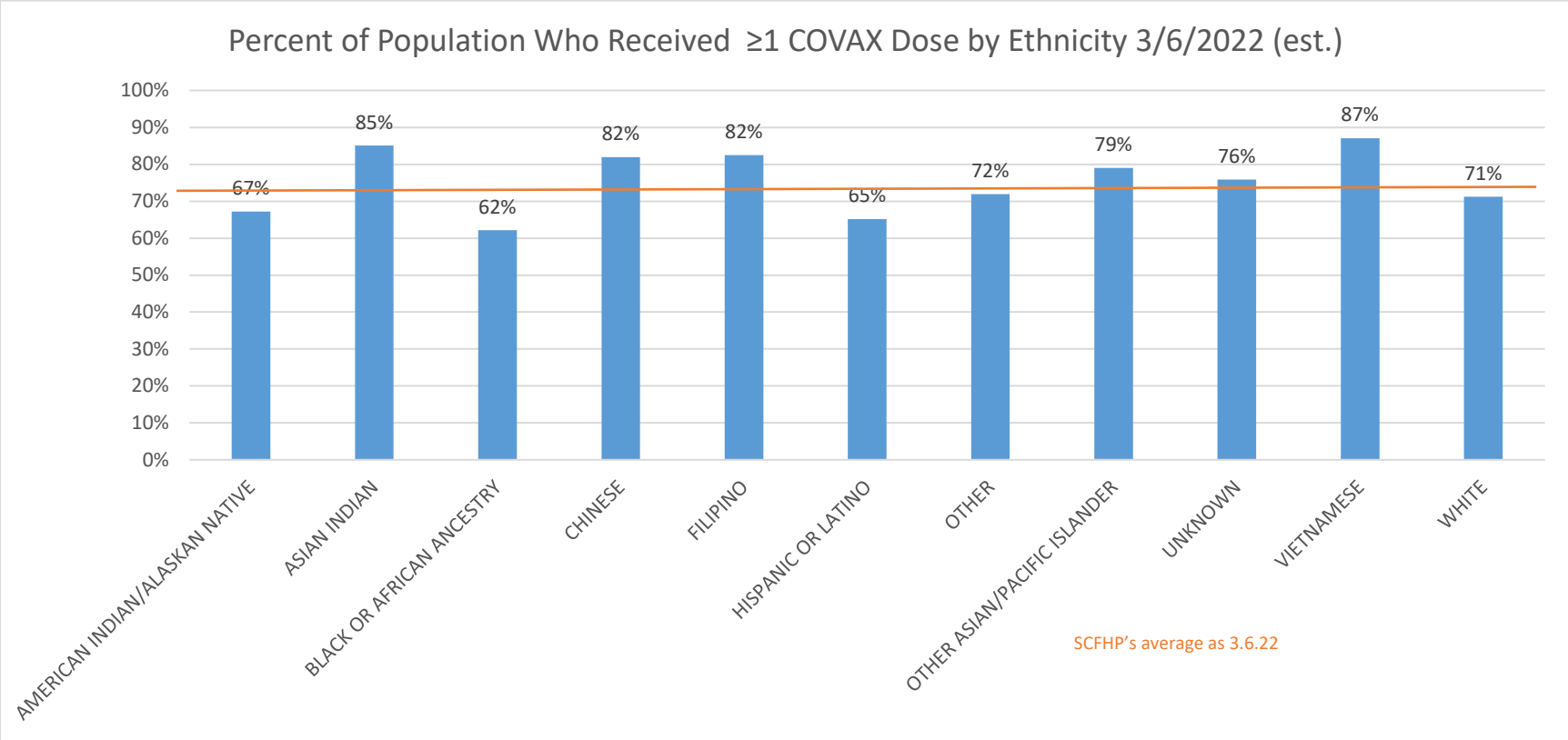
SANTA CLARA FAMILY HEALTH PLAN		**THE DL GROUP**	
Signature:	_____	Signature:	_____
Date:	_____	Date:	_____
Print Name:	Christine M. Tomcala	Print Name:	Laura L Watkins
Print Title:	Chief Executive Officer	Print Title:	Principal

Santa Clara Family Health Plan



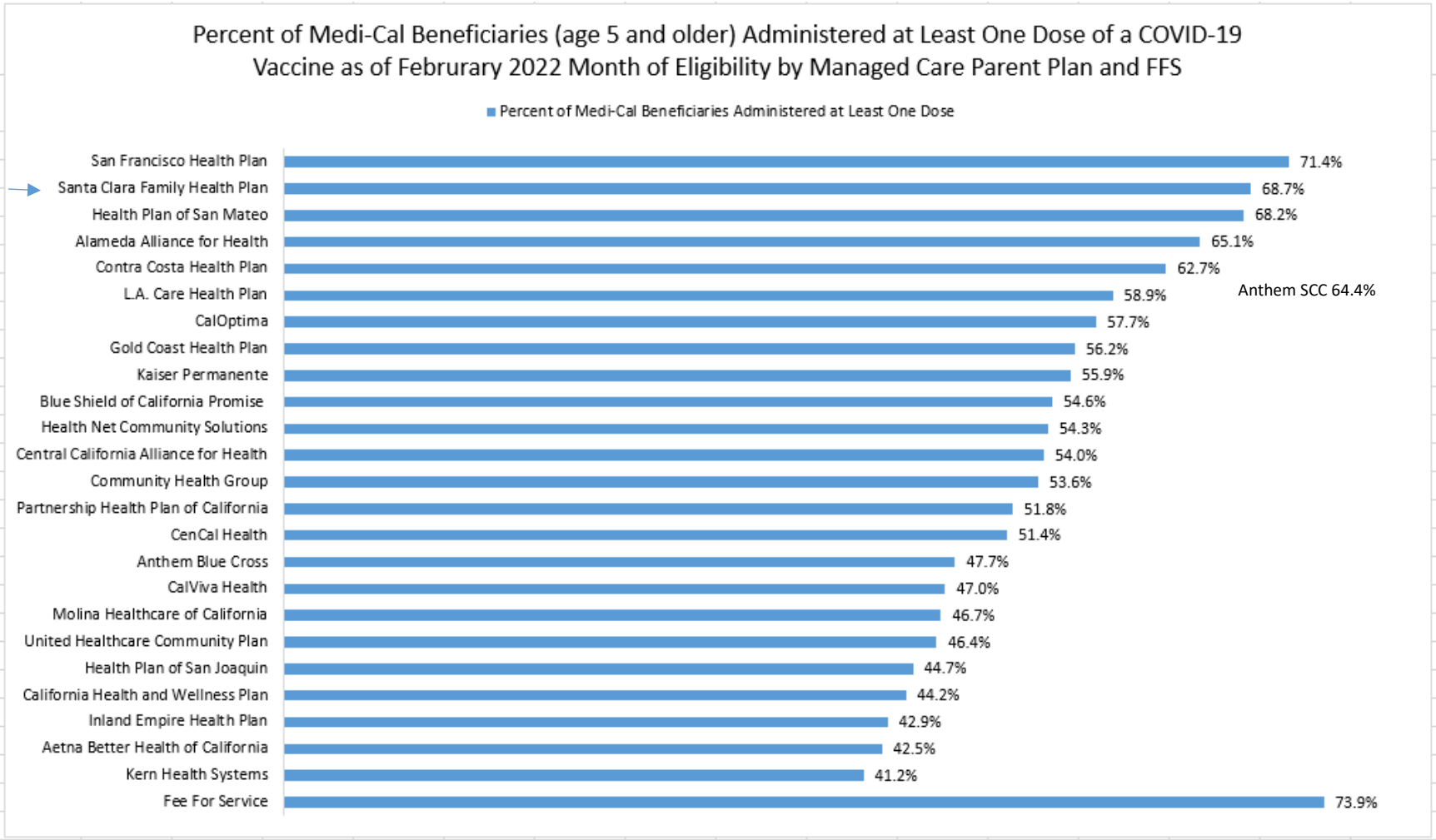
Age Band	5-11	12-17	18-29	30-39	40-49	50-64	65-74	75+	Total
Vaccinated	17,491	27,491	43,171	21,200	17,569	34,879	19,451	19,402	200,654
Unvaccinated	20,603	10,153	14,579	8,445	5,560	8,041	3,110	3,405	73,896
Boosted	62	8,904	20,894	11,057	10,095	23,157	14,384	14,750	103,303
Membership	38,094	37,644	57,750	29,645	23,129	42,920	22,561	22,807	274,550
% boosted	0%	24%	36%	37%	44%	54%	64%	65%	38%

Santa Clara Family Health Plan



	% of membership				% vaccinated			
Ethnicity/Age Band	5-11	12-17	18+	Overall % of SCFHP	5-11	12-17	18+	Overall
BLACK OR AFRICAN ANCESTRY	12%	13%	75%	3%	34%	60%	67%	62%
HISPANIC OR LATINO	23%	23%	54%	37%	42%	70%	73%	65%
Remaining Ethnicities	8%	8%	84%	59%	53%	80%	81%	79%

Santa Clara Family Health Plan



As of 3.7.22

SCC 85%

Santa Clara Family Health Plan™

COVID-19 Vaccine Outreach Update

Paid Advertising

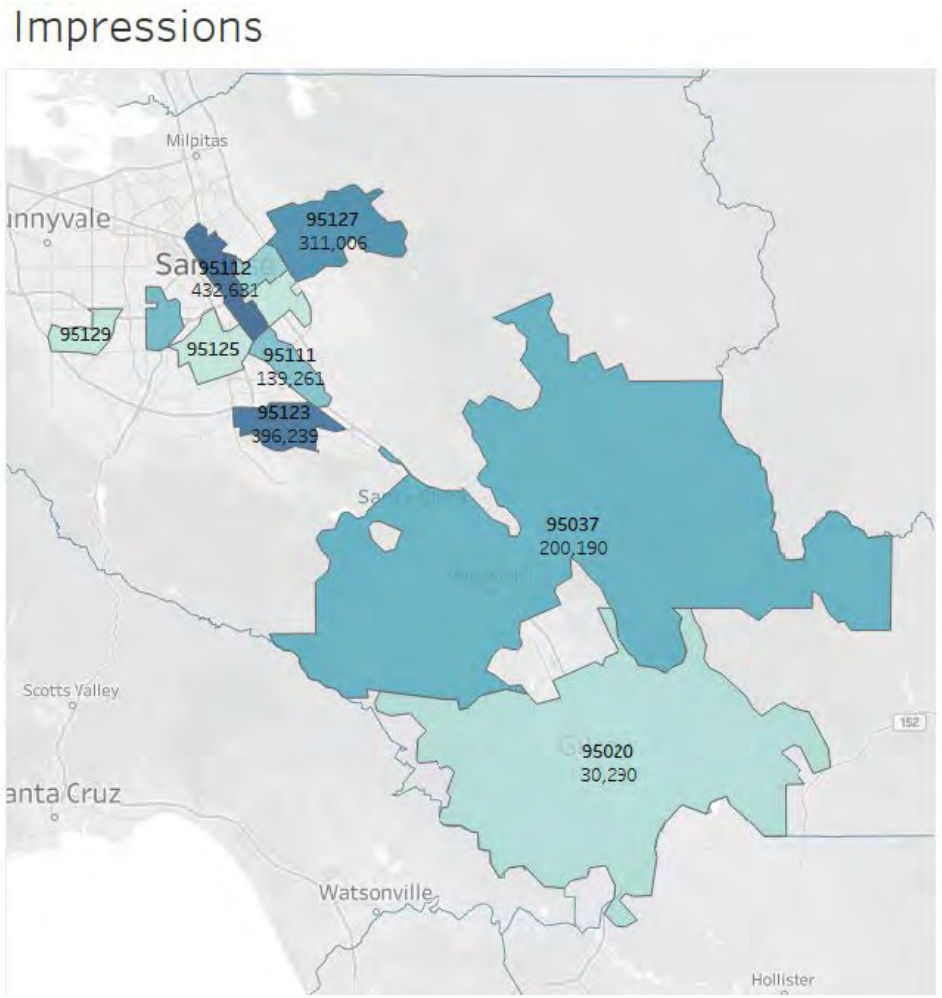
Boosted Facebook Posts

- English ads ran from February 23 – March 6
- Targeted zip codes:
  - 95112
  - 95123
  - 95020
  - 95116
  - 95127
  - 95128
- Results:
  - Reach: 3,832
  - Engagements: 213

Paid Advertising

Digital Display and Social Media

- English & Spanish ads ran from 11/4/21-2/28/22 targeting most unvaccinated zip codes
- Instagram
  - Reach: 92,765
  - Impressions: 858K
- Facebook
  - Reach: 108,871
  - Impressions: 2.77M
- Digital Display
  - Impressions: 1.78M



COVID-19 Vaccination Outreach

Pharmacies and Providers

- Three pharmacy contracts executed
- Provider outreach and vaccination incentive memo sent in February; followed up with 150 providers of which 18 were interested and positive; others noted not having time or staff to do the outreach
- Outreached 160 members

SCFHP Staff

- Made 36,556 member calls
  - 18% invalid numbers
  - 70% connected of which 14% vaccinated
  - 12% unable to leave message
- Member Incentive- $50
  - Mailed 17,189
  - In process 3,000

Community Partnerships

Executed Vendor Agreement

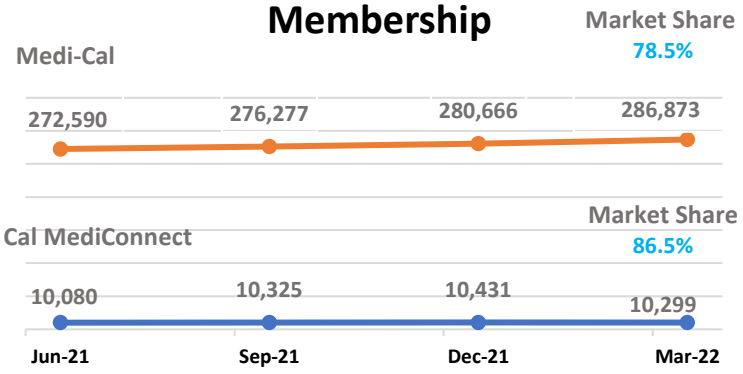
- Catholic Charities: 11 Promotores to target 5 zip codes
- COVID-19 Black: Community Navigators and community events targeting Black residents

Board Dashboard

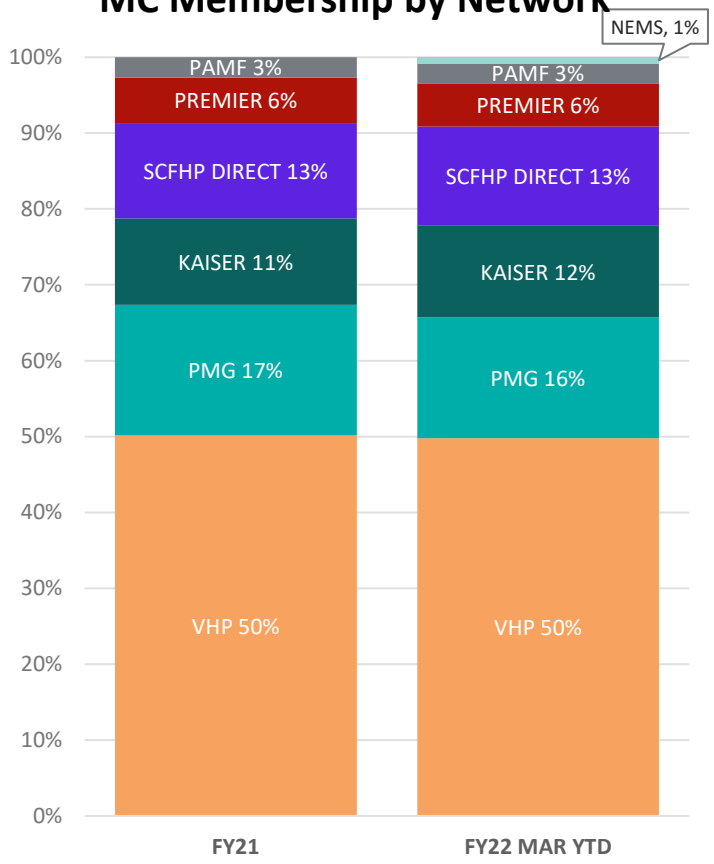
March 2022

Santa Clara Family Health Plan™

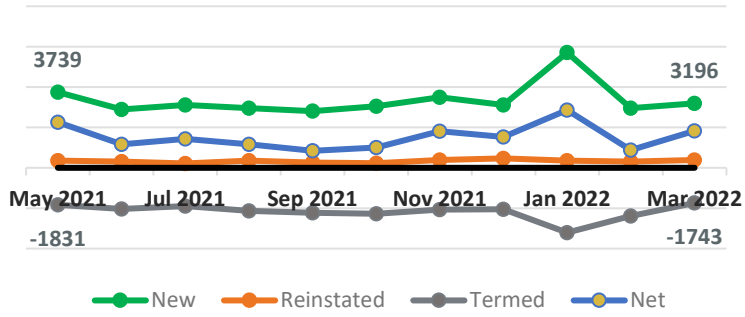
Membership



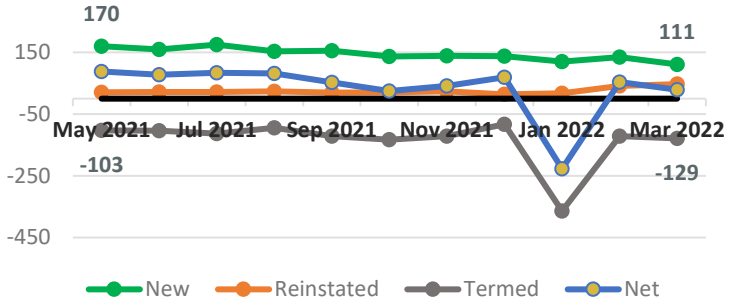
MC Membership by Network



Medi-Cal Membership Gain/Loss



Cal MediConnect Membership Gain/Loss



Financial Highlights

	Jan-22	YTD
Revenue	$109.8 M	$788.3 M
Medical Expense (MLR)	107.1%	93.3%
Administrative Expense	6.2%	5.5%
Net Surplus (Loss)	($14.5 M)	$30.7 M

favorable variance

unfavorable variance

Human Resource Statistics

341 47 40

FY22 MAR YTD

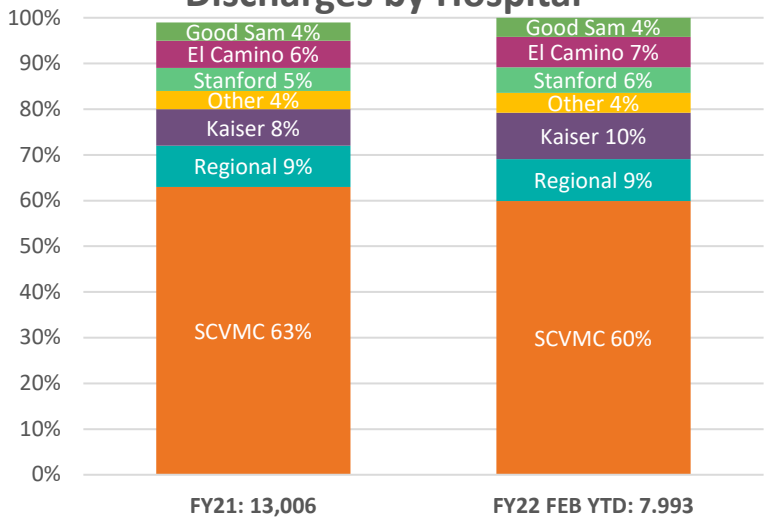
Health Screenings FY22 MAR YTD

Board Dashboard

March 2022

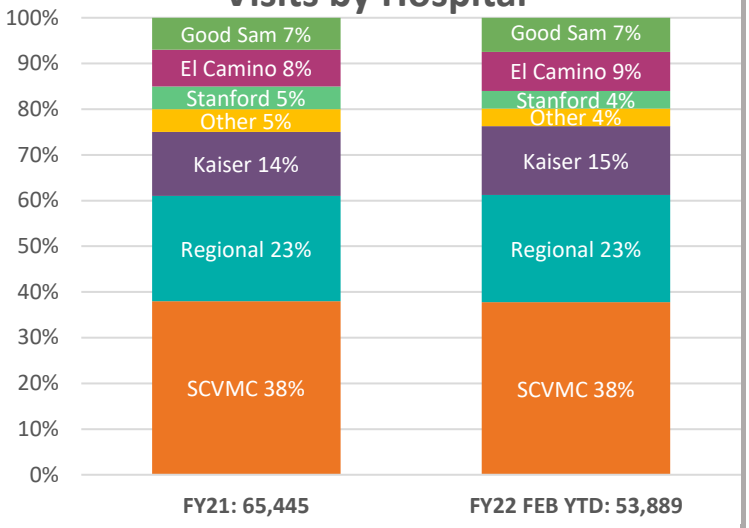
Santa Clara Family Health Plan™

Medi-Cal Inpatient Discharges by Hospital



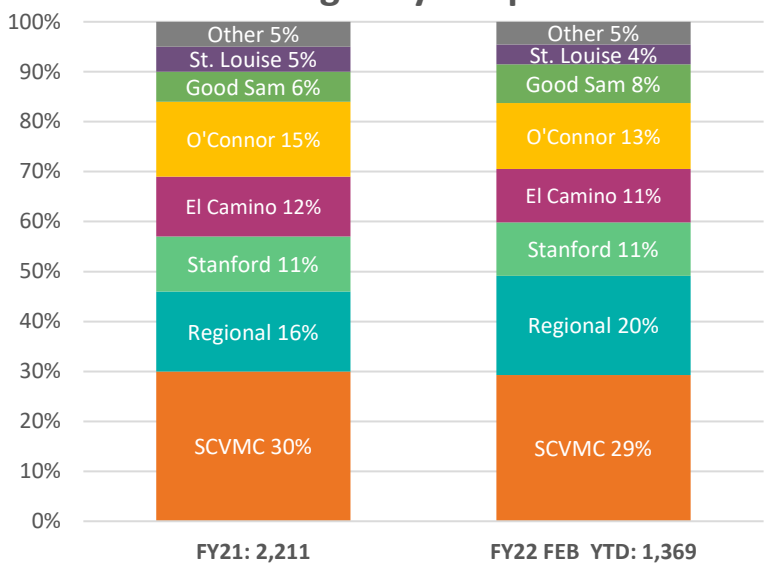
SCVMC= VMC, OCH, STL

Medi-Cal Emergency Visits by Hospital

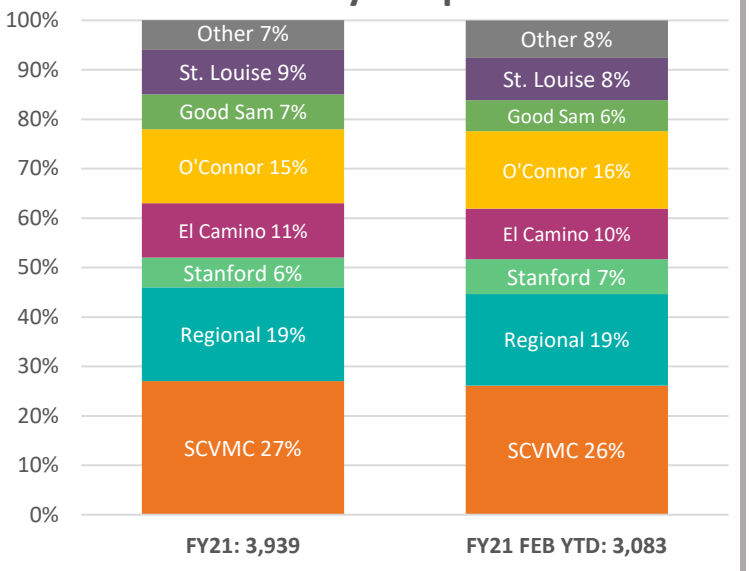


SCVMC= VMC. OCH. STL

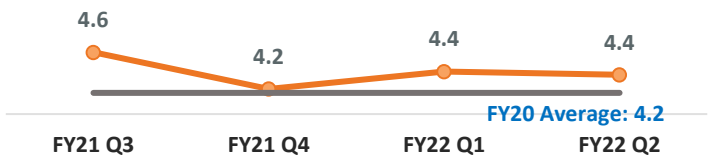
Cal MediConnect Inpatient Discharges by Hospital



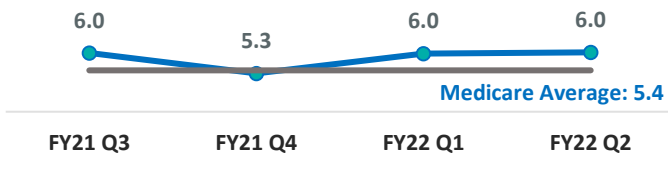
Cal MediConnect Emergency Visits by Hospital



Medi-Cal Inpatient Average Length of Stay (ALOS)



Cal MediConnect Inpatient Average Length of Stay (ALOS)

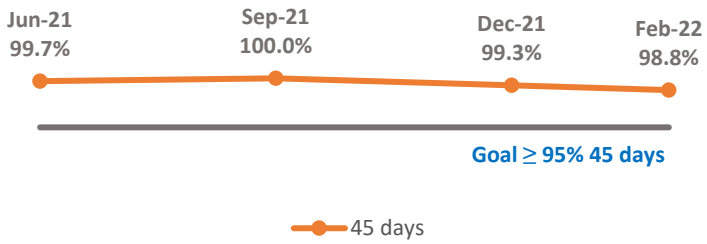


Board Dashboard

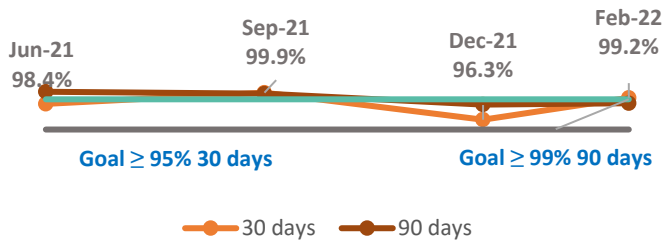
March 2022

Santa Clara Family Health Plan™

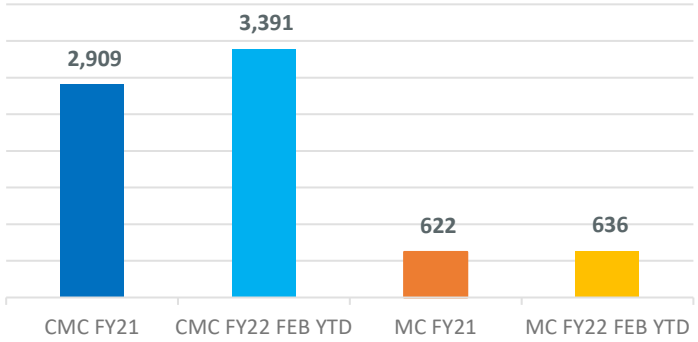
Medi-Cal Claims Processing



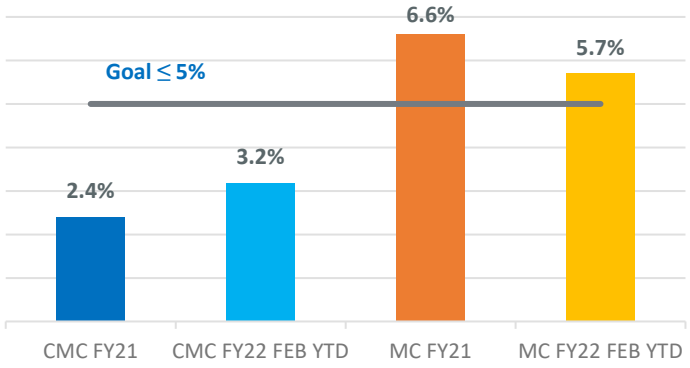
Cal MediConnect Claims Processing



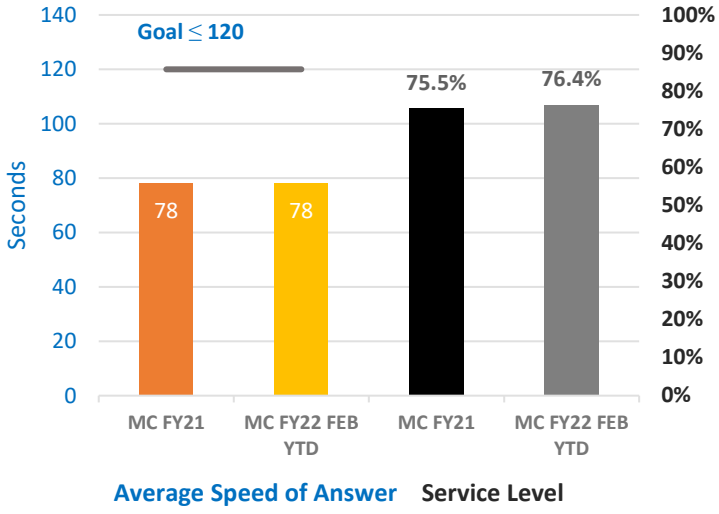
Member Calls Handled per 1,000 Members/Year



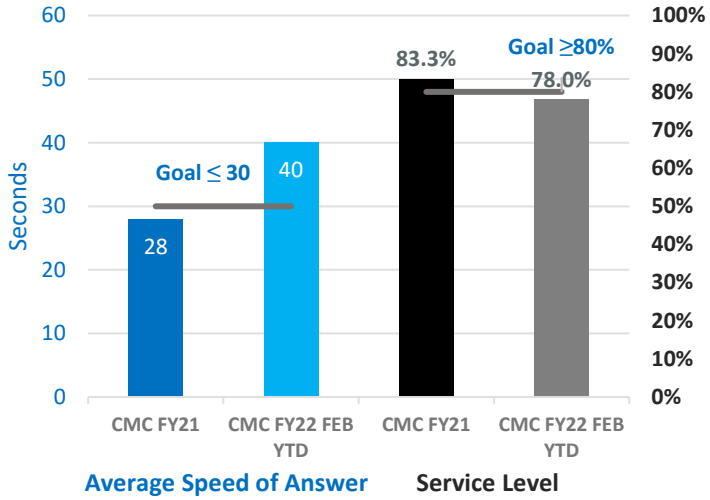
Abandoned Call Data



Medi-Cal Member Call Data



Cal MediConnect Member Call Data



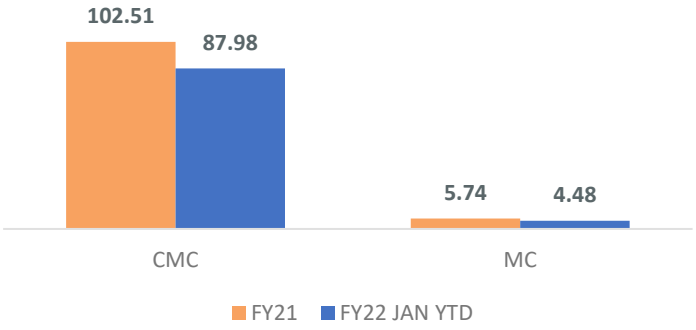
Board Dashboard

March 2022

Santa Clara Family Health Plan™

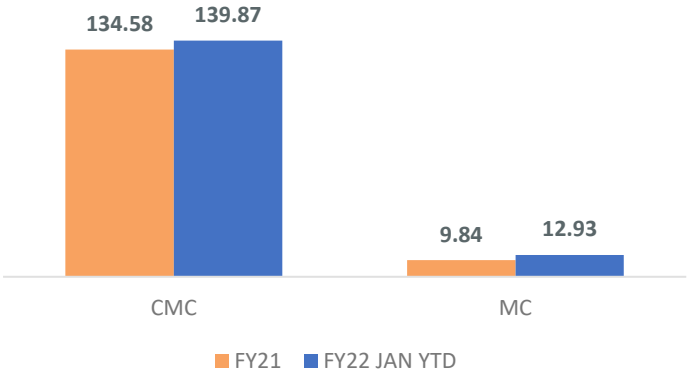
Appeals per 1,000 Members/Year

Appeal: request to change SCFHP coverage decision

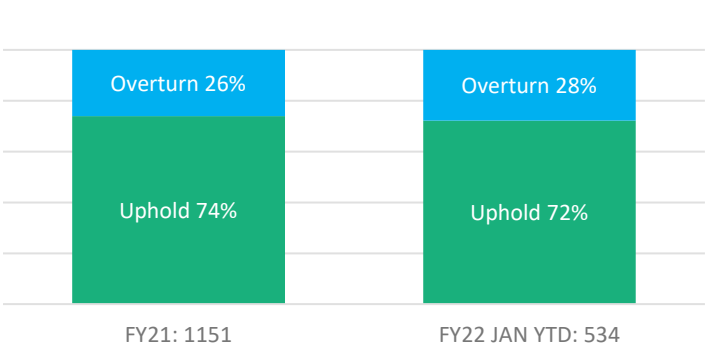


Grievances per 1,000 Members/Year

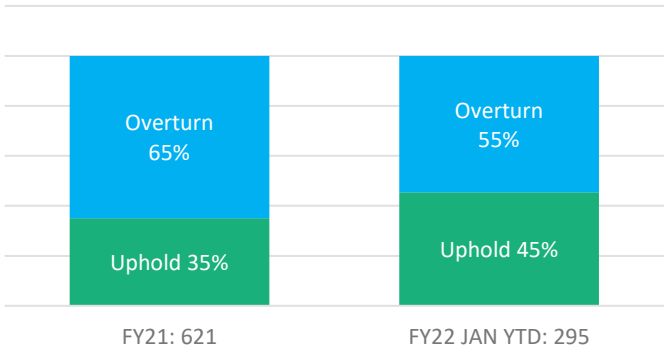
Grievance: member dissatisfaction with a service



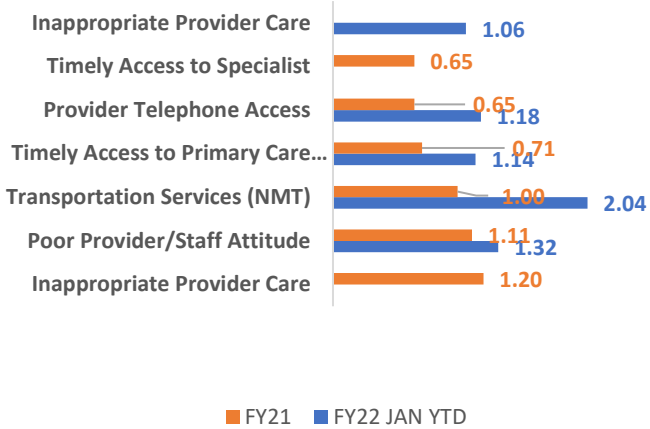
Medi-Cal Appeals by Outcome



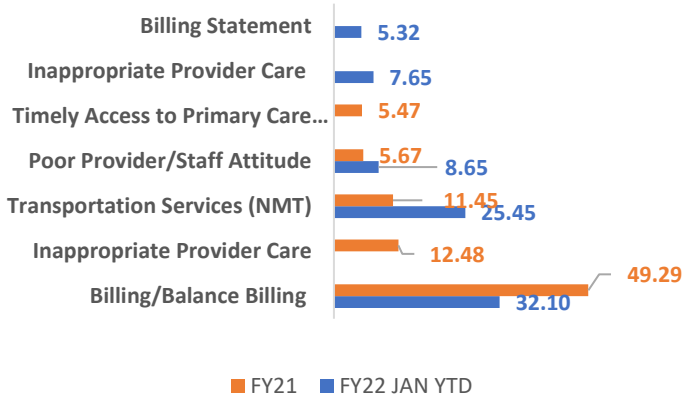
Cal MediConnect Appeals by Outcome

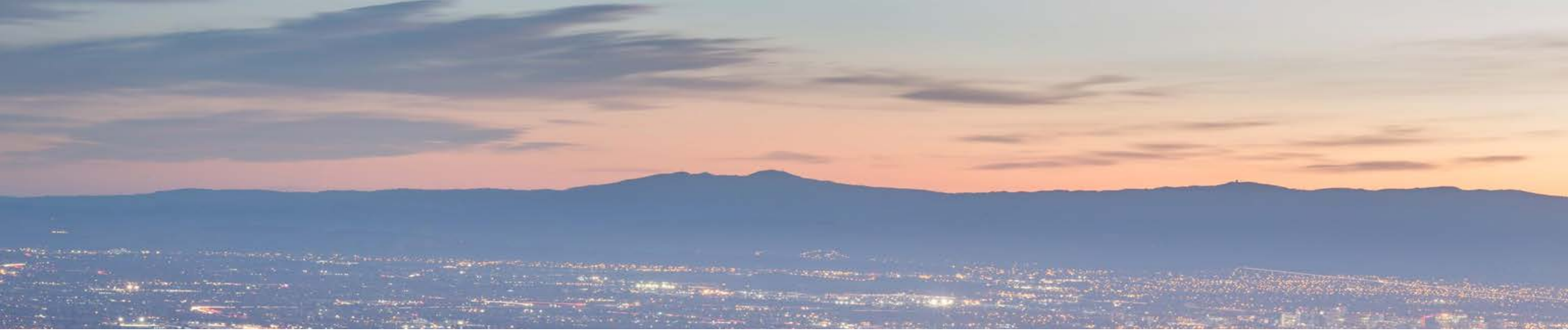


Medi-Cal Top Grievances per 1,000 Members/Year



Cal MediConnect Top Grievances per 1,000 Members/ Year





Santa Clara Family Health Plan™ | Blanca Alvarado Community Resource Center

Honoring the legacy of local community leader and social justice advocate Blanca Alvarado

Santa Clara Family Health Plan

Our Vision

Health for all – a fair and just community where everyone has access to opportunities to be healthy

Our Mission

To improve the well-being of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community

What we will cover today

1. Framework Rationale
2. Planning Process
3. Center Framework
4. Feedback
5. Next Steps

How can our center support health equity?

Social Determinants of Health Hierarchy of Needs

Preparing the CRC for Impact

Our Needs Assessment Process >

System Partner Advisory Group
n = 22
meetings = 6

Resident Advisory Group
n = 18
meetings = 6

Stakeholder Gatherings
Resident sessions: n = 8

Safety-net partner sessions: n=3

1:1 convos: n=90

Focus Groups
n = 80+
groups = 14

Safety-net Survey
n = 120+

Resident/ Member Survey
n = 700

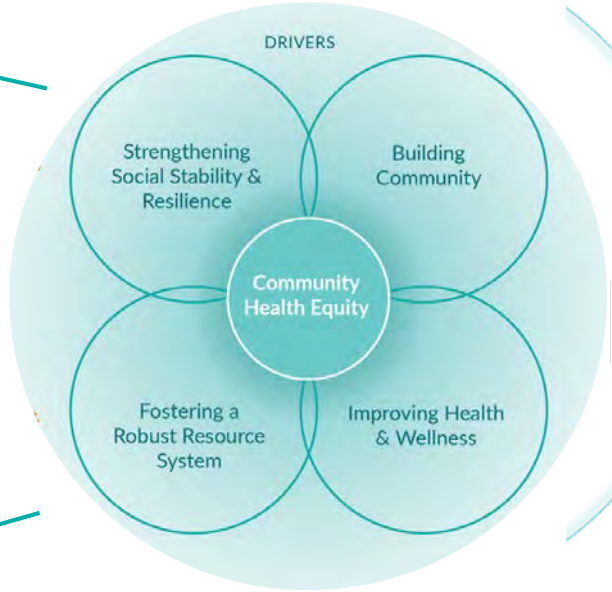
Data Pulls & Analysis
Collected and compiled publicly available and data shared by partners

Geographic Resource Mapping
Identified resource strengths and gaps within the CRC vicinity

Medi-Cal/ Medicare Member Journey Mapping
Internal alignment exercise

Participatory Priority-Identification Process
To inform and finalize priorities

Our Framework >



Desired Results>

SCFHP launched a needs assessment and planning process to determine how to best improve the health and wellbeing of ESJ's most vulnerable residents. The result of the process is a framework that will guide our decision making at all levels.

Our process is grounded in **ESJ resident** perspectives, needs, experiences, and cultures

CRC Resident Advisory Group

CRC System Partners Advisory Group

A dedicated group of community leaders working to ensure the SCFHP Blanca Alvarado Community Resource Center can address the health and social needs of East San Jose communities.

Solandyi Aguilar
Food Distribution Coordinator
Veggielution

Elisa Marina Alvarado
LCSW
Honorary Member

Alicia Anderson
Program Manager
Santa Clara County: Behavioral Health Department

Dr. Arcel Blume
Director, Office of Cultural Competency
Santa Clara County: Division of Equity & Social Justice

Laura Buzo
Recreation Superintendent
City of San Jose: Parks, Recreation & Neighborhood Services

Laura Clendaniel
Director of Operations
Healthier Kids Foundation

Maria Garcia
Director of Programs
The Health Trust

Claudia Harty
Program Manager
Parents Helping Parents

Jessica Ho
Government & Community Affairs Manager
North East Medical Services

Zulema Inai
Director, Family Strengthening & Support
First 5 of Santa Clara County

Betty Kelly
Health Ministry
Emmanuel Baptist

Tricia Kokes
Former Board Member
Silicon Valley Independent Living Center

Maritza Maldonado
Executive Director
Amigos de Guadalupe

Zulma Marcel
Director, Office of Race Equity
City of San Jose

Maribel Montanez
Development Director
Gardner Family Health Network

Dionisio Palencia
Senior Community Impact Director
American Heart Association

Victoria Partida
Enrollment Lead
Community Health Partnership

Quyen Vuong
Executive Director
ICAN

Shivesh Puri
Associate Director of CareCorps
RocketShip Public Schools

Eric Mukuno
Director of Patient Services
HCA/Regional Medical Center

Maryam Adalat, MSW
Director, Student Services
East Side Union High School District

Santa Clara Family Health Plan.

BLANCA ALVARADO COMMUNITY RESOURCE CENTER

Center Vision

All members of our community, from all backgrounds, identities, or abilities, feel safe to acquire the knowledge, services, and resources necessary to have a fair chance to improve their lives.

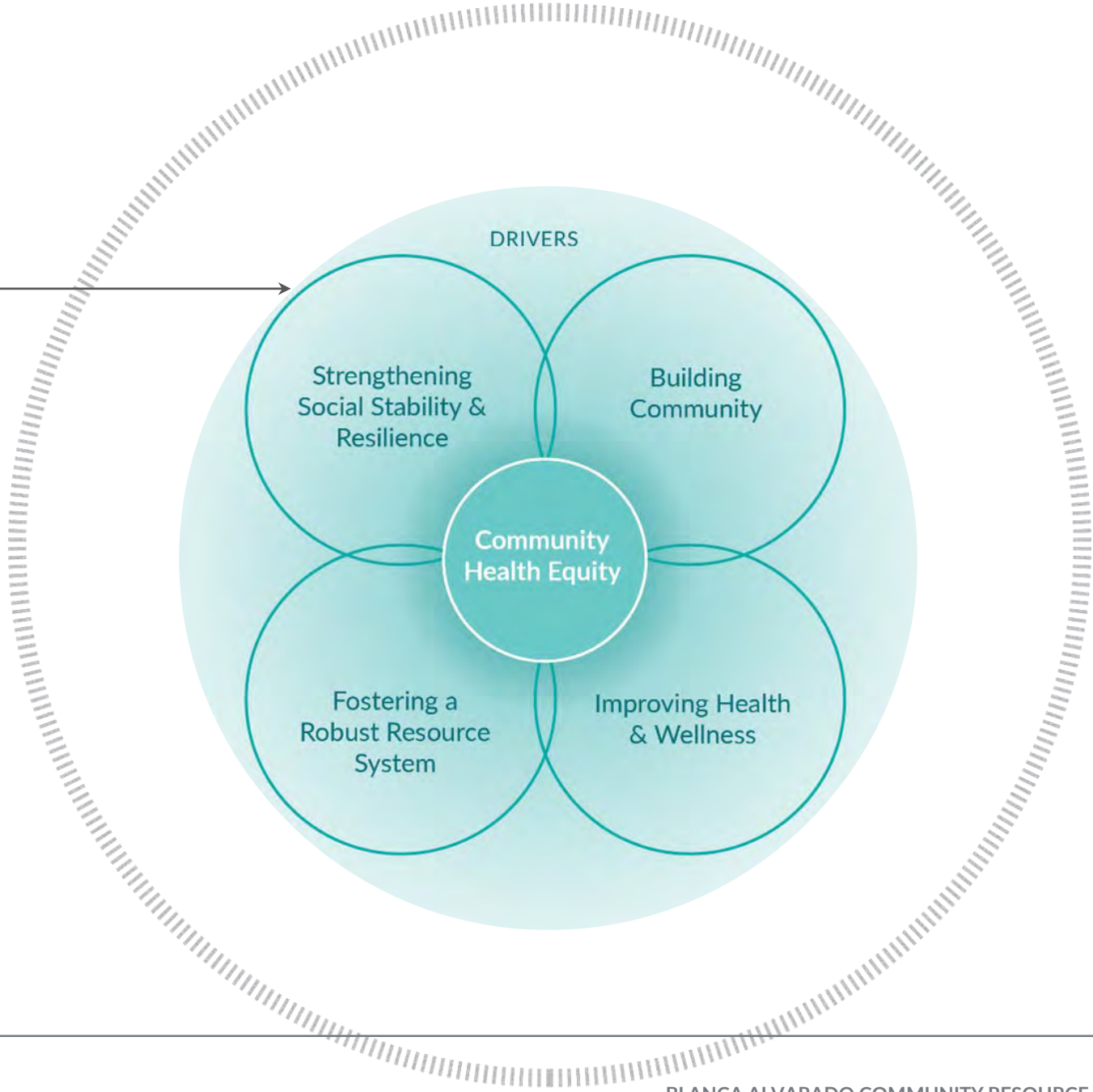
Center Purpose

A community resource center dedicated to reducing health disparities by offering relevant programs, services, and resources that improve the health of East San Jose.

Equity Drivers

Four interrelated drivers must be addressed to increase community health equity in East San Jose.

Each driver has a set of priorities.

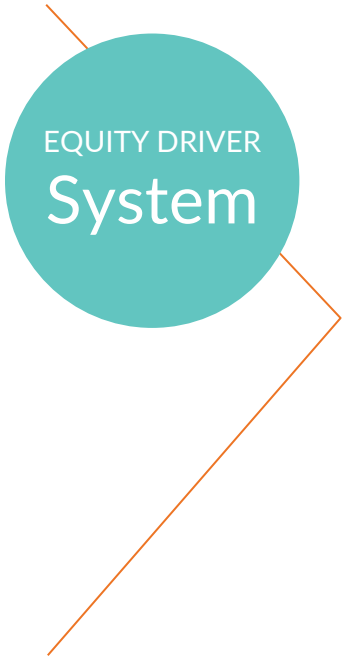


Healthcare Access

Healthy Lifestyles

Behavioral/Mental Health

Chronic Disease Management/
Long-term Health Issues



Collective Impact

Effective Referral System

Healthy Food Access

Stable Housing

Income Stability

Welcoming, Accessible, and
Inclusive Environment

Community Relevance

Linguistic Inclusivity

Celebration and Community
Building

Measuring Our Impact

Impact tracking methods include:

- Direct visitor feedback
- Number of actual services delivered
- Impact evaluation by program area
- Member data
- System partner data
- Publicly available data sources

Wrap Up & Next Steps

To finalize framework:

- Incorporate board,
- Elected officials, and
- Community feedback

Public sharing forums and launch event

Final report - June 2022

Reflecting on Proposed Priorities

- What resonates?
- What gives you pause?
- What's missing?

Thank You!

MIKE GONZÁLEZ, MPA
Director, Community Engagement, Santa Clara Family Health Plan

Direct Cell: 408-502-2466
CRC Main Line: 408-874-1750
MGonzalez@scfhp.com
www.scfhp.com

Compliance Activity Report

March 24, 2022

- **Compliance Program Effectiveness (CPE) Audit**
  CMS requires Medicare plans to have an independent review of the effectiveness of its compliance program each year. In collaboration with Health Plan Alliance, SCFHP partnered with Piedmont Community Health Plan (Piedmont) to conduct peer-review audits of our respective compliance programs to meet CMS's CPE requirement for CY 2021. The audit process is based on recently approved Medicare Part C and D Program Audit Protocols which CMS will begin using for 2022 program audits. SCFHP received results from Piedmont in January and is working to address findings related to Production Services and Provider Network Operations.

- **Performance Measure Validation**
  The Plan was selected by CMS's external quality review organization to participate in the 2021 performance measure validation audit. The audit focused on 2020 reporting of data sets used to demonstrate compliance with two Cal MediConnect requirements: members with an initial health risk assessment and members with an initial care plan completed within 90 days of enrollment. A review session took place on August 19 and the Plan received a final report in December indicating that both data sets were deemed "reportable," meaning the data were valid compliant with CMS specifications.

- **CMS Notices of Noncompliance**
  The Plan recently received two notices of non-compliance from CMS in February for late submissions of attestations and policies and procedures related to the use of a formulary for the Medicare Part D program, which are required to be submitted annually. The Pharmaceutical and Therapeutics Committee attestation, Prior Authorization/Step Therapy attestation, and Transition Policy were due on June 7, 2021. We submitted them on June 8. There are no penalties or corrective actions required by CMS, and we have taken steps to ensure future timely submissions.

- **Department of Health Care Services (DHCS) Annual Audit**
  The Plan recently completed its annual 2022 DHCS audit, covering both Medi-Cal and Cal MediConnect with a review period of March 2021 through February 2022. At the time of this writing, the Plan has not yet received any preliminary findings.

- **Department of Managed Health Care (DMHC) Financial Audit**
  In January, we received notice of a routine financial audit that will be conducted by DMHC in June. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. We expect DMHC to begin requesting documents starting in March.

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Seven Months Ended January 31, 2022

Agenda

Santa Clara Family Health Plan

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Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$110 M		$788 M	
Medical Expense (MLR)	$118 M	107.1%	$735 M	93.3%
Administrative Expense (% Rev)	$6.8 M	6.2%	$43.5 M	5.5%
Other Income/(Expense)	$90K		$995K	
Net Surplus (Net Loss)	**($14.5 M)**		**$10.7 M**	
Cash and Investments			$495 M	
Receivables			$515 M	
Total Current Assets			$1,020 M	
Current Liabilities			$785 M	
Current Ratio			1.30	
Tangible Net Equity			$266 M	
% of DMHC Requirement			**773.0%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Loss of $14.5M is $15.0M or 3,355.7% unfavorable to budget of $447K surplus. YTD: Surplus of $10.7M is $2.5M or 29.9% favorable to budget of $8.2M surplus.
Enrollment	Month: Membership was 294,658 (21,194 or 6.7% lower than budget of 315,852). YTD: Member Months YTD was 2,018,743 (37,005 or 1.8% lower than budget of 2,055,748).
Revenue	Month: $109.8M ($12.4M or 10.2% unfavorable to budget of $122.3M). YTD: $788.3M ($14.6M or 1.8% unfavorable to budget of $802.9M).
Medical Expenses	Month: $117.7M ($2.4M or 2.1% unfavorable to budget of $115.3M). YTD: $735.1M ($15.6M or 2.1% favorable to budget of $750.7M).
Administrative Expenses	Month: $6.8M ($136K or 2.0% favorable to budget of $6.9M). YTD: $43.5M ($3.1M or 6.7% favorable to budget of $46.6M).
Tangible Net Equity	TNE was $265.5M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $928K vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 294,658 members is 21,194 or 6.7% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 11,988 members or 4.2%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 4.5%, Medi-Cal Dual enrollment has increased 3.1%, and CMC enrollment has grown 1.4%.

	For the Month January 2022				For Seven Months Ending January 31, 2022					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	284,439	305,192	(20,753)	(6.8%)	1,946,592	1,982,718	(36,126)	(1.8%)	1,792,335	8.6%
Cal Medi-Connect	10,219	10,660	(441)	(4.1%)	72,151	73,030	(879)	(1.2%)	66,599	8.3%
Total	**294,658**	**315,852**	**(21,194)**	**(6.7%)**	**2,018,743**	**2,055,748**	**(37,005)**	**(1.8%)**	**1,858,934**	**8.6%**

Santa Clara Family Health Plan Enrollment By Network
January 2022

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	38,702	14%	10,219	100%	48,921	17%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	140,618	49%	-	0%	140,618	48%
North East Medical Services	3,452	1%	-	0%	3,452	1%
Palo Alto Medical Foundation	7,381	3%	-	0%	7,381	3%
Physicians Medical Group	43,953	15%	-	0%	43,953	15%
Premier Care	16,065	6%	-	0%	16,065	5%
Kaiser	34,268	12%	-	0%	34,268	12%
Total	**284,439**	**100%**	**10,219**	**100%**	**294,658**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	4.3%		1.4%		4.2%	

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

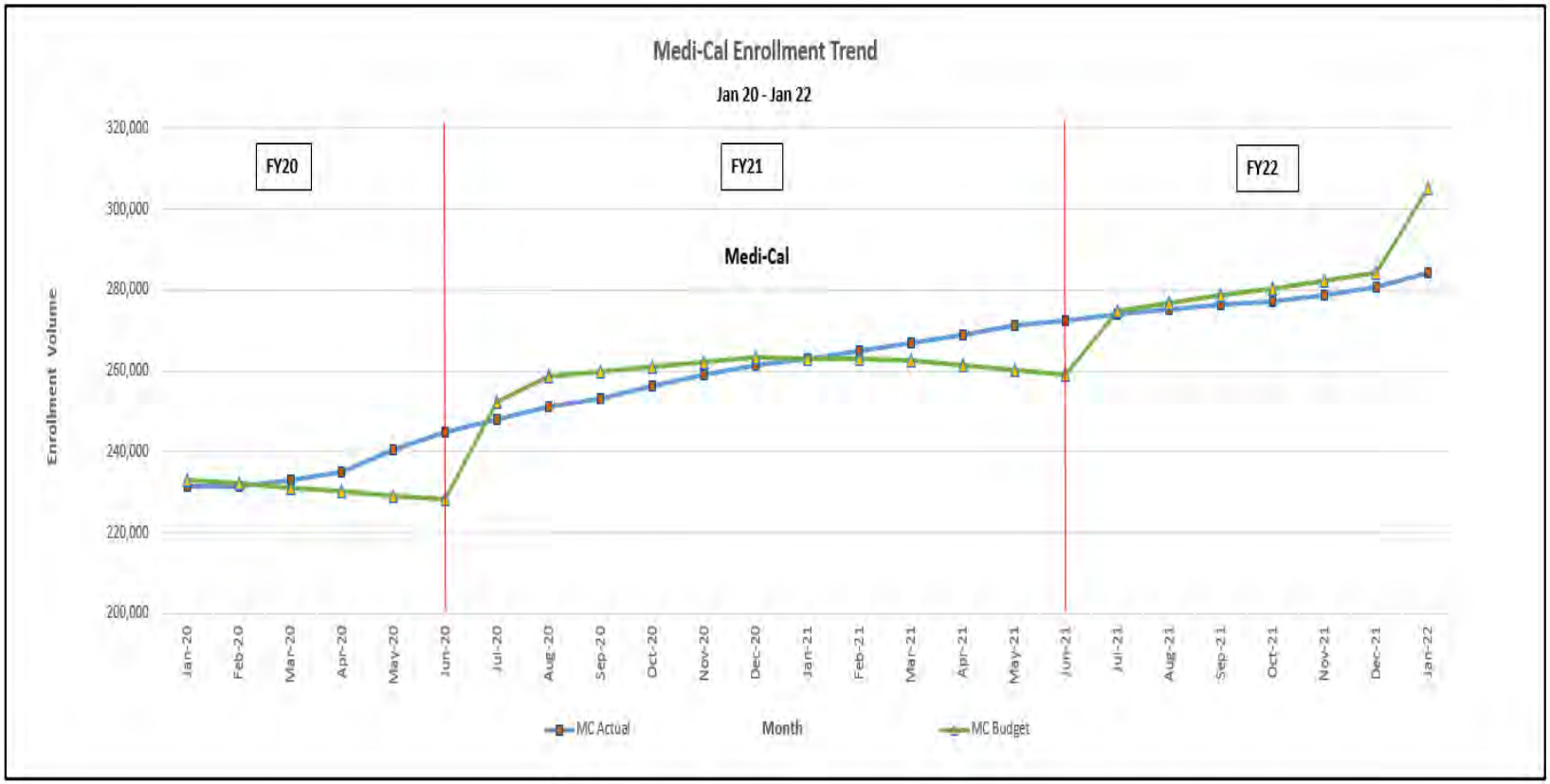
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY - 2022

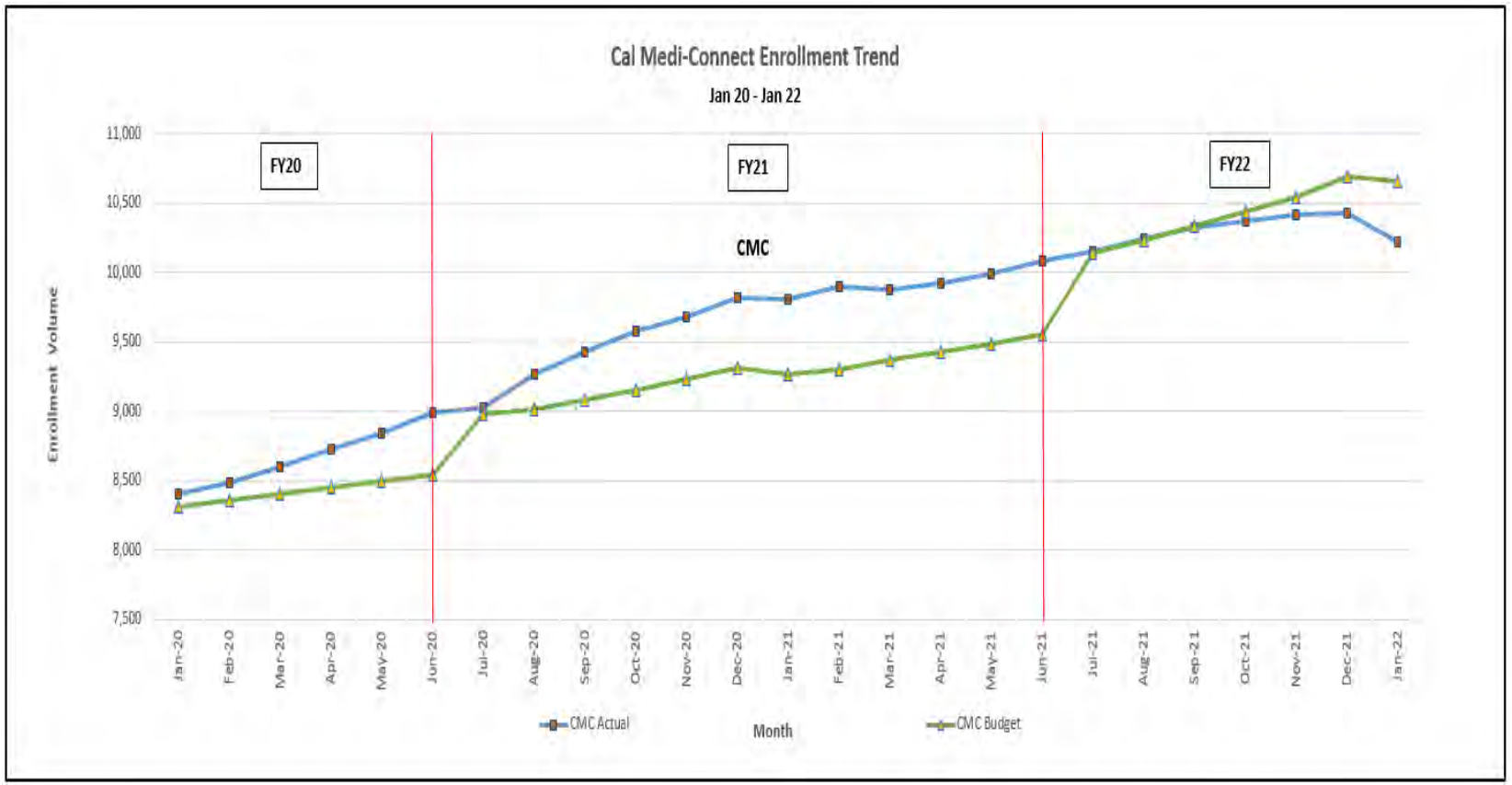
		2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	FYTD var	%
NON DUAL	Adult (over 19)	30,750	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	2,655	8.0%
	Child (under 19)	99,172	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	2,039	2.0%
	SPD	22,350	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	439	2.0%
	Adult Expansion	84,477	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	5,862	6.5%
	Long Term Care	388	380	373	375	367	365	414	408	401	391	385	392	391	26	7.1%
	Total Non-Duals	**237,137**	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**11,021**	**4.5%**
DUAL	Adult (over 21)	352	355	361	357	365	366	367	376	375	396	398	408	410	44	12.0%
	SPD	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	215	0.9%
	Long Term Care	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	25	2.4%
	SPD OE	590	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	544	57.1%
	Total Duals	**25,956**	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**828**	**3.1%**
	Total Medi-Cal	**263,093**	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**11,849**	**4.3%**
CMC	CMC Non-Long Term Care	9,614	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	122	1.2%
	CMC - Long Term Care	193	187	184	179	180	185	209	208	203	208	204	210	202	17	9.2%
	Total CMC	**9,807**	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**139**	**1.4%**
	Total Enrollment	**272,900**	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**11,988**	**4.2%**

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. New budget effective July 2021. Effective Jan 1, 2022, budget projected a new mandatory Medi-Cal population of 22,600 for Other Health Care (OHC).

Cal Medi-Connect Enrollment Trend

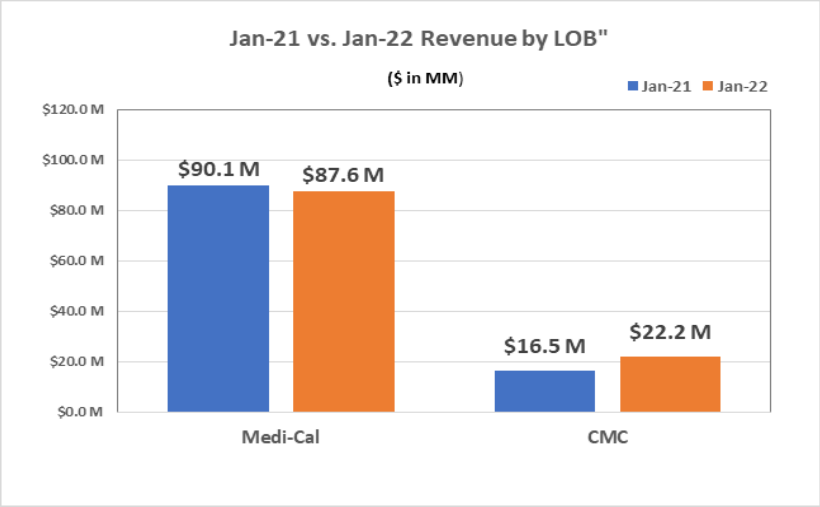


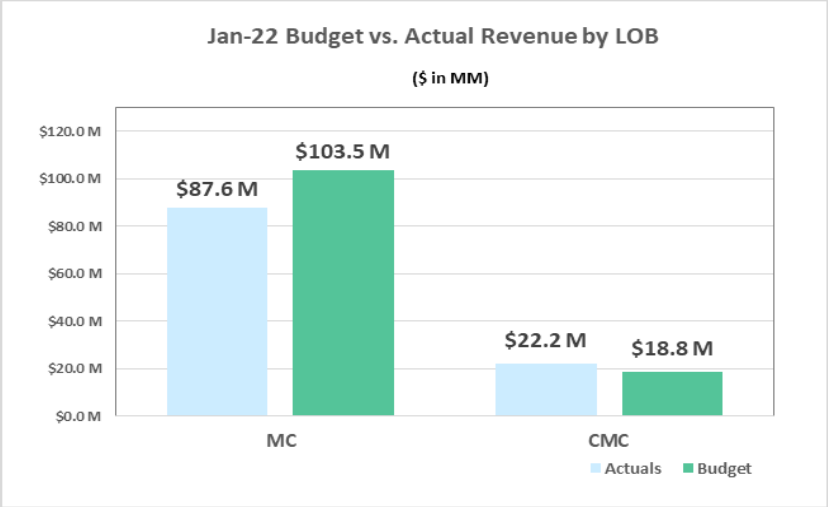
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained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

Current Month Revenue

Current month revenue of $109.8M was $12.4M or 10.2% unfavorable to budget of $122.3M. The current month variance was primarily due to the following:

- Medi-Cal revenue was $15.4M unfavorable to budget due to unfavorable rates with pharmacy benefit carve-out and lower new mandatory enrollments from Other Health Care (OHC) than anticipated, offset by higher CY22 MLTSS rates versus budget. Budget projected pharmacy benefit continued until the end of fiscal year but pharmacy carve-out began on Jan 1. Unfavorable pharmacy revenue is offset by favorable pharmacy expense.
- CMC revenue was $3.4M favorable to budget due to CY20 Part-C Quality Withholding Earnback and CY22 rates more favorable than budgeted, offset by CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS and lower enrollment versus budget.
- MCAL Prop-56 revenue was $417K unfavorable to budget due to lower enrollment than estimated budget from OHC (offset with favorable Prop-56 expense).

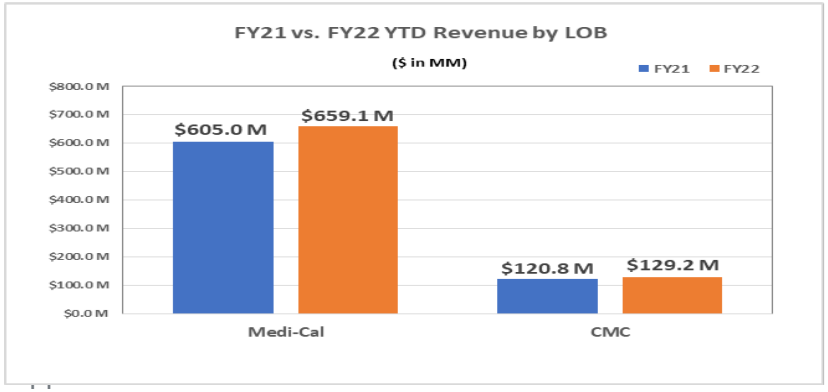


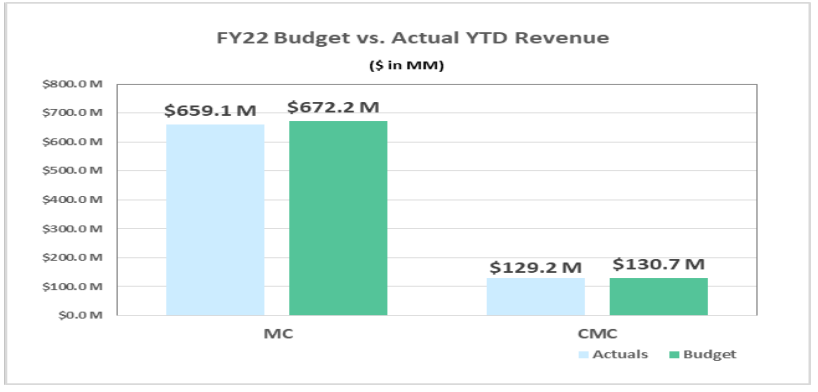


YTD Revenue

YTD revenue of $788.3M was $14.6M or 1.8% unfavorable to budget of $802.9M. The YTD variance was primarily due to the following:

- Medi-Cal revenue is $14.4M 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 kick revenue was $2.9M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C and higher maternity deliveries.
- MCAL Prop-56 revenue is $1.6M unfavorable to budget due to lower (offset with lower Prop-56 expense).
- CMC revenue was $1.5M 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, Part-C Quality Withholding Earnback, and higher CY21 CCI rates versus budget.

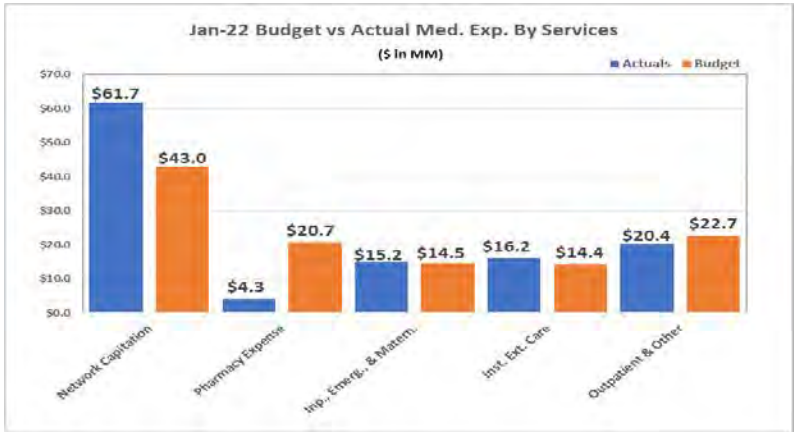


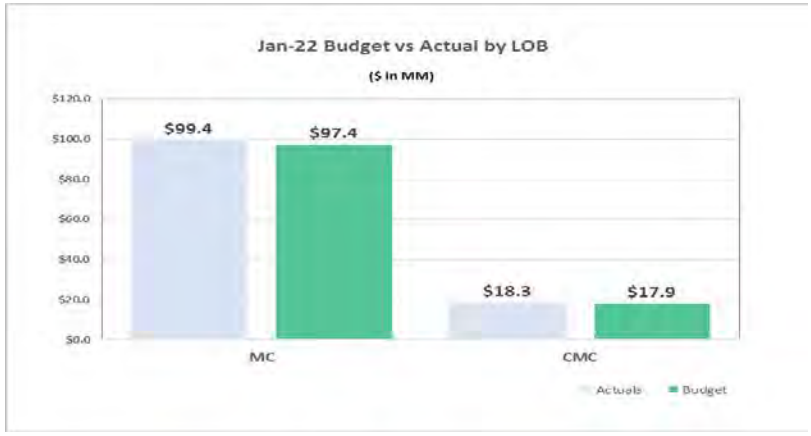


Current Month Medical Expense

Current month medical expense of $117.7M was $2.4M or 2.1% unfavorable to budget of $115.3M. The current month variance was due largely to:

- $20M was accrued as one-time capitation payment for VMC based on actual utilization.
- Pharmacy expenses were favorable to budget primarily due timing of the Medi-Cal pharmacy carve-out (largely offsetting the revenue variance). The budget assumed the pharmacy benefit to continue until end of fiscal year
- Capitation expense was $1.3M or 3.2% favorable to budget for January due to lower capitated enrollment.
- Fee-For-Service expenses reflected a $747K or 1.6% unfavorable variance due to differences in unit costs in Inpatient, LTC, PCP, Specialty, Other MLTSS, Behavior Health and Transportation services.
- Reinsurance and Other expense was $631K or 16.6% favorable to budget due to a favorable third party liability claim recovery and favorable Prop-56 expense due to lower enrollment.

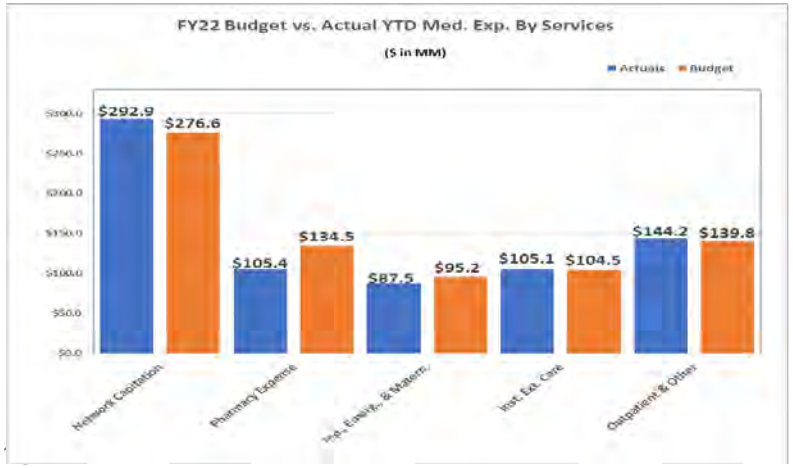


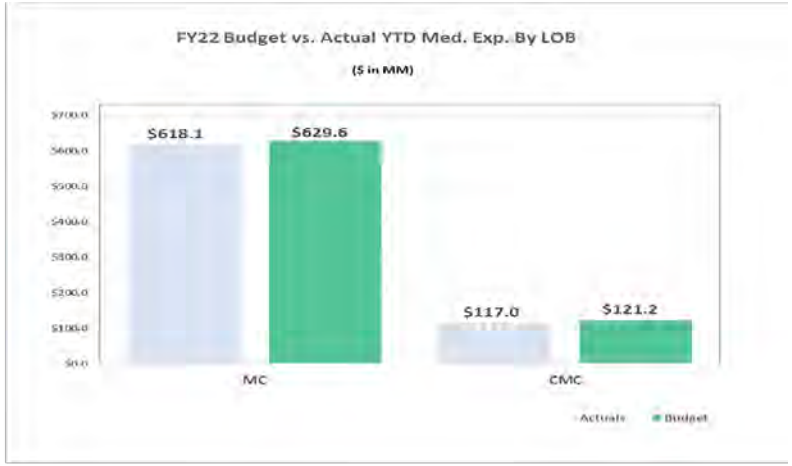


YTD Medical Expense

YTD medical expense of $735.1M was $15.6M or 2.1% favorable to budget of $750.7M. The YTD variance was due largely to:

- Pharmacy expenses were $29.1M or 21.6% 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.
- $20M was accrued to 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.
- Capitation expense was $3.7M or 1.3% favorable to budget due to lower capitated MC enrollment.
- Reinsurance and Other expenses were $2.0M or 8.3% favorable to budget due to timing of spending on Board Designated expenses and lower Prop-56 enrollment.
- Fee-For-Service expenses reflected a net $781K or 0.2% favorable variance due to lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).

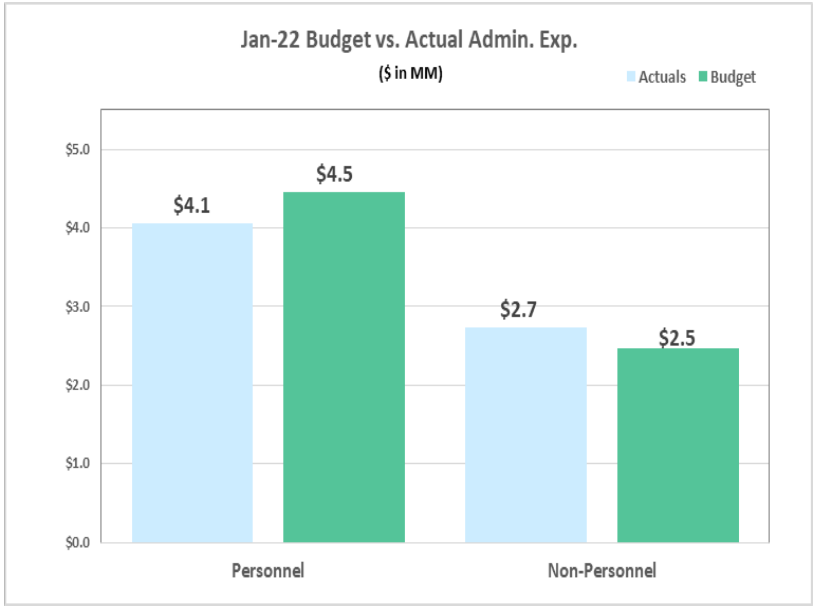




Current Month Administrative Expense

Current month expense of $6.8M was $136K or 2.0% favorable to budget of $6.9M. The current month variances were primarily due to the following:

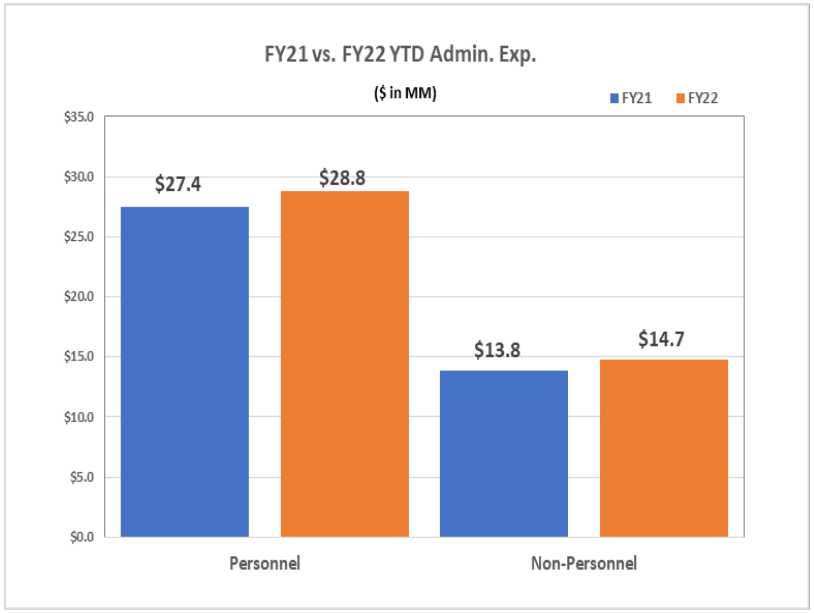
- Personnel expenses were $397K or 8.9% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were $261K or 10.6% unfavorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, and other fees).

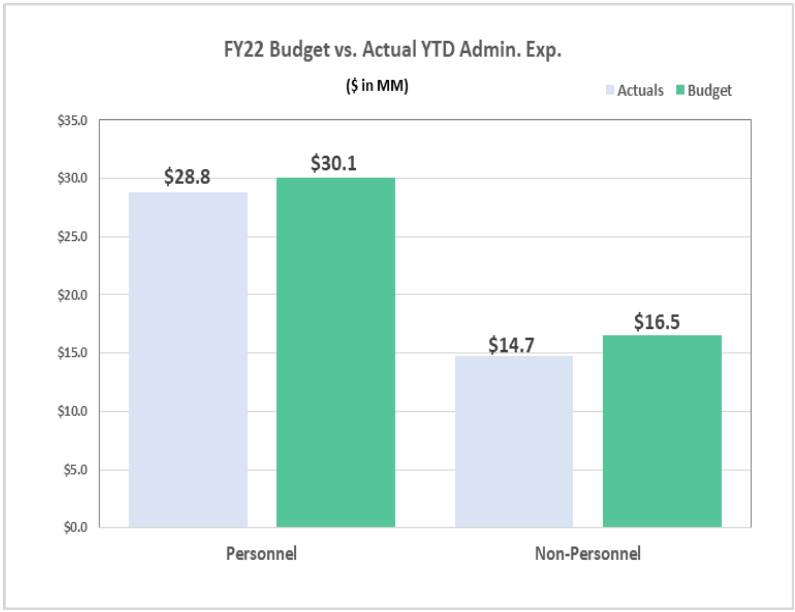


YTD Administrative Expense

YTD administrative expense of $43.5M was $3.1M or 6.7% favorable to budget of $46.6M. The YTD variance was primarily due to the following:

- Non-Personnel expenses were $1.8M or 10.9% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising, information systems, and other fees) which are expected to be incurred later in the fiscal year.
- Personnel expenses were $1.3M or 4.3% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.





Balance Sheet

- Current assets totaled $1.02B compared to current liabilities of $785.4M, 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 $86.6M 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	$183,007,193	0.65%	$100,000	$747,954
Wells Fargo Investments	($20)	0.00%	$0	$34,513
City National Bank Investments	$179,252,445	0.00%	($43,212)	($21,416)
	$362,259,617		$56,788	$761,051
Cash & Equivalents				
Bank of the West Money Market	$25,011	0.10%	$16	$3,306
City National Bank Accounts	$91,228,193	0.01%	$581	$1,408
Wells Fargo Bank Accounts	$40,832,678	0.01%	$328	$2,220
	$132,085,882		$925	$6,934
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.01%	$585	$585
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$494,670,999**		**$58,298**	**$768,570**

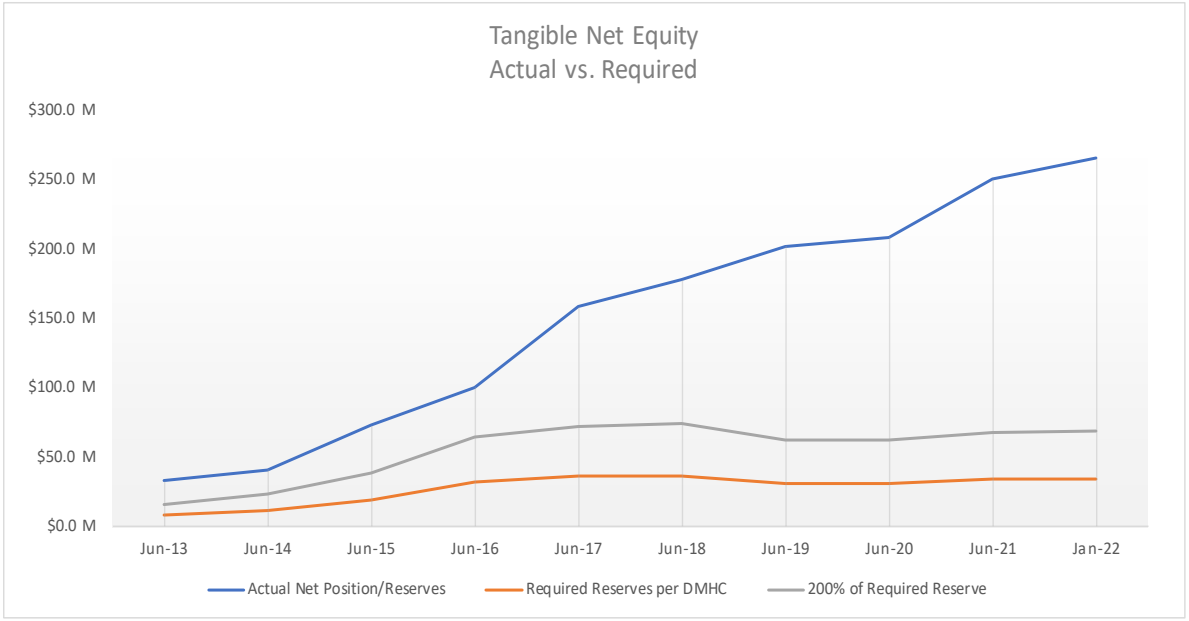
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in January.
- Overall cash and investment yield is lower than budget (0.24% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $265.5M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of January 31, 2022

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Jan-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	$265.5 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	$34.3 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	$68.7 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	773.0%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS JANUARY 2022

Financial Reserve Target #1: Tangible Net Equity

	Board Funds Committed	Approved Projects	Funds Expended	Balance	
Unrestricted Net Assets				**$223,061,808**	*
Board Designated Funds (Note 1):					
Special Project Funding for CBOs	$4,000,000	$483,710	$363,710	$3,636,290	
Innovation & COVID-19 Fund	$16,000,000	$6,442,273	$3,076,590	$12,923,410	
Subtotal	$20,000,000	$6,925,983	$3,440,300	$16,559,700	
Net Book Value of Fixed Assets				$25,573,689	
Restricted Under Knox-Keene Agreement				$325,000	
Total Tangible Net Equity (TNE)				$265,520,197	
Current Required TNE				$34,347,418	
TNE %				773.0%	
SCFHP Target TNE Range:					
350% of Required TNE (Low)				$120,215,963	
500% of Required TNE (High)				$171,737,090	
Total TNE Above/(Below) SCFHP Low Target				**$145,304,233**	
Total TNE Above/(Below) High Target				**$93,783,106**	

Financial Reserve Target #2: Liquidity

Cash & Investments	$494,670,999
Less Pass-Through Liabilities:	
Hospital Directed Payments	(18,627,478)
MCO Tax Payable to State of CA	(14,771,399)
Whole Person Care / Prop 56	(55,058,764)
Other Pass-Through Liabilities (Note 2)	(82,639,327)
Total Pass-Through Liabilities	**(171,096,968)**
Net Cash Available to SCFHP	323,574,031
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(183,318,520)
60 Days of Total Operating Expense	(244,424,694)
Liquidity Above/(Below) SCFHP Low Target	**140,255,511**
Liquidity Above/(Below) High Target	**$79,149,337**

- **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 $928K, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$39,626	$55,800
Hardware	$246,074	$1,060,000
Software	$519,485	$1,896,874
Building Improvements	$119,039	$62,000
Furniture & Equipment	$3,391	$179,101
TOTAL	**$927,614**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Seven Months Ending January 31, 2022

	Jan-2022 Actuals	% of Rev	Jan-2022 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Jan-2022 Actuals	% of Rev	YTD Jan-2022 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 87,644,346	79.8%	$ 103,466,233	84.6%	$ (15,821,887)	(15.3%)	$ 659,121,215	83.6%	$ 672,167,894	83.7%	$ (13,046,679)	(1.9%)
CMC MEDI-CAL	3,335,486	3.0%	3,553,858	2.9%	(218,373)	(6.1%)	25,333,930	3.2%	26,219,004	3.3%	(885,074)	(3.4%)
CMC MEDICARE	18,861,198	17.2%	15,252,008	12.5%	3,609,190	23.7%	103,841,028	13.2%	104,489,133	13.0%	(648,105)	(0.6%)
TOTAL CMC	22,196,684	20.2%	18,805,866	15.4%	3,390,817	18.0%	129,174,958	16.4%	130,708,137	16.3%	(1,533,179)	(1.2%)
TOTAL REVENUE	**$ 109,841,030**	**100.0%**	**$ 122,272,099**	**100.0%**	**$ (12,431,070)**	**(10.2%)**	**$ 788,296,173**	**100.0%**	**$ 802,876,030**	**100.0%**	**$ (14,579,858)**	**(1.8%)**
MEDICAL EXPENSES												
MEDI-CAL	$ 99,380,220	90.5%	$ 97,394,633	79.7%	$ (1,985,587)	(2.0%)	$ 618,076,230	78.4%	$ 629,584,891	78.4%	$ 11,508,661	1.8%
CMC MEDI-CAL	3,761,015	3.4%	3,091,570	2.5%	(669,445)	(21.7%)	23,355,394	3.0%	21,183,902	2.6%	(2,171,491)	(10.3%)
CMC MEDICARE	14,541,913	13.2%	14,803,835	12.1%	261,922	1.8%	93,682,960	11.9%	99,979,565	12.5%	6,296,605	6.3%
TOTAL CMC	18,302,929	16.7%	17,895,405	14.6%	(407,524)	(2.3%)	117,038,354	14.8%	121,163,467	15.1%	4,125,113	3.4%
TOTAL MEDICAL EXPENSES	**$ 117,683,148**	**107.1%**	**$ 115,290,038**	**94.3%**	**$ (2,393,111)**	**(2.1%)**	**$ 735,114,583**	**93.3%**	**$ 750,748,358**	**93.5%**	**$ 15,633,774**	**2.1%**
GROSS MARGIN	**$ (7,842,119)**	**-7.1%**	**$ 6,982,062**	**5.7%**	**$ (14,824,180)**	**(212.3%)**	**$ 53,181,589**	**6.7%**	**$ 52,127,673**	**6.5%**	**$ 1,053,916**	**2.0%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 4,055,926	3.7%	$ 4,453,080	3.6%	$ 397,154	8.9%	$ 28,793,832	3.7%	$ 30,096,208	3.7%	$ 1,302,376	4.3%
RENTS AND UTILITIES	46,039	0.0%	42,067	0.0%	(3,972)	(9.4%)	260,698	0.0%	294,467	0.0%	33,768	11.5%
PRINTING AND ADVERTISING	104,240	0.1%	107,542	0.1%	3,301	3.1%	440,410	0.1%	754,792	0.1%	314,382	41.7%
INFORMATION SYSTEMS	365,094	0.3%	397,753	0.3%	32,659	8.2%	2,202,354	0.3%	2,654,918	0.3%	452,564	17.0%
PROF FEES/CONSULTING/TEMP STAFFING	1,382,834	1.3%	1,169,400	1.0%	(213,434)	(18.3%)	6,696,747	0.8%	7,744,971	1.0%	1,048,223	13.5%
DEPRECIATION/INSURANCE/EQUIPMENT	416,119	0.4%	453,786	0.4%	37,667	8.3%	2,796,298	0.4%	2,964,542	0.4%	168,244	5.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	37,766	0.0%	62,242	0.1%	24,476	39.3%	370,689	0.0%	436,296	0.1%	65,607	15.0%
MEETINGS/TRAVEL/DUES	65,400	0.1%	137,133	0.1%	71,733	52.3%	662,586	0.1%	969,832	0.1%	307,246	31.7%
OTHER	312,578	0.3%	99,307	0.1%	(213,272)	(214.8%)	1,282,990	0.2%	701,746	0.1%	(581,243)	(82.8%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 6,785,997**	**6.2%**	**$ 6,922,309**	**5.7%**	**$ 136,312**	**2.0%**	**$ 43,506,605**	**5.5%**	**$ 46,617,772**	**5.8%**	**$ 3,111,167**	**6.7%**
OPERATING SURPLUS/(LOSS)	**$ (14,628,116)**	**-13.3%**	**$ 59,753**	**0.0%**	**$ (14,687,869)**	**(24,581.2%)**	**$ 9,674,985**	**1.2%**	**$ 5,509,901**	**0.7%**	**$ 4,165,084**	**75.6%**
INTEREST & INVESTMENT INCOME	$ 58,298	0.1%	$ 350,000	0.3%	$ (291,702)	(83.3%)	$ 768,570	0.1%	$ 2,450,000	0.3%	$ (1,681,430)	(68.6%)
OTHER INCOME	31,955	0.0%	36,782	0.0%	(4,826)	(13.1%)	226,041	0.0%	254,288	0.0%	(28,247)	(11.1%)
NON-OPERATING INCOME	**$ 90,254**	**0.1%**	**$ 386,782**	**0.3%**	**$ (296,528)**	**(76.7%)**	**$ 994,611**	**0.1%**	**$ 2,704,288**	**0.3%**	**$ (1,709,677)**	**(63.2%)**
NET SURPLUS (LOSS)	**$ (14,537,863)**	**-13.2%**	**$ 446,534**	**0.4%**	**$ (14,984,397)**	**(3,355.7%)**	**$ 10,669,596**	**1.4%**	**$ 8,214,189**	**1.0%**	**$ 2,455,406**	**29.9%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of January 31, 2022

	Jan-2022	Dec-2021	Nov-2021	Jan-2021
Assets				
Current Assets				
Cash and Investments	$ 494,670,999	$ 458,434,836	$ 466,788,242	$ 384,167,611
Receivables	514,892,512	547,776,814	534,499,409	502,763,948
Prepaid Expenses and Other Current Assets	10,010,129	10,313,774	9,457,131	10,789,770
Total Current Assets	**$ 1,019,573,640**	**$ 1,016,525,423**	**$ 1,010,744,782**	**$ 897,721,329**
Long Term Assets				
Property and Equipment	$ 52,450,485	$ 52,459,777	$ 52,391,413	$ 50,645,446
Accumulated Depreciation	(26,876,796)	(26,521,602)	(26,182,555)	(22,794,622)
Total Long Term Assets	25,573,689	25,938,175	26,208,858	27,850,825
Total Assets	**$ 1,045,147,329**	**$ 1,042,463,598**	**$ 1,036,953,640**	**$ 925,572,153**
Deferred Outflow of Resources	**$ 6,271,114**	**$ 6,493,990**	**$ 6,716,867**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,051,418,442**	**$ 1,048,957,589**	**$ 1,043,670,507**	**$ 933,974,413**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 7,355,316	$ 7,102,079	$ 6,408,024	$ 6,472,762
Deferred Rent	46,244	46,542	46,840	48,414
Employee Benefits	4,030,828	3,812,771	3,633,460	2,948,693
Retirement Obligation per GASB 75	2,299,037	2,218,787	2,138,537	2,702,368
Whole Person Care / Prop 56	55,058,764	51,817,008	54,455,374	47,108,193
Payable to Hospitals	18,152,703	18,152,889	103,310	37,715,808
Payable to Hospitals	474,774	474,774	474,793	203,428
Pass-Throughs Payable	4,650,420	759,037	23,359,600	26,787
Due to Santa Clara County Valley Health Plan and Kaiser	57,598,300	29,971,646	33,147,948	22,286,701
MCO Tax Payable - State Board of Equalization	14,771,399	35,024,325	24,893,369	9,115,391
Due to DHCS	77,988,907	76,739,175	74,135,967	45,976,921
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	114,647,277	113,956,220	113,815,295	112,316,256
Total Current Liabilities	**$ 785,358,928**	**$ 768,360,212**	**$ 764,897,474**	**$ 714,484,332**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	(0)	568,750	2,071,958
Total Non-Current Liabilities	**$ (0)**	**$ (0)**	**$ 568,750**	**$ 2,071,958**
Total Liabilities	**$ 785,358,928**	**$ 768,360,212**	**$ 765,466,224**	**$ 716,556,289**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,636,290	$ 3,636,290	$ 3,636,290	$ 3,377,274
Board Designated Fund: Innovation & COVID-19 Fund	12,923,410	12,923,410	13,060,990	13,830,001
Invested in Capital Assets (NBV)	25,573,689	25,938,175	26,208,858	27,850,825
Restricted under Knox-Keene agreement	325,000	325,000	325,000	530,350
Unrestricted Net Equity	212,392,212	212,027,726	211,619,464	163,052,338
Current YTD Income (Loss)	10,669,596	25,207,458	22,814,364	7,115,510
Total Net Assets / Reserves	**$ 265,520,197**	**$ 280,058,059**	**$ 277,664,965**	**$ 215,756,297**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,051,418,442**	**$ 1,048,957,589**	**$ 1,043,670,507**	**$ 933,974,413**

Cash Flow Statement

Santa Clara Family Health Plan

	Jan-2022	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 123,722,138	$ 787,898,222
Medical Expenses Paid	(89,365,437)	(694,242,008)
Adminstrative Expenses Paid	1,779,917	(7,124,277)
Net Cash from Operating Activities	**$ 36,136,618**	**$ 86,531,937**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ 9,292	$ (927,614)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	90,254	994,611
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ 36,236,164**	**$ 86,598,934**
Cash & Investments (Beginning)	458,434,836	408,072,066
Cash & Investments (Ending)	**$ 494,670,999**	**$ 494,670,999**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ (14,628,116)	$ 9,674,985
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	355,194	2,410,589
Changes in Operating Assets/Liabilities		
Premiums Receivable	32,884,302	(2,672,987)
Prepaids & Other Assets	303,645	(1,293,624)
Accounts Payable & Accrued Liabilities	7,684,198	34,123,120
State Payable	(19,003,194)	2,275,036
IGT, HQAF & Other Provider Payables	27,626,654	33,812,621
Net Pension Liability	0	0
Medical Cost Reserves & PDR	691,058	7,059,954
Total Adjustments	**$ 50,764,734**	**$ 76,856,952**
Net Cash from Operating Activities	**$ 36,136,618**	**$ 86,531,937**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Seven Months Ending January 31, 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$659,121,215	$25,333,930	$103,841,028	$129,174,958	**$788,296,173**
MEDICAL EXPENSE	$618,076,230	$23,355,394	$93,682,960	$117,038,354	**$735,114,583**
(MLR)	93.8%	92.2%	90.2%	90.6%	93.3%
GROSS MARGIN	$41,044,985	$1,978,536	$10,158,068	$12,136,605	**$53,181,589**
ADMINISTRATIVE EXPENSE	$36,377,351	$1,398,197	$5,731,057	$7,129,254	**$43,506,605**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$4,667,634	$580,339	$4,427,011	$5,007,350	**$9,674,985**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$831,628	$31,964	$131,019	$162,983	**$994,611**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$5,499,262	$612,304	$4,558,029	$5,170,333	**$10,669,596**
PMPM (ALLOCATED BASIS)					
REVENUE	$338.60	$351.12	$1,439.22	$1,790.34	**$390.49**
MEDICAL EXPENSES	$317.52	$323.70	$1,298.43	$1,622.13	**$364.14**
GROSS MARGIN	$21.09	$27.42	$140.79	$168.21	**$26.34**
ADMINISTRATIVE EXPENSES	$18.69	$19.38	$79.43	$98.81	**$21.55**
OPERATING INCOME/(LOSS)	$2.40	$8.04	$61.36	$69.40	**$4.79**
OTHER INCOME/(EXPENSE)	$0.43	$0.44	$1.82	$2.26	**$0.49**
NET INCOME/(LOSS)	$2.83	$8.49	$63.17	$71.66	**$5.29**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,946,592	72,151	72,151	72,151	2,018,743
REVENUE BY LOB	83.6%	3.2%	13.2%	16.4%	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 January 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$87,644,346	$3,335,486	$18,861,198	$22,196,684	**$109,841,030**
MEDICAL EXPENSE	$99,380,220	$3,761,015	$14,541,913	$18,302,929	**$117,683,148**
(MLR)	113.4%	112.8%	77.1%	82.5%	107.1%
GROSS MARGIN	($11,735,874)	($425,530)	$4,319,284	$3,893,755	**($7,842,119)**
ADMINISTRATIVE EXPENSE	$5,414,682	$206,067	$1,165,248	$1,371,315	**$6,785,997**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	($17,150,556)	($631,597)	$3,154,036	$2,522,440	**($14,628,116)**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$72,015	$2,741	$15,498	$18,238	**$90,254**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	($17,078,541)	($628,856)	$3,169,534	$2,540,678	**($14,537,863)**
PMPM (ALLOCATED BASIS)					
REVENUE	$308.13	$326.40	$1,845.70	$2,172.10	**$372.77**
MEDICAL EXPENSES	$349.39	$368.04	$1,423.03	$1,791.07	**$399.39**
GROSS MARGIN	($41.26)	($41.64)	$422.67	$381.03	**($26.61)**
ADMINISTRATIVE EXPENSES	$19.04	$20.17	$114.03	$134.19	**$23.03**
OPERATING INCOME/(LOSS)	($60.30)	($61.81)	$308.64	$246.84	**($49.64)**
OTHER INCOME/(EXPENSE)	$0.25	$0.27	$1.52	$1.78	**$0.31**
NET INCOME/(LOSS)	($60.04)	($61.54)	$310.16	$248.62	**($49.34)**
ALLOCATION BASIS:					
MEMBER MONTHS	284,439	10,219	10,219	10,219	294,658
REVENUE BY LOB	79.8%	3.0%	17.2%	20.2%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD FEBRUARY - 2022

		2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	FYTD var	%
NON DUAL	Adult (over 19)	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	2,764	8.4%
	Child (under 19)	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	2,042	2.0%
	SPD	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	430	1.9%
	Adult Expansion	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	6,409	7.1%
	Long Term Care	380	373	375	367	365	414	408	401	391	385	392	391	403	38	10.4%
	Total Non-Duals	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**11,683**	**4.7%**
DUAL	Adult (over 21)	355	361	357	365	366	367	376	375	396	398	408	410	403	37	10.1%
	SPD	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	235	1.0%
	Long Term Care	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	47	4.4%
	SPD OE	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	579	60.8%
	Total Duals	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**898**	**3.4%**
	Total Medi-Cal	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**12,581**	**4.6%**
CMC	CMC Non-Long Term Care	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	143	1.4%
	CMC - Long Term Care	187	184	179	180	185	209	208	203	208	204	210	202	213	28	15.1%
	Total CMC	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**171**	**1.7%**
	Total Enrollment	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**12,752**	**4.5%**

Santa Clara County Health Authority
Innovation Fund Request Summary

Organization Name:	Bay Area Women's Sports Initiative (BAWSI)
Project Name:	BAWSI Leadership Accelerator
Contact Name and Title:	Dana Weintraub, MD, Co-CEO dana@bawsi.org 408.247.2544
Requested Amount:	$250,000
Time Period for Project Expenditures:	July 1, 2022 – June 30, 2024
Proposal Submitted to:	Governing Board, March 24, 2022
Date Proposal Submitted for Review:	February 1, 2022

Summary of Proposal:

The BAWSI Leadership Accelerator will expand BAWSI's programming, developing a continuum from elementary schools to middle schools and eventually to high schools, with a focus on building leadership skills for girls in under-resourced communities through sport. BAWSI builds health equity by giving girls in under-resourced neighborhoods the opportunity to participate in physical activity, sports, and leadership programming. BAWSI removes barriers to participation such as cost, transportation and ability level, so that ALL girls have the opportunity. Often BAWSI girls come from families with long held cultural beliefs about the role of girls that may not support physical activity and sports participation. By association with a trusted source like schools, teachers and principals, and by including families in the program design, families not only see the value of participation, but make physical activity and sports an important part of their daughter's and family's lives.

BAWSI's Leadership Accelerator intersects positively with the social determinants of health by improving the areas of **health behaviors** (exercise & diet, and others) and **socioeconomic factors** (education, job status, income & family/social support). Programs like BAWSI are considered a protective factor for children who have a high number of adverse childhood events (ACES). Research shows that girls who are physically active and/or involved in sports through high school have lower risks of heart disease and type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Research from EY shows that 94% of C-suite women in 400 global companies played sports, yet only 12% of the sports participants in San Jose's Department of

Parks & Recreation are girls, highlighting the disparity in sports participation and the need for play equity in San Jose specifically. https://www.ey.com/en_us/women-fast-forward/how-can-winning-on-the-playing-field-prepare-you-for-success-in-the-boardroom

With this funding, BAWSI will be able to engage up to 1,460 girls in East San Jose in the Alum Rock School District, ages 7-14, during a 24-month period. This grant would cover 80% of the cost for year 2 and 40% of the cost for year 3, of our Leadership Accelerator.

Summary of Projected Outcome/Impact:

The program will be measured annually by:

- Enrollment and weekly attendance tracking per semester (quantitative feedback)
- Structured interviews with sample of all participants (qualitative feedback)
- Post-surveys of all participants per semester (quantitative feedback)
- Parent surveys of all participants per semester (quantitative & qualitative feedback)
- Structured interviews with school administrators at end of year (qualitative feedback)

Target outcomes include:

- Average weekly attendance = 80%
- High, or improved interest in physical activity = 75%
- High, or improved interest in sports = 75%
- High sense of belonging on BAWSI team = 90%
- High, or improved interest in being a leader = 80%
- High, or improved habit of goal-setting = 60%
- Improved pro-social behaviors = 75%

Summary of Additional Funding and Funding Requests:

As part of expanding BAWSI programming to build this Leadership Accelerator for Girls in East San Jose, we are seeking new sources of funding. The Health Trust was a one-time funder, Applied Materials is completing their 3-year cohort of funding of girls-specific initiatives, and Morgan Charitable Foundation will likely continue to fund ongoing general operating costs. Funding from SCFHP will help bridge the gap between our funding needs for Leadership Accelerator implementation, while we continue to pursue sustainable funding. We are confident we will be able to secure funding to support ongoing operations post-prototype of the Leadership Accelerator. Funding sources we are in discussions with include private Foundations and Corporate Partners. We anticipate securing larger, multi-year grants and site-specific sponsorships to finance year 4 and beyond. In addition, in the 2022-23 school year, we are partnering with Up2Us Sports and AmeriCorps to move our part-time, seasonal coaching positions to full-time, seasonal positions. This extra coaching time will support our efforts to expand programming to middle school and high school and will enable building deeper relationships within schools and communities, within volunteer pools, and most importantly, with BAWSI participants and families. If we are unable to secure the full funding for our Leadership Accelerator build out plan, we will slow the addition of elementary schools into the full vertical prototype Leadership Accelerator.

Request for Support:
We are requesting a grant of $250,000 from Santa Clara Family Health Plan (SCFHP) to help fund our new BAWSI Leadership Accelerator buildout in East San Jose. This grant would cover 80% of the cost for year 2 and 40% of the cost for year 3, of our Leadership Accelerator. BAWSI has worked in elementary schools since its inception. The BAWSI Leadership Accelerator will expand BAWSI's programming, developing a continuum from elementary schools to middle schools and eventually to high schools, with a focus on building leadership skills for girls in under-resourced communities through sport. With this funding, BAWSI will be able to engage up to 1,460 girls in the Alum Rock School District, ages 7-14, during a 24-month period.

The first years of this new initiative are critical as we reach out to the community and build a program that is both community-centric and sustainable. Seed funding in year one from the Health Trust, Applied Materials and Morgan Family Foundation allowed us to conduct a Youth Participatory Evaluation project, listening tour and initiate middle school programming. Our Youth Participatory Evaluation project engaged youth researchers from Overfelt High School who were trained and paid to collect and analyze data from the community to better understand the barriers to girls' sports participation in East San Jose. Our findings identified great need and demand in the community for opportunities for no cost participation in sports and physical activity, and for leadership development, but little investment to meet these needs.

As part of expanding BAWSI programming to build this Leadership Accelerator for Girls in East San Jose, we are seeking new sources of funding. The Health Trust was a one-time funder, Applied Materials is completing their 3-year cohort of funding of girls-specific initiatives, and Morgan Charitable Foundation will likely continue to fund ongoing general operating costs.

SCFHP funding will provide programmatic funding for our prototype Leadership Accelerator during years 2 and 3, including programming at A.J. Dorsa Elementary School, Donald Meyer Elementary School, two more elementary schools to be determined, and Renaissance Academy at Fischer Middle School. A.J. Dorsa Elementary School and Donald Meyer Elementary School, where we have previously offered BAWSI Girl programming, are intentionally being moved into our Prototype Leadership Accelerator as they feed into Renaissance Academy at Fischer Middle School. Two new elementary schools which feed into Renaissance Academy at Fischer will be brought into the prototype accelerator over the next two years.

Funding from SCFHP will help bridge the gap between our funding needs for Leadership Accelerator implementation, while we continue to pursue sustainable funding. We are confident we will be able to secure funding to support ongoing operations post-prototype of the Leadership Accelerator. Funding sources we are in discussions with include private Foundations and Corporate Partners. We anticipate securing larger, multi-year grants and site-specific sponsorships to finance year 4 and beyond. These higher amounts and multi-year funding require longer development cycles and relationship-building. In addition, in the 2022-23 school year, we are partnering with Up2Us Sports and AmeriCorps to move our part-time, seasonal coaching positions to full-time, seasonal positions. This extra coaching time will support our efforts to expand programming to middle school and high school. We believe this full-time, seasonal coaching model will enable us to focus on building deeper relationships within our schools and communities, within our volunteer pools, and perhaps most importantly, with our BAWSI participants and families. If we are unable to secure the full funding for our Leadership Accelerator build out plan , we will slow the addition of elementary schools into the full vertical prototype Leadership Accelerator.

We believe SCFHP would be a transformational partner in our shared work to promote health and well-being in East San Jose. We share SCFHP's vision for "a fair and just community where everyone has access to opportunities to be healthy" and believe our programs align with this vision. Specifically, we are directly providing programs for improved physical health and mental health outcomes for our participants through physical activity and sports participation. Furthermore,

we know that girls who play today, will lead tomorrow. Our Leadership Accelerator will create future leaders in our businesses and local industries (e.g. technology, health care, finance, and government). These women who lead will garner income security that benefits individual families, extended families and entire communities.

Background

History & Accomplishments:

The Bay Area Women's Sports Initiative (BAWSI) is a non-profit founded in 2005 by women's sports legends Brandi Chastain, Julie Foudy, and Marlene Bjornsrud. BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. Since our programming began in 2005, BAWSI has enrolled over 20,000 children in our programs and harnessed the power of over 5,000 volunteer athletes from local high school and colleges. Our work has been recognized at the state level in 2017 when we received the prestigious Partner in Educational Excellence award from the 17,000 person Association of California School Administrators (ACSA) and by the United States Olympic Committee; and, at the international level as a regular host for the US State Department's International Sports Visitor program, recognizing BAWSI as a lead practitioner in building community health and girls' empowerment.

Since our founding in 2005, BAWSI has evolved to focus specifically on girls from under-resourced neighborhoods, who have the least access, but the most to gain from sports participation.

BAWSI Girls and BAWSI's Leadership Accelerator for Girls in East San Jose:

Our flagship program, BAWSI Girls, is a free, after-school program that harnesses the power of female athletes to inspire girls to get moving, set high expectations for themselves, and improve their beliefs, attitudes and behaviors related to physical activity. We operate in schools in under-resourced neighborhoods because this is where the socio-economic barriers to girls discovering their full potential are most daunting, and often where physical activity for girls is not a priority. Our 16 years of programming experience has showed us that when financial resources are scarce within families, priority for physical activity and sports is given to boys over girls. As one BAWSI girl told us during an end-of-season interview, "*My brother gets to go to the gym. Now I get to do BAWSI because it's free.*" With free programming offered at the school sites, and through the connected coaching of female athletes, BAWSI builds physical literacy, which is defined as the ability, confidence, and desire to be physically active for life.

Our BAWSI Leadership Accelerator will expand our programming to middle and high school girls. Our middle school programming (currently in year one) is focused on team-based sports participation, leadership, and career exposure. During our first middle school basketball season, BAWSI doubled participation. Feedback from the girls confirmed our belief that "If we build it, they will play." BAWSI middle school girls told us *"I thought I hated basketball, but I tried it and now I love it;"* and *"If BAWSI does soccer or volleyball, I'll play!"* The middle school coach (a teacher at the school) noted that she has seen the leadership lessons on the court translating into the classroom as several of her student-athletes who were quiet before the team experience, have begun raising their hands during class more, and quieting other classmates who are causing distractions. BAWSI's High School prototype will follow in the 2024/2025 school year and will continue with team-based sports participation, servant leadership and connectivity to women's leadership groups and mentoring activities at local corporations.

The ultimate goal of the Leadership Accelerator is to build healthy habits, self-confidence and leadership through physical activity and/or sport with the long-term goal of improving health outcomes and success for girls.

BAWSI's expanded programming also serves as an intervention to facilitate higher education, higher job status, and higher income levels for our participants. Our elementary and middle school programs expose our participants to college attendees and college campuses, seeding expectations for college matriculation and graduation. Our middle and high school programs will connect our participants to professional employees and corporate campuses, providing the social

capital and connections often needed to secure higher wage professional jobs in Silicon Valley. All of these levers are important as socio-economic factors under Social Determinants of Health.

BAWSI Leadership Accelerator Timeline and funding: (bolded years indicate requested funding from SCFHP)

2021-2022 Academic Year – prototype programming at A.J. Dorsa Elementary, Donald Meyer Elementary School, and Renaissance Academy at Fischer Middle School

2022-2023 Academic Year – Refine programming based on lessons learned in the 2021-2022 Academic year at A.J. Dorsa Elementary and Donald Meyer Elementary School, a 3rd Elementary School in Alum Rock School District TBD, and Renaissance Academy at Fischer Middle School

2023-2024 Academic Year – Solidify best practices and prototype programming at A.J. Dorsa Elementary and Donald Meyer Elementary School, at 3rd and 4th Elementary Schools in Alum Rock School District TBD, and Renaissance Academy at Fischer Middle School

2024-2025 Academic Year –prototype programming at A.J. Dorsa Elementary and Donald Meyer Elementary School, 3rd and 4th Elementary Schools in Alum Rock School District TBD, Renaissance Academy at Fischer Middle School and Overfelt High School

BAWSI's Leadership Accelerator through the Lens of the Social Determinants of Health:
BAWSI's Leadership Accelerator intersects positively with the social determinants of health by improving the areas of **health behaviors** (exercise & diet, and others) and **socioeconomic factors** (education, job status, income & family/social support). Equally important is the fact that programs like BAWSI are considered a protective factor for children who have a high number of adverse childhood events (ACES). Research from the Women's Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports through high school have lower risks of heart disease and type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation. https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/

While this research overwhelmingly demonstrates that girls who are physically active and/or play sports during their childhood have better mental and physical health outcomes, and are more successful in their careers, few programs have been developed specifically to engage and retain young girls in sports programs over time (elementary through high school) and then connect these female athletes directly to career opportunities. Research from EY shows that 94% of C-suite women in 400 global companies played sports, yet only 12% of the sports participants in San Jose's Department of Parks & Recreation are girls, highlighting the disparity in sports participation and the need for play equity in San Jose specifically. https://www.ey.com/en_us/women-fast-forward/how-can-winning-on-the-playing-field-prepare-you-for-success-in-the-boardroom

Activities Covered Through This Funding:
Elementary School Programming:

- 2 school assemblies for 2nd-5th grade girls per school annually (14 total assemblies over 2 years)
- 16 after-school 75 minute sessions for up to 130 girls per school annually (112 sessions for up to 910 girls over 2 years)

- 16 after-school leadership 15 minute sessions for 5th grade girls per school annually (112 sessions for enrolled 5th grade girls over 2 years)
- 1 BAWSI Girls Game Day on local college campus (includes sports clinic) per school annually (7 total game days over 2 years)

Middle School Programming:

- 3 PE Take-over Days for all 6th, 7th, & 8th grade girls (up to 225 girls per year for total of 550 girls over 2 years)
- 7-9 free after-school sport-specific clinics (1 hour per clinic) per year (total of 14-18 clinics over 2 years)
- 18 leadership clinics (1 hour per clinic) per year (total of 36 clinics over 2 years)
- Minimum of 18 game day back-up coaching sessions per year (total of 36 sessions over 2 years)
- 1 BAWSI Game Day on local college campus per year (total of 2 Game Days over 2 years)
- 1 Corporate Game Day (i.e., field trip to local corporate campus) (total of 2 Corporate Game Days over 2 years)
- 4 Lunch & Journal sessions (total of 8 sessions over 2 years)

Additional Community Engagement and Support

- *Community-based elementary school soccer*. There is a movement currently in the Alum Rock School District to create a small school-based soccer league at the elementary school level. BAWSI is trying to help understand how best to partner in that league with our Elementary School Leadership Accelerator programs, and/or adjust our programming elements so that we can support the girls who may choose to do both BAWSI and soccer.
- *Connection with Overfelt High School Female Athletes*. We also will begin the flow of female-athlete volunteers from Overfelt High School to connect more routinely back to these elementary schools and middle school. Recruiting volunteers for the elementary schools from Overfelt HS requires time and relationship building. In short, these elementary schools become pilot sites for all of the findings from our Youth Participatory Evaluation project and as a linkage through to middle school and high school.

Measurement & Evaluation:

The BAWSI Girls program is measured annually by:

- Enrollment and weekly attendance tracking per semester (quantitative feedback)
- Structured interviews with sample of all participants (qualitative feedback)
- Post-surveys of all participants per semester (quantitative feedback)
- Parent surveys of all participants per semester (quantitative & qualitative feedback)
- Structured interviews with school administrators at end of year (qualitative feedback)

Our target outcomes include:

- Average weekly attendance = 80%
- High, or improved interest in physical activity = 75%
- High, or improved interest in sports = 75%
- High sense of belonging on BAWSI team = 90%
- High, or improved interest in being a leader = 80%
- High, or improved habit of goal-setting = 60%
- Improved pro-social behaviors = 75%

In addition to our rigorous process for measuring program impact, we are currently engaged in a long-term impact study of our programs. Our pilot data (Appendix A) shows that former BAWSI Girls: continued to be physically active throughout childhood and into their young adult lives; graduated from four year colleges with plans for masters degrees; and are volunteering and leading in their communities. Early results from this study show that BAWSI participation is a

game-changer. As one BAWSI Girls parent told us independent of this study, *"[BAWSI] allows women to be empowered at a young age. They get to discover fun activities while gaining a great amount of exercise. I have sent all my daughters to BAWSI and they have grown into smart, empowered and active women."*

BAWSI, Health Equity and Santa Clara Family Health Plan:

BAWSI builds health equity by giving girls in under-resourced neighborhoods the opportunity to participate in physical activity, sports, and leadership programming. BAWSI removes barriers to participation such as cost, transportation and ability level, so that ALL girls have the opportunity. Often BAWSI girls come from families with long held cultural beliefs about the role of girls that may not support physical activity and sports participation. By association with a trusted source like schools, teachers and principals, and by including families in the program design, families not only see the value of participation, but make physical activity and sports an important part of their daughter's and family's lives. One BAWSI parent shows the ripple effect of this work, *"[BAWSI] is important to our family because it shows my daughter leadership skills and she brings all of her experience from BAWSI home."*

BAWSI also builds health equity by breaking through the gender discrimination that still exists today. BAWSI Girls is exclusive to girls (and all children who identify as female) which gives them the opportunity to try new things and feel supported in a safe environment without having to worry about competing for space, playing time (in competition), or feeling like they need to yield to the boys, or worry about ability level.

As we continue to grow in the community of East San Jose, we are very excited to partner with health care organizations. Health equity is central to our mission, and we anticipate that our model of partnering with school and health care organizations will be replicated in other under-resourced communities in our region and nationally.

We would be honored to partner with Santa Clara Family Health Plan. We understand the following priorities of SCFHP and will actively explore opportunities to reinforce efforts around these priorities.

- Health care access
- Food insecurity
- Income insecurity
- Physical activity (family-based)

We are another channel for you to get information out about additional healthcare, food and income resources. For regular programming it could be as simple as brochures/flyers attached to our registration forms. For more hands-on, you could possibly meet with our parent community who often attend our BAWSI Girls Game Days, or you could table at the elementary school soccer tournament, or middle school basketball tournament. We are a trusted community provider and so word of mouth from BAWSI lends credibility to the programs that you want to highlight.

Empowered by a common vision of promoting the health and well-being of East San Jose residents, we look forward to learning and growing together.

Contact:

Dana Weintraub, MD
Bay Area Women's Sports Initiative
Co-CEO
408.247.2544
dana@bawsi.org
www.bawsi.org

Active Lives. Empowered Futures

Appendix A

Since beginning programming in 2005, BAWSI has served over 20,000 children in the Bay Area, primarily girls from under-resourced neighborhoods. We believe in the power of sport to create opportunities for improved physical and mental health and academic and career success.

After 6 months of a strategic planning process with board members and stakeholders, our vision is to build a Leadership Accelerator for girls through sport. While we have many anecdotal examples of BAWSI Girls alumna success, as we build out our Leadership Accelerator we plan to be intentional about our presumed outcomes. We envision a community where BAWSI Girls from 2nd grade through college from the most marginalized neighborhoods of the Bay Area live healthier lives, are physically and emotionally connected to each other, are leaders who volunteer in their communities, and receive career support from BAWSI mentors in the work world.

In anticipation of a larger cross-sectional study of former BAWSI Girl Alumna to age and neighborhood matched controls, we interviewed 8 former BAWSI Girl Alumna who we contacted through our own social networks.

- 7/8 graduated or on track to graduate from 4 year college or universities (1 is graduating in Spring 2022)
- 6/8 are or plan to pursue masters degrees
- 8/8 tried sports in high school
- 6/8 played on sports teams throughout high school
- 7/8 are physically active as young adults
- 6/8 are employed; 1/8 is stay at home mom; 1/8 is a full-time student
- 8/8 volunteer in their community

- What do you remember about BAWSI?
    - Everyone was always having fun and no matter what the activity was, you were able to be who you are. I remember going to the grass and thinking it's just me, I can be who I am, no judgement, just have fun. I would end the session so tired and looking for my water! I always remember being on the left facing the coaches and always thinking, Wow I'm going to be like them one day.
    - the BAWSI chant [ooo i feel so good], the journals, writing in the journals and tracking our steps with the pedometers; moving stations every session and doing the different activities; I really enjoyed staying there in the playground after school doing BAWSI and exercising.
    - staying after school for an hour, being super active, I remember I wouldn't want to work out sometimes but we played a lot of games. I remember the purple journals, the gray pedometers and trying to get the most steps. Trying to get put in groups with friends.
    - jump roping, assemblies for BAWSI, playing in the field before it was synthetic; tag but different variations; playing the games.
    - Automatically I think of the BAWSI song at the end of every session. My friends and I still sing it; One of my fav things was the t-shirt relay on the first day; Loved talking at red station; Flying through the stations were so fun; All the elements were really memorable. Sports, mentors…
    - In elementary school I didn't play sports, but in BAWSI we had little journals and we would learn about sports and all. I was very active so it was a great opportunity for me to get all my energy out; loved the BAWSI girls aspect of it because there were no boys to make you feel left out.
    - Activities and different stations around the playground. I remember the different activities and going through all of them. I remember the assemblies, I even still have my pedometer from back in the day!
    - Very first memory – little version of me shaking pedometer to get more steps; some amount of healthy competition; proud of myself for trying to cheat myself to more steps; first time I thought about health tracking; I am currently doing research on mobile health devices; No way I could have done anything like this if was not free; the shirt with little orange runner; the chant – don't remember exact words but

ritualistic and silly; the little notebook – don't remember what I wrote but remember thinking it was really cool.

- How would you describe BAWSI to a friend?
  - Empowering young girls and young future leaders within sports, and really giving them the courage. A program that empowered me as a female, woman of color, to be courageous and to build resilience throughout my journey. A program that instills values that tell you, "You may not know what you're doing, but just keep going and you will find your way!"
  - An after school program for girls to have fun, exercise, and distract themselves so that they aren't just at home.
  - A program where young girls get to be mentored by college students and get to be empowered through being active and engaging in sports.
  - Girl power! honestly i don't think we realize especially as girls and especially as latinas, we don't realize that we need a strong support group of girls. Often times we get stuck in this realm of competition, but having BAWSI so early on is instilling having a strong support system behind.
  - As a community org that works collectively to empower young girls to find their potential and courage
  - After school program that allowed and introduced different sports to young girls and build confidence in each of the girls so they feel comfortable doing what they want.
  - A group for young girls that promotes healthy exercise and fun activities. A space for community and friendship. A great way to build connections and make friends with other girls at school.
  - Program free accessible program to help girls connect to other girls in the community; helps young girls increase confidence in body and do things and have fun without needing to be the best at it. Healthy competition.

- Do you have a memory that sticks out from your time with BAWSI?
  - The thing that sticks out to me, is that I always remember thinking I wanted to be like my coaches when I grew up, and on the flip end that happened to me when I was coaching, one of the BAWSI Girls looked at me with her big bright eyes and told me she wanted to be like me when she grew up. I was like "You already are!" :')
  - The first BAWSI session where we would get our shirts and run the relay to get it and put it on.
  - The different field trips we took. We went to see a basketball game at the HP Pavilion and I remember going and having the backpacks and BAWSI swag. It was one of the first sports events I went to because we didn't have the means to do that at home, and I loved watching women play a sport I associated men with.
  - The BAWSI logo. The assemblies for sure and all the energy that the coaches had.
  - My mom was raising me as a single mom when I was in elementary school so she wasn't always able to be present for events and things that are happening. But at BAWSI I could find people that I could share my accomplishments and questions and events with. I had figures that I could relate to in a way where it's not my mom but it's that kind of a figure.
  - Writing on the journals, setting goals and building confidence through that because the coaches would comment and say you're awesome and different affirmations like that, you don't always hear that when you're younger all the time so it's nice that we were seeing that so early on.
  - Getting the pedometer and other free goodies at the beginning of BAWSI and the hoola hoops we would use.

- Anything else you would like to share that we did not ask?
    - I work with another non-profit and they are interested in connecting with BAWSI. Would we be able to connect with other programs? They would like us to help connecting them to young girls who would be interested. Sports Psychology Masters Program at JFK.

    - I really enjoyed doing BAWSI Girls because it was something for me to do afterschool. In my family it was go home and clean so I was happy to not to go home. I was struggling with weight and BAWSI really helped me lose weight. I have a niece at Stipe who will do BAWSI.

    - Just thank you. Not only for the experiences I was having with the coaches but also with my friends. It really did empower me in elementary school and made me feel like I could do anything even if the boys were doing it. Thank you for having this opportunity for us in an accessible way at school and for free.

    - I want to reemphasize that this was the only exercise program I did as a young kid because my parents could not afford anything – at school and free equipment and transportation; I can't tell you how much what I am doing now connected to my experience BAWSI; I had not seen girls in leadership positions besides teachers; really inspiring to look at college age young women leading the teams; that's a thing – women in leadership in positions.

BAWSI Leadership Accelerator

	Cost per Site - Elementary Schools				Cost per Site - Middle Schools			
	FY2023		**FY2024**		**FY2023**		**FY2024**	
	FY23 CPS		FY24 CPS		FY23 CPS		FY24 CPS	
DIRECT EXPENSES								
Program Expenses								
Program Supplies / Storage	1400		1442		1450		1494	
Printing / Photocopying	91		93		200		206	
Insurance + Background	275		283		400		412	
Training	55		57		2500		2575	
Travel	350		400		450		463.5	
Game Day(s), Corp. Day	647		666		4000		4120	
Program Expense Subtotal	**$2,817**		**$2,941**		**$9,000**		**$9,270**	
Personnel Expenses								
Athlete Leaders	5628		5797					
Athlete Leader Coordinator	4852		4997		31033		31964	
Athlete Leadership Dir	5862		6038		9193		9469	
Executive Management	6692		6893		19952		20551	
Other Personnel Expenses	3689		3800		9628		9917	
Personnel Expense Subtotal	**$26,719**		**$27,525**		**$69,806**		**$71,900**	
Total Direct Expenses	**$29,537**		**$30,466**		**$78,806**		**$81,170**	
Shared Services	4,430		$4,570		$11,821		$12,176	
Support Services	0		0					
Program Cost Total	**$33,967**		**$35,036**		**$90,627**		**$93,346**	
	$101,901		**$140,145**		**$90,627**		**$93,346**	**$426,020**
	3 sites		**4 sites**		**1 MS Site**		**1 MS Site**	**TOTAL**

Santa Clara County Health Authority
Board Designated CBO Fund Request Summary

Organization Name:	Stroke Awareness Foundation
Project Name:	Multilingual Awareness of Stroke Signs
Contact:	Noemi Conway Executive Director Stroke Awareness Foundation 51 E Campbell Ave, Ste 106-M Campbell, CA 95008 noemi@strokeinfo.org 408-370-5282
Requested Amount:	$250,000
Time Period for Project Expenditures:	April 1, 2022 – March 31, 2023
Proposal Submitted to:	Governing Board, March 24, 2022
Date Proposal Submitted for Review:	February 3, 2022

Summary of Proposal:

A disproportionately high number of stroke cases throughout multiethnic communities in the county go unreported and untreated due to lack of education and/or appropriate health related resources. According to EMS hospital arrival data, in 2020, the racial/ethnic breakdown of 911 calls in response to stroke was: 60% Caucasian, 28% Asian, 16% Hispanic, 3% Black, even though Caucasians represent just 28% of the population. SAF is committed to closing the emergency response disparity gap in low income areas for people of color. Through the Multilingual Awareness of Stroke Signs program, SAF will engage in culturally competent stroke awareness campaigns geared toward diverse populations that include Chinese, Vietnamese, and Hispanic ethnicities, many of whom face socioeconomic challenges, to improve access to stroke awareness and education. Fully implemented, the campaign will include digital, print, video, and mobile app components in three languages, Spanish, Vietnamese, and Chinese. SAF's objective for this project is to advance health equity among diverse communities that lack or have limited access to this life saving information.

Summary of Projected Outcome/Impact:

Outcomes during grant period:

- Increase in awareness through:
    - Visits to a language-specific SAF website landing page
    - Digital advertising, as measured by impressions and views
    - Radio and print media reach, measured using unique urls and timing of website visits
- Increase in SAF mobile app downloads
- Increase in number of residents of color who are stroke victims arriving to the ER in time for treatment
- Community group involvement in speaking engagements

Long-term outcomes may include:

- An ultimate reduction of stroke-related long-term impact and death

Summary of Additional Funding and Funding Requests:

SAF has received grants from the City of San Jose, Mission City Community Fund, and the Hugh Stuart Center Foundation, which are supporting current programs. A grant application to the University HealthCare Alliance to support this program is currently pending. SAF continues to seek out other community partners with shared priorities, both on a local and state level, including foundations, medical and insurance companies, and other businesses in the healthcare industry.

Stroke Awareness Foundation (SAF) Funding Proposal

Multilingual Awareness of Stroke Signs

Follow up Questions from SCFHP and SAF Responses

March 15, 2022

Q1. SCFHP: You note that the SAF Mobile App is currently available in English, Spanish, Mandarin and Vietnamese, and that you will be adding languages. Into which additional languages are you planning to translate the app?

A1. SAF: Our next addition to the Spanish, Mandarin and Vietnamese would be Tagalog and Farsi.

Q2. SCFHP: Confirming that for Mandarin, the text is Traditional Chinese?

A2. SAF: Per our native Chinese translators and SAF Ambassadors, the Mandarin language is the most utilized language in China and in the U.S.

Q3. SCFHP: Do you intend any of the requested funding to support those additional mobile app translations?

A3. SAF: Our first priority is to promote stroke signs and symptoms, and dialing 911 in case of a stroke emergency in the most prevalent languages of Santa Clara County -- Mandarin, Vietnamese and Tagalog and Farsi languages as well as continue the Spanish language education. Adding all Tagalog and Farsi languages to the app is part of this education. Depending on the level of funding, the translations would be included in this effort.

Q4. SCFHP: You indicate that if partial funding is received, you would either 1) scale back the media buy while proceeding with Mandarin, Vietnamese and Spanish campaigns, or 2) proceed with a focused campaign in Mandarin, with other languages to follow once you secure funding. How would you decide between these two options?

A4. SAF: The decision would be made according to the level of support ensuring the specific language campaign is able to penetrate the population or populations and yield ROI with the targeted populations.

Q5. SCFHP: If you went with option 2, a full campaign in a single language, why is Mandarin your choice?

A5. SAF: SAF is aiming to target the most utilized languages in SCC. According to the demographic data of SCC, the Chinese speaking population is second to highest in SCC. https://datausa.io/profile/geo/santa-clara-county-ca

Q6. What does a $100k media buy for a specific target audience/language include?

A6. SAF: The media buy would be predominantly a mix of digital and social. A media buy can be quite complex and it is really tailored to a specific audience, therefore it is a different mix depending on the target audience. The costs are negotiated by the media buyer and our non-profit status is considered. We would seek advice from Decca Designs on the best target for the demographic for the specific channels. They have successfully helped us with the Hispanic target audience (example below). They have also developed a proposed plan for Mandarin and Vietnamese, which is included as part of the funding request materials.

Media Plan

Type	Dates	Outlet	Description	Spots	Impressions	Budget
Radio	4/15 – 5/31	Univision	KBRG 100.3 Spanish Adult Hits	130	60,000	$18,500
			KVVF 105.7 and 100.7 Latino mix		150,000	
			KSOL 98.9-99.1FM Regional Mexican		50,000	
Digital Networks	5/1 – 8/31	Univision	Animated and static banner ads on Univision.com and Spanish partner sites. Santa Clara County.	N/A	1,600,000	$16,000
	5/1 – 10/31	El Observador	Ongoing digital banner ads. Ad performance tracking not available.		Not available	$3,500
	5/1 – 10/31	La Oferta	Ongoing digital banner ads. Ad performance tracking not available. One 1/8 page color print ad per month (6 total).		Not available	$3,500
Programmatic	4/15 – 10/31	Programmatic	Animated and static banners targeting Hispanic speaking in Santa Clara County.		5,100,000	$36,000
Social	4/15 – 10/31	Facebook	Facebook display ads targeting Hispanic speaking in Santa Clara County, age 13+		2,250,000	$18,000
Retargeting	5/1 – 11/15	AdRoll	Animated and static banners ads to those who visited the Hispanic landing page.		650,000	$6,000
			Total:	**130**	**9,860,000**	**$101,500**

Decca provided 10% discount on media. Radio spot cost discounted 10% and spot will run in additional open inventory.
Cost per impression also discounted 10% for digital networks. Programmatic rate discounted 20% and monthly spend minimums cut by 50%.

Q7. What are SAF's plans, if any, to sustain stroke awareness outreach beyond what would be funded through this request?

A7. SAF: We will continue to seek partner support via community grants as well as via the foundation's fundraising efforts. Multilingual messaging is our long term objective.

Program Title: Multilingual Awareness of Stroke Signs: knowing the symptoms and what to do in a stroke emergency

Program Budget: $250,000

Project Timeline: 12 months; commencing April 1, 2022 in advance of May - Stroke Awareness Month

Issue Addressed. According to CDC statistics, someone in the United States suffers a stroke every 40 seconds – that's 795,000 stroke incidents each year - with stroke-related death occurring every 4 minutes. In addition:

- Stroke is the 5th leading cause of death in the country, killing 129,000 every year.
- One out of six men and one out of five women will suffer a stroke in their lifetime.
- Stroke is the number one cause of adult disability in the United States, costing nearly 36.5 billion dollars each year.
- More than two thirds of stroke survivors live with disability.

Stroke is the leading cause of serious, long-term disability and a leading cause of death for Americans, *with the risk for a first stroke significantly higher for people of color*. Stroke is largely treatable, yet less than half of reported stroke victims arrive in the emergency room in time for full, optimal treatment. When a stroke happens, minutes count. In one second, 32,000 brain cells die, and in 59 seconds an ischemic stroke will have killed 1.9 million brain cells. Recognizing stroke signs and symptoms and expediting time to treatment will minimize long term impact and risk of death and maximize positive outcomes.

In Santa Clara County, there are on average 3,000 stroke victims per year, with the number of deaths on a steady decline since 2000. According to the Right Care Initiative through the Center for Healthcare Organizational & Innovation Research (CHOIR), Santa-Clara-County-Statistics-Brief-1.27.19-FINAL.pdf (berkeley.edu), Santa Clara County has substantially lower death rates than the rest of California for stroke and heart attack victims. This is largely attributed to a "critical mass of resourceful innovators" that are collaborating to address clinical performance gaps among delivery systems and medical groups for critical risk factors. The report also states that, as a result, "Santa Clara County and the SF Bay Area region have the unique opportunity to show what is possible in pressing Towards Zero Preventable Heart Attacks, Strokes, and Diabetes Deaths & Disabilities." Since 2002, the Stroke Awareness Foundation (SAF) has proudly served as a partner in this collaborative endeavor that is making Santa Clara County a leader in positive health outcomes. But there is much more work to do.

Advancing Health Equity. The Stroke Awareness Foundation (SAF) respectfully invites the Santa Clara Family Health Plan (SCFHP) to become its project partner in a multilingual stroke awareness project with the capacity to save lives. Through this partnership, SAF will engage in a stroke awareness cultural competency campaign geared toward diverse populations that include Chinese, Vietnamese, and Hispanic ethnicities - many of whom face socioeconomic challenges - to improve access to stroke awareness and education.

Santa Clara County is home to widely diverse economic and cultural communities, with 48% of the population identifying as people of color. Unfortunately, a disproportionately high number of stroke cases throughout the multiethnic communities in the county go unreported and untreated due to lack of education and/or appropriate health related resources. Our objective for this project is to advance health equity among diverse communities that lack or have limited access to this life saving information. We are striving to achieve the goal that everyone in the community inherently knows and recognizes the signs and symptoms of a stroke and is comfortable with calling 911 to ask for help. A quick response by the stroke patient or a loved one would not only improve personal outcomes, but it would also reduce the devastating effects of stroke on our community – especially among diverse cultures that may be uncomfortable and hesitant to reach out for medical assistance.

SAF is committed to closing the emergency response disparity gap in low income areas for people of color. According to EMS hospital arrival data, in 2020, the racial/ethnic breakdown of 911 calls in response to stroke were: 60% Caucasian, 28% Asian, 16% Hispanic, 3% Black – despite that Caucasians represent just 28% of the population. https://www.california-demographics.com/demographics_reports. With the goal of elevating equity to ALL community members by providing access to education to improve stroke outcomes in the underserved segments, this outreach program will build competency to:

- Increase awareness of signs of stroke
- Recognize stroke is a medical emergency and seek 911 emergency care
- Expand understanding to the fact that a stroke is treatable
- Align messaging with specific cultures
- Geo-targeted campaign throughout Santa Clara County
- Gearing messaging to educate older, higher-risk populations as well as their children and grandchildren to recognize stroke signs
- Leveraging zip code location and language targeting

Community outreach resulting from this project will maximize language-specific media that is most relevant to each community. Examples include:

- Digital Advertising: Digital Networks, Programmatic, Social and Retargeting
- Video & YouTube Ads
- Print Media
- Radio
- Clear Channel bus shelters and street billboards

The SAF Mobile App, which is currently available for download on the SAF website, will be translated to additional languages representative of our community. Currently available in English, Spanish, Mandarin and Vietnamese, the App helps identify stroke signs and symptoms, locates the

nearest stroke center anywhere in the US, and helps expedite calling 911 while alerting emergency contacts of the caller's emergency.

Quantifiable measurements of program success:

- Number of visits to a language specific SAF website landing page tracked by unique URL
- Number of mobile app downloads
- Tracking digital ad performance via
    - Impressions
    - Views
    - Cost per view
- Tracking radio and print media via unique URL and timing of website visits
- Increase of BIPOC stroke victims in arriving to the ER in time for treatment
- Community group involvement in each ethnic segment via speaking engagements
- An ultimate reduction of stroke-related long-term impact and death

Budget. Building on marketing efforts to date, we view this program as scalable contingent upon the amount of funding received. Based on the success of SAF's previous Spanish language campaign which had a budget of $150,000, with a $250,000 investment from SCFHP we are confident to meet campaign goals in 3 languages – Mandarin, Vietnamese, and Spanish (2nd cycle). Building on the existing campaign model, graphics and marketing material that were previously developed will be edited and translated saving both time and financial expense.

Cost projections:

	Cost per Language	Total – 3 Languages
Media Buy	$100,000	$300,000
Collateral Revision & Translation	$10,000	30,000
Total	**$110,000**	**$330,000**

Should the full grant request of $250,00 not be possible at this time, SAF would gratefully accept funding at any level and scale back the media buy outreach for each language, or proceed with a focused campaign in Mandarin, with other languages to follow as additional funding becomes available.

Other Funding Sources. In the past year, SAF has received grants from the City of San Jose, Mission City Community Fund, and the Hugh Stuart Center Foundation. This funding, along with proceeds from the SAF Stroke Walk held in October, are already furthering our programs, including multilingual outreach efforts. A grant application to the University HealthCare Alliance (UHA) to support this program is currently pending. We will also continue to seek out other community partners with shared priorities, on both a local and state level. These include foundations, medical and insurance companies, and other businesses in the healthcare industry. As a fully scalable program, we will meet all forthcoming funding resources by advance efforts in the many languages that are representative of this diverse community.

Organizational Accomplishments. Before SAF was founded in 2002, Santa Clara County had neither a single certified stroke center, nor a redirection policy to ensure stroke victims were taken to the proper hospital. SAF was instrumental in helping local hospitals to become certified, and now there are currently ten Joint Commission Certified Stroke Centers in Santa Clara County. We have also developed our own free mobile app to help anyone clearly identify stroke signs and symptoms, as well as to locate the closest certified stroke center.

Guided by best practices and deeply rooted in Santa Clara County, the following healthcare professionals serve as volunteer advisors to ensure that we are educating the community with evidence-based data:

Gregory W. Albers, MD - Director, Stanford Stroke Center
Raj Bhandari, MD - Physician in Chief and Chief of Staff, Kaiser Permanente San Jose
Harmeet Sachdev, MD - Stroke Center Director, Good Samaritan Hospital

Our ambassadors consist of 16 prominent community leaders who support our efforts to educate multicultural members of the community. These include, among others:

Kelly Chau, PhD., Senior VP of Programs, The Health Trust
Cindy Chavez, Santa Clara County Supervisor
Lan Diep, Former San Jose Councilmember
Maya Esparza, San Jose Councilmember
Ron Gonzales, Hispanic Foundation of Santa Clara County, former mayor of City of San Jose
Raul Peralez, San Jose Councilmember

Conclusion. At SAF, our vision is to elevate equity to seniors and San Jose's multicultural community members by providing access to education to understand the signs and improve stroke outcomes. "The goal is for stroke victims to have the same opportunities that I did," Chuck Toeniskoetter, SAF founder and stroke survivor.

We respectfully request the opportunity to share more about this initiative and would be honored to have Santa Clara Family Health Plan (SCFHP) as our project partner. Together, we will make a difference, advance wellness, improve outcomes, and help level the playing field for Santa Clara County's diverse community members.

Thank you for your consideration.

Example of multilingual outreach flyer in English, Spanish, Chinese, and Vietnamese:

STROKE AWARENESS FOUNDATION

Quick action saves lives
La acción rápida salva vidas
爭分奪秒救回性命
Phản ứng kịp thời cứu nhiều sinh mạng

Stroke is an emergency. Learn the signs so that you know when to get help for yourself or a loved one. Be there for your family.

If you or a loved one is showing any of these signs **call 911 or go to the hospital immediately.**

El derrame cerebral es una emergencia. Aprenda las señales para saber cuándo obtener ayuda para usted o un ser querido. Este ahí para su familia.

Si usted o un ser querido están mostrando cualquiera de estas señales **llame al 911 o vaya al hospital inmediatamente.**

中風是一種危急的情況，識別中風症狀能夠在緊急關頭可以幫忙救助你的至親。

如果你的親友有以上症狀，**請至電911或至附近醫院救助。**

Đột quỵ là một trường hợp nguy cấp. Tìm hiểu các dấu hiệu để biết khi nào cần giúp đỡ chính mình hoặc người thân. Hãy sẵn sàng giúp gia đình bạn.

Nếu bạn hoặc người thân có bất kỳ một dấu hiệu nào trong số những điều này, hãy **gọi 911 hoặc đến bệnh viện ngay lập tức.**

Every second counts. Know the signs. Save a life.

Cada segundo cuenta. Conozca las señales. Salve una vida.

這是一件爭分奪秒的事，請務必辨識中風的特徵，你或許可以救回一條性命！

Mỗi giây đều quan trọng. Nhận biết các dấu hiệu. Cứu một mạng người.

Learn more.
Aprenda más.
學習更多有關中風知識，請到
Tìm hiểu thêm.
www.stroke-signs.com

Check for the signs of a stroke:
Revise las señales de un derrame cerebral:
以下中風的五項特徵：
Kiểm điểm dấu hiệu của sự đột quỵ:

Drooping **face?**
¿Cara caída?
面部歪斜
Mặt rủ xuống?

Weak **arm or leg?**
¿Brazo o pierna débil?
手腳麻痺
Tay hoặc chân yếu?

Slurred **speech?**
¿Habla confuso?
言語表達不清
Nói lắp bắp?

Loss of **balance?**
¿Pérdida del balance?
身體不平衡
Mất thăng bằng?

Loss of **vision?**
¿Pérdida de la visión?
視覺模糊
Mất thị lực?

Example of Spanish Stroke Information on the Stroke Awareness Foundation Website:

STROKE AWARENESS FOUNDATION

HOME ABOUT RESOURCES EVENTS MOBILE APP SPONSORSHIP FRIENDS OF SAF CONNECT

Si tu o alguien muestra uno de los siguientes síntomas,
inmediatamente llama al 911 o ve al hospital o clínica más cercana.

R.Á.P.I.D.O.

Rostro caído

Un lado de la cara se cayó o se ve desnivelada. Trata de sonreir. Si es otra persona pídele que sonría.

Alteración del equilibrio

Hay una pérdida repentina del equilibrio o hay un fuerte dolor de cabeza repentino y palpitante.

Pérdida de fuerza en un brazo o pierna

Una pierna se siente debil o un brazo se siente debil y se cuelga hacia abajo.

Impedimento visual

Hay pérdida repentina de la visión.

Dificultad para hablar

El habla es confuso o irreconocible. Si es otra persona, dile una frase sencilla y dile que la repita.

Obtenga ayuda RÁPIDO, llame al 911

Inmediatamente llama al 911 o ve al hospital o clínica más cercana.

Si algo se ve o se siente inusual para tí o para otra persona, confía en tus instintos y **llama al 911 o inmediatamente ve o lleva a la persona al hospital o clínica más cercana** si tu o la persona muestran cualquiera de estos síntomas.

Para más información visita https://accidentecerebrovascular.com/es/ e descarga nuestra aplicación

Descargue el póster de síntomas de accidente cerebrovascular aquí

No te demores, cada segundo cuenta.
Conoce los síntomas de un derrame cerebral. Tal vez, podrás salvar una vida.

Privacy Notice

VISIT
51 E. Campbell Ave., STE 106-M Campbell, CA 95008

CALL
Mobile: (408) 370-5282

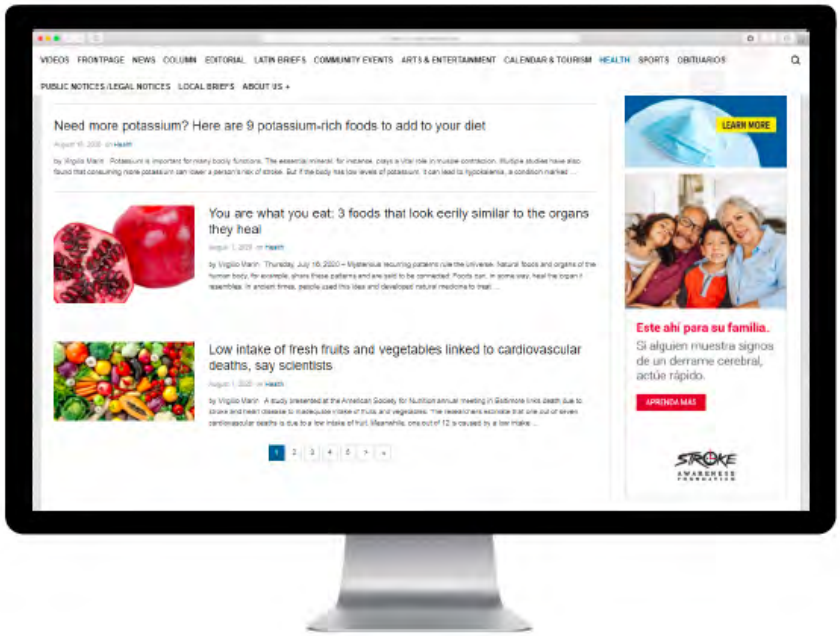
EMAIL
Email: info@strokeinfo.org

GET SOCIAL

Signs of Stroke in Spanish Video (view video at: https://www.strokeinfo.org/signs/es/)

Signs of Stroke in Chinese Video (view video at: https://www.strokeinfo.org/signs/ch/)

Digital Advertising Example



Examples of Print Advertising

Life-Saving Stroke Education Now Available In:

English

Español

中文

Quốc ngữ

Tagalog

Farsi

www.strokeinfo.org/signs/picklanguage/

STROKE AWARENESS FOUNDATION

strokeinfo.org

HELP SAVE A STROKE VICTIM

Download the Stroke Awareness Foundation App

strokeinfo.org/app

Multilingual Campaign Media Recommendations

Stroke Awareness Foundation

March 2022

Campaign Overview

Goal

Reach specific multilingual populations to

- Increase awareness of signs of stroke
- Encourage download of the Stroke Awareness Foundation App
- Reduce fear of calling 911 if you or a family member is showing signs of a stroke

Target

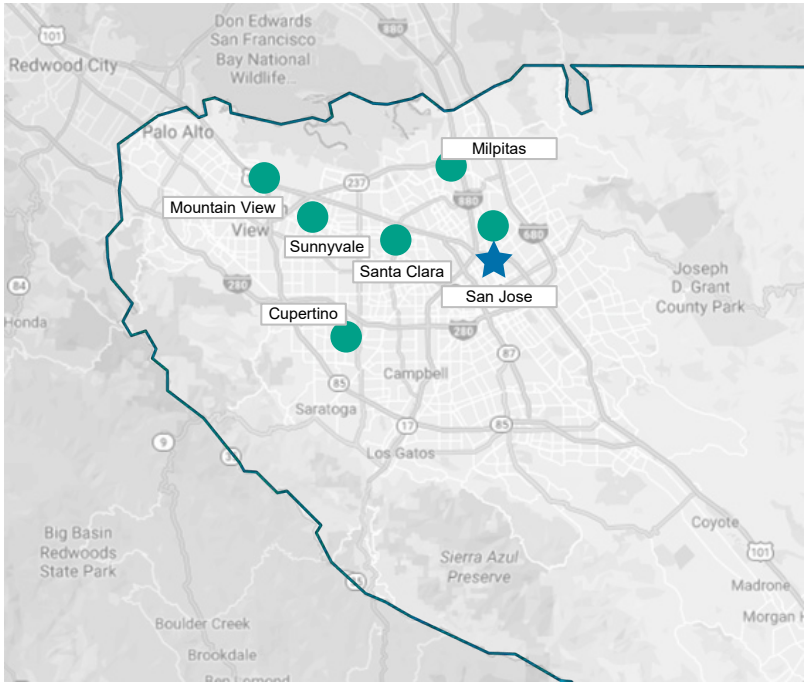
Vietnamese and Chinese populations

- Geo: Santa Clara County
- Top Asian cities: San Jose, Sunnyvale, Santa Clara, Milpitas, Cupertino, Mountain View
- Age: 40+ (Elders and their children)

Why Vietnamese and Chinese Stroke Awareness?

- **Disproportionately smaller** number of Chinese and Vietnamese admitted Stroke Centers
- Less likely to **call 911** to seek treatment
- Each year, Santa Clara County has nearly 3,000 reported cases of stroke. Only half of all reported cases get to the hospital in time for treatment. Just over **20% report to be of Asian** descent
- More cases of **stroke** from the **minority communities are unreported**
- Minority communities are the **least likely to seek treatment**, they are **most likely to suffer** from disability or death due to a stroke

Santa Clara County



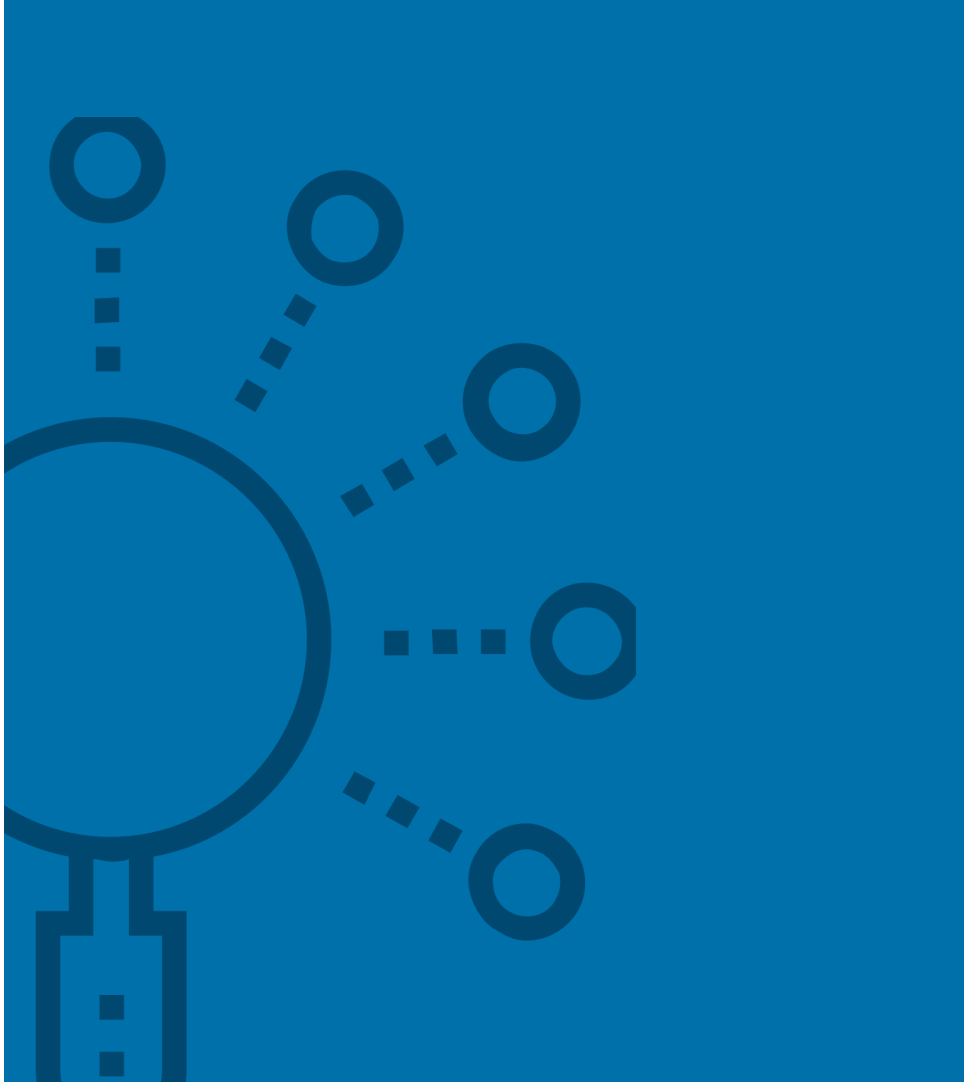
Santa Clara County Total
Population: 1,937,570

- 38% Asian (742,089)

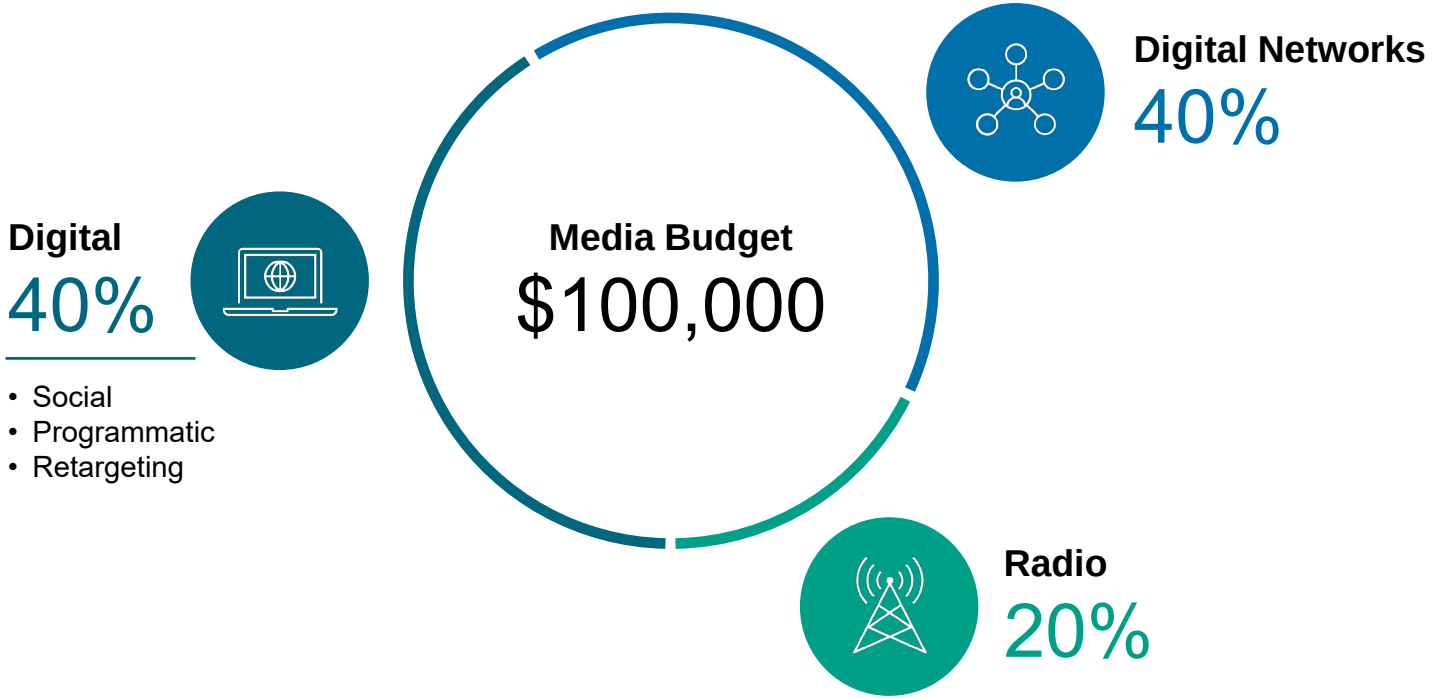
★ **San Jose** has 56% SCC population and highest density of Asian populations

● **Top Asian Cities:**
San Jose, Sunnyvale, Santa Clara, Milpitas, Cupertino, Mountain View

Media Opportunities

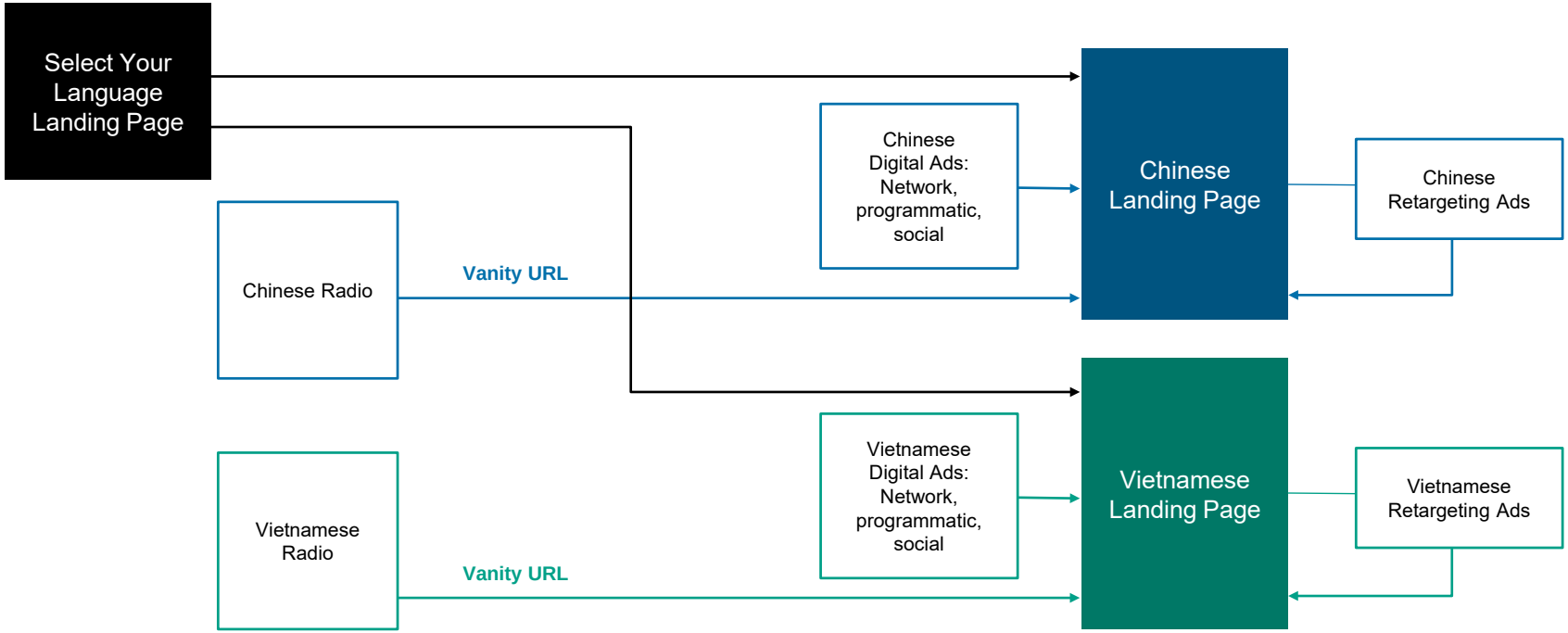


Media Overview



*Budget does not include creative development, media buying, reporting and analytics.

Campaign Flow



Digital (40%)

Outlet	Description	Targeting	Budget*
Social Media	Facebook ads	Age, language and geo Interests	$15,000
Programmatic	Banner ads throughout sites on the Internet. Efficient CPM, but have to meet monthly spend minimums.	Age, language and geo Contextual and behavioral Option to whitelist and blacklist sites	$20,000
Retargeting	Serve banner ads to those who visited the landing page, but did not download the app.	Separate retargeting track for each landing page. One landing page per language.	$5,000
		TOTAL:	$40,000

*Pricing and media details to be confirmed upon approval of budget.

Digital Networks (40%)

Demographic	Site	Details	Targeting	Budget*
Chinese	singtaousa.com	International daily Chinese online news. Reaches 56% of all Chinese households in the Bay Area.	416,000 total unique monthly visitors Bay Area, including Santa Clara County Online banner ads	$10,000
Vietnamese	vietnamdaily.com	Largest Vietnamese daily online news in Northern California. Includes daily news, sports, entertainment, etc.	16,000 total unique monthly visitors Online banner ads	$10,000
Multiple Cultural Demos	cupertinotoday.com	News site covering the people, companies, events and innovations in Cupertino.	25,000 Unique Monthly Visitors Online banner ads	$10,000
	Mercurynews.com	Morning daily online news published in San Jose. Website features local news from counties around the Bay area including Santa Clara County.	2,400,000 Total Unique Monthly Visitors Target Santa Clara County English on website Online banner ads eBlasts available to target Chinese and Vietnamese	$10,000
			TOTAL:	$40,000

*Pricing and media details to be confirmed upon approval of budget.

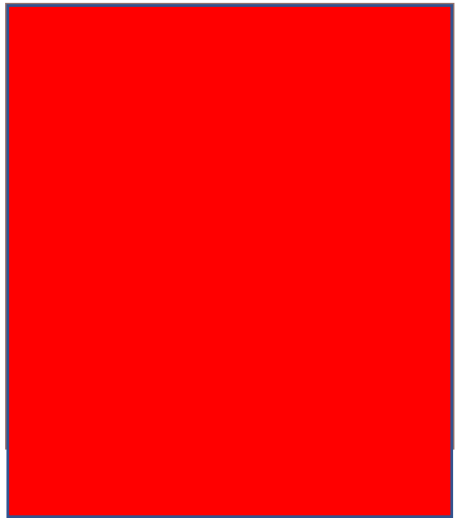
Radio (20%)

Demographic	Station	Type	Details	Budget*
Chinese	KVTO 1400 AM (Sing Tao)	Most listened to Chinese station in the Bay Area	San Francisco, Oakland, Berkeley, San Jose 15 - 30sec radio spots	$10,000
Vietnamese	KVVN 1430 AM (Saigon Radio)	Vietnamese community radio, news, music	San Jose and the Bay Area 15 - 30sec radio spots	$10,000
			TOTAL:	$20,000

*Pricing and media details to be confirmed upon approval of budget.


decca
476
THANK YOU

Stroke Awareness Foundation



STROKE
AWARENESS
FOUNDATION

Increasing community awareness to better prepare families and loved ones for what can be the devastating effects of a stroke.

The Stroke Awareness Foundation was founded by local stroke survivors, business and community leaders committed to saving lives of SCC citizens.

What We've Done & Continue To Do - Support Hospital Stroke <u>CERTIFICATION</u> in Santa Clara County

Prior to SAF's inception, there were no Certified Stroke Centers in SCC. In 2003, Good Samaritan Hospital was the first in Santa Clara County to become a Stroke Certified Hospital – one of the first 5 in the Nation

Led <u>REDIRECTION</u> Efforts

SAF led efforts to redirect emergency medical transportation (EMT) in Santa Clara County so that all stroke victims are transported directly to a Certified Stroke Center. This ground-breaking legislation—adopted by Santa Clara County—was the first of its kind in California. More to come as not all Strokes are the same ("wake up" stroke vs. "awake" stroke; "around people" stroke vs. "alone" stroke)

Active <u>EDUCATION</u> in our community to recognize the signs and symptoms of Stroke and what to do in a Stroke emergency to increase your chance for best outcomes

Stroke Facts

- 1:5 men and 1:6 women will suffer a Stroke in their lifetime
- #1 Cause of Adult Disability in the USA, costing nearly $36.5 billion each year
- Stroke occurs every 40 seconds and someone dies of Stroke every four minutes
- 3,000+ Strokes each year in Santa Clara County; 795,000 Nationwide
- Stroke kills nearly 129,000 Americans each year - the 5th leading cause of death
- More than 2/3 of Stroke survivors live with disability

Community Outreach Program

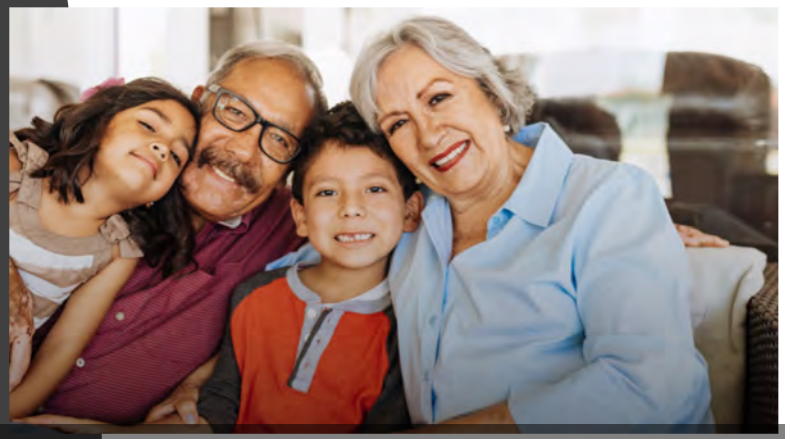
Advancing Health Equity

- A disproportionately high number of stroke cases throughout the multiethnic communities in the county go unreported and untreated
- Bring Stroke Awareness to our diverse population within SCC that have previously not been well served in order to SAVE LIVES!
- Create educational content in respective/native languages
- Engage in active Stroke education and awareness outreach through effective means and channels

Life-Saving Stroke Awareness Information Now offered in 6 languages

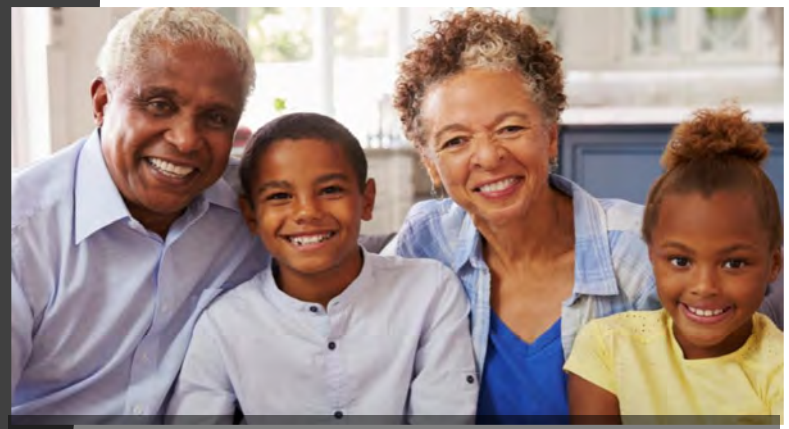
English • Español • 中文
Quốc ngữ • Tagalog • Farsi

STROKE AWARENESS FOUNDATION



Aprenda las señales de un derrame cerebral. Con su pronta acción puede salvar una vida

辨識中風症狀能夠在緊急關頭
可以救回一條生命.



Learn the signs of a stroke.
Your quick action could save a life.

Tìm hiểu các dấu hiệu của sự đột quỵ. Phản ứng nhanh chóng của bạn có thể cứu một mạng người.

www.strokeinfo.org/signs/picklanguage/

Spanish Language Multimedia Campaign

- Programmatic
- Social
- Digital Networks
- Retargeting
- Radio
- Print

STROKE AWARENESS FOUNDATION

Animated Banner Copy

Frame 1

Frame 2

Frame 3

Frame 4

English Copy

Frame 1: **Be there for your family.**
Frame 2: **Know the signs of a stroke.**
- Drooping Face.
- Weak limb.
- Slurred Speech.

Frame 3: **Every second matters. Stroke is an emergency.**
Frame 4: Know the signs. Save a life [Learn more]

URL: strokeinfo.org/signs/es/UTM

Print Ad

English Copy

Quick action saves lives

Learn the signs of stroke. You could save a loved one's life.

Look for these signs:

- Drooping **face?**
- Weak **arm or leg**?
- Slurred **speech?**
- Loss of **balance?**
- Loss of **vision?**

If you or a loved one is showing any of these signs **call 911 or go to the hospital immediately.**

Visit www.apprendalassenales.com to learn more.

Poster/Flyer

English Copy

Quick action saves lives

Stroke is an emergency. Learn the signs so that you know when to get help for yourself or a loved one. Be there for your family.

Check for the 5 signs of a stroke:

- Drooping **face?**
- Weak **arm or leg**?
- Slurred **speech?**
- Loss of **balance?**
- Loss of **vision?**

If you or a loved one is showing any of these signs **call 911 or go to the hospital immediately.**

Every second counts.
Know the signs. Save a life.

Learn more
www.stroke-signs.com

30 Second Radio Spot

English Copy

Music up

Voiceover:
Did you know stroke is an emergency and can be treated? **Be there for your family** and learn the signs. **Your quick action could save a life.**

Look for the signs of a stroke.
Drooping face? Weak arm or leg? Slurred speech? Loss of balance? Loss of vision?

If you or a loved one is showing any of these signs **call nine one one or go to the hospital immediately.**

Learn more at
Las senales dot com

Music down

Spanish Copy

Music up

Voiceover:
¿Sabía que un derrame cerebral es una emergencia y se puede tratar? **Este ahí para su familia** y aprenda las señales. **Su acción rápida podría salvar una vida.**

Busque las señales de un derrame cerebral.
¿Cara caída? ¿Brazo o pierna débil? ¿Habla confuso? ¿Pérdida del balance? ¿Pérdida de visión?

Si usted o un ser querido están mostrando cualquiera de estas señales **llame al 911 o vaya al hospital inmediatamente.**

Mas información en
Las señales punto com

Music down

Campaign Overview

Goal

Reach specific multilingual populations to

- Increase awareness of signs of stroke (Stroke is the #1 cause of disability in the US)
- Seek medical care if you or a family member is showing signs of a stroke
- Increase Awareness to the fact that a stroke is treatable

Target

Hispanic populations

- Geo: Santa Clara County
  - Campbell, Cupertino, Gilroy, Los Altos, Los Altos Hills, Los Gatos, Milpitas, Monte Sereno, Morgan Hill, Mountain View, Palo Alto, San Jose, Santa Clara, Saratoga and Sunnyvale
- Children and grandchildren of elders, and elders
  - Primary 40 – 60
  - Secondary 13 – 39
  - Tertiary 60+

Campaign Performance Summary

22,951,949

Impressions
(21,273,649 excluding radio and print)

30,254

Banner Clicks

0.13%

CTR

---

46 seconds

Average Time on Page

9 seconds since last report

77.33%

Bounce Rate

Data from start through 4/11

Digital Ad Performance by Channel

Programmatic	Social	Digital Networks	Retargeting
0.14% CTR (benchmark 0.07%)	**0.59%** CTR (benchmark 0.83%)	**0.02%** CTR (benchmark 0.07%)	**0.32%** CTR (benchmark 0.70%)
9,073 Clicks	**18,353** Clicks	**2,427** Clicks	**401** Clicks
6,689,209 Impressions	**3,107,977** Impressions	**11,351,596** Impressions	**124,867** Impressions

Data from start through 4/11

Landing Page Performance Highlights

	Visits	Users	Average Time on Page	Bounce Rate
Spanish Landing Page	19,486	17,492	46 seconds	77.33%
			↑ 9 seconds since last report	

SAF Ambassador Program

Identify	leading community “influencers” to become an SAF Life Saving Ambassador
Gain	insight from Ambassadors to advise on messaging to identified community
Procure	trusted, community respected sources to share life-saving information
Utilize	Ambassador’s social channels to spread life saving Stroke awareness & educational message


STROKE
AWARENESS
FOUNDATION
strokeinfo.org
Cindy Chavez
President of the Santa Clara County Board of Supervisors, District 2

Thank you to the SAF Ambassadors for partnering in stroke education efforts within the multicultural communities of Santa Clara County.

- Kelly Chau, PhD., Senior VP of Programs, The Health Trust
- Rick Callender, Chief Executive Officer, Valley Water
- Dr. Ranjani Chandramouli, MD, Medical Director, Gardner Health Services
- Hon. Cindy Chavez, Supervisor, Santa Clara County
- Guillermo Diaz Jr., CEO at Kloudspot Inc.; Chairman, Hispanic IT Executive Council
- Lan Diep, Former Councilmember, City of San Jose
- Hon. Maya Esparza, Councilmember, City of San Jose
- Kai Ying “Pinki” Fung, Director, Chinese Community Center & Diversity Outreach Avenidas
- Bernadette Gomez, Filipino Liaison & Community Leader
- Ron Gonzales, President and CEO, Hispanic Foundation of Silicon Valley; Former Mayor of San Jose
- H.G. Nguyen, Anchor at San Jose Co Gi La Radio
- Madison Nguyen, Former San Jose Vice Mayor
- Hon. Raul Peralez, Councilmember, City of San Jose
- Dr. Harmeet Sachdev MD, Board Certified Neurology Specialist
- Benson Yeung, Founder, Triware Networld Systems, LLC & Community Leader
- Fernando Zazueta, President, Rotary Club of San Jose & Community Leader

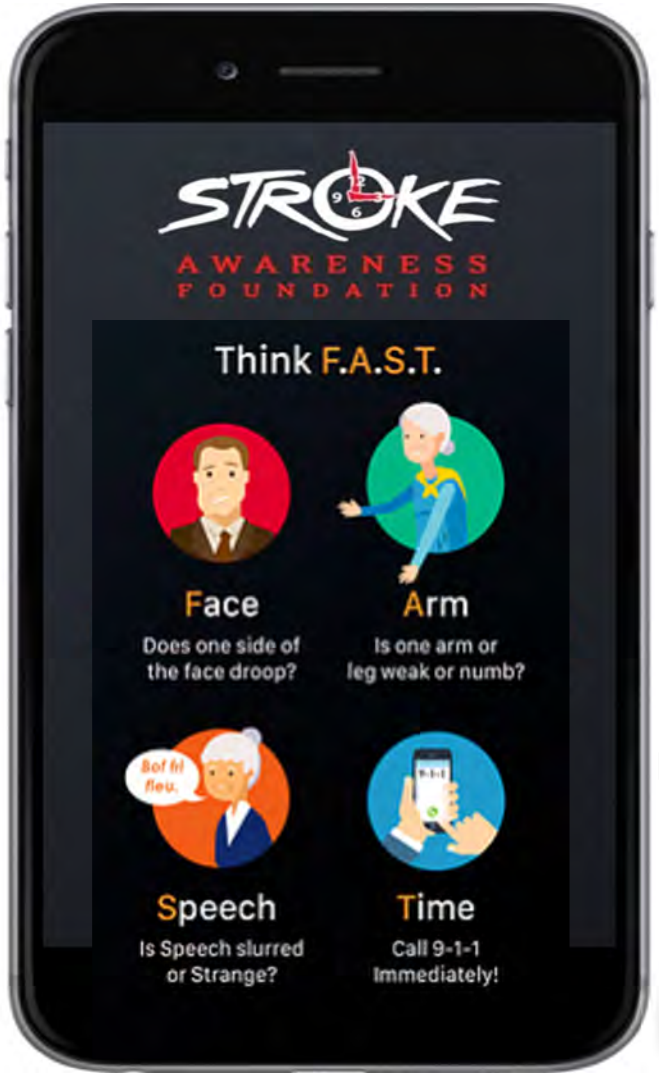
LOAD THE APP, Save A Life

Dial 911

Alert Your Emergency Contacts

Learn Stroke Signs and Symptoms

Find the Nearest Certified Stroke Center



Free Lifesaving App Now Available In:

English

Español

中文

Quốc ngữ

STROKE AWARENESS FOUNDATION APP

Download this lifesaving App on IOS and Android Today

Search: *Stroke Awareness*

Download on the App Store

GET IT ON Google Play

STROKE
AWARENESS
FOUNDATION

Thank You!

Santa Clara Family Health Plan™

Government Relations Update

March 24, 2022

Federal Issues

Congress

- BBB Act not yet resurrected
- Omnibus spending bill
  - No COVID-19 relief
  - Medicare telehealth extensions
  - Maternal health

State Issues

Budget

- Major Medi-Cal provisions
- Trailer bills

Legislation

- COVID
- Behavioral health
- Covered services
- FQHCs

State Issues

CalAIM

- Population Health Management
- Cal MediConnect → Dual-Eligible Special Needs Plan

Other

- Kaiser direct contract