

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

Thursday, August 26, 2021, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

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

AGENDA

- | | | | |
|--|---|-------|--------|
| 1. Roll Call | Ms. Murphy | 10:30 | 5 min |
| 2. Public Comment
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes. | Ms. Murphy | 10:35 | 5 min |
| 3. Approve Consent Calendar and Changes to the Agenda
Items removed from the Consent Calendar will be considered as regular agenda items.
Possible Action: Approve Consent Calendar
a. Approve July 22, 2021 Executive/Finance Committee Minutes
b. Approve Claims Policy
• CL.29 Third Party Tort Liability Reporting Requirements
c. Retire Finance Policy
• FA.13 Employee Recognition Gift Cards
d. Accept Network Detection and Prevention Update | Ms. Murphy | 10:40 | 5 min |
| 4. Overview of Revenue & Rate-Setting
Review educational presentation on rate-setting in the Medi-Cal and Medicare lines of business. | Mr. Jarecki
Ms. Bui-Tong
Ms. Granieri | 10:45 | 25 min |
| 5. June 2021 Financial Statements
Review June 2021 Financial Statements.
Possible Action: Approve the June 2021 Financial Statements | Mr. Jarecki | 11:10 | 15 min |
| 6. Resolution to Transfer Banking Relationship
Discuss proposal to move operational and investment banking relationship from Wells Fargo to City National.
Possible Action: Approve resolution to transfer banking relationship to City National Bank | Mr. Jarecki | 11:25 | 10 min |

<p>7. Team Incentive Compensation Review FY'20-'21 Team Incentive performance and consider FY'21-'22 Team Incentive Compensation proposal. Possible Action: Approve Fiscal Year 2021-2022 Team Incentive Compensation Program</p>	Ms. Tomcala	11:35	25 min
<p>8. CEO Update Discuss status of current topics and initiatives.</p>	Ms. Tomcala	12:00	15 min
<p>9. Government Relations Update Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p>	Mr. Haskell	12:15	15 min
<p>10. Adjournment</p>		12:30	

Notice to the Public—Meeting Procedures

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

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Thursday, July 22, 2021, 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

Members Absent

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
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Rita Zambrano, Executive Assistant

1. Roll Call

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

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the May 28, 2021 Executive/Finance Committee were reviewed.

It was moved, seconded, and the May 28, 2021 Executive/Finance Committee Minutes were unanimously approved.

Motion: Mr. Cameron

Second: Mr. Brownstein

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Murphy

Absent: Ms. Lew

4. CEO Update

Christine Tomcala, Chief Executive Officer, acknowledged Sue Murphy as the new Chair of the Executive/Finance Committee, and welcomed Alma Burrell as a new member of the Committee.

Ms. Tomcala presented the updated SCFHP COVID-19 Summary, noting the cumulative members affected as of July 15, 2021. She reported that staff continues to conduct robocalls and direct outreach to encourage individuals to get their vaccines, and assist with scheduling appointments and transportation. She presented

data on the percentage of vaccinated SCFHP members by age band compared to the county's vaccination rates, noting that across the state, Medi-Cal plan members are running roughly 20% lower than their respective county averages. In addition, she presented the breakdown of members who received a vaccine by ethnicity.

Ms. Tomcala reported that 76% of staff who responded to a survey indicated they are fully vaccinated, and 7% are in process. There are 50 staff (16%) who have not responded.

Ms. Tomcala gave an update on the Blanca Alvarado Community Resource Center (CRC) and shared that we continue to host in-person vaccination clinics in collaboration with the SCC Mobile Vaccination unit, administering over 1,000 vaccines to date. The Application Assistance Program transitioned from The Health Trust and is now available in-person at the CRC. She also noted that we secured certification from Covered California as an Enrollment Entity. Mike Gonzalez, Manager of the Blanca Alvarado Community Resource Center, is working diligently on identifying the health and social needs of both our members and East San Jose residents through a Community lead process, with a commitment to equity and social justice. Ms. Tomcala also presented the Process Advisory Bodies for CBOs and residents, noting the broad representation of organizations from different ethnic communities on the East Side.

5. Fiscal Year 2021-2022 Plan Objectives

Ms. Tomcala and the Executive Team members presented proposed FY'22 Plan Objectives: lead improvement in the health of communities impacted by disparities, pursue benchmark quality and health equity, enhance compliance program and delegation oversight, foster membership growth and retention, achieve budgeted financial performance, and seek to be an employer of choice.

It was moved, seconded and the Fiscal Year 2021-2022 Plan Objectives were unanimously approved.

Motion: Mr. Brownstein

Second: Mr. Cameron

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Murphy

Absent: Ms. Lew

6. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on relevant federal and state government actions. He discussed several changes to health care law being debated in Congress and their potential for enactment this year. Mr. Haskell discussed the status of the State budget and highlighted some of its changes to Medi-Cal and other health programs. He also gave an update on other state legislation, the multi-year Medi-Cal reform plan known as CalAIM, and the status of the pharmacy carve-out.

7. Quality Update

Dr. Laurie Nakahira, Chief Medical Officer, provided a CY'20 HEDIS Measure Rate Analysis. She discussed Medi-Cal MCAS Measures and reviewed Medicare HEDIS Measure rates, along with NCQA national percentiles and CMS Medicare Star Ratings. A discussion ensued, and the Committee requested that Dr. Nakahira bring back our specific performance objectives for measures below the 50th percentile, where we need to improve quality on behalf of our members.

Dr. Nakahira presented Aggregated Quality Factor Scores (AQFS) by Network, and Medi-Cal Disparities by Ethnicity and Language for CY2020. Lastly, she discussed interventions for groups with greater gaps, and additional actions by ethnicity, language spoken, and age.

8. May 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the May 2021 financial statements, which reflected a current month net surplus of \$6.5 million (\$9.2 million favorable to budget) and a fiscal year-to-date net surplus of \$29.2 million (\$39.8 million favorable to budget).

Enrollment increased by 2,268 members from the prior month to 281,235 members (11,445 members favorable to budget). Year-to-date membership growth due to COVID-19 has exceeded budget due to the extended duration of the pandemic during which member enrollments have been suspended.

Revenue reflected a favorable current month variance of \$18.7 million (20.5%) largely due to (1) additional capitation premium revenue received due to the delayed carve-out of Medi-Cal pharmacy from managed care (with a largely-offsetting increase in medical expense), and (2) increased enrollment due to the suspension of disenrollments, (3) higher capitation rates than budgeted, offset by (4) updated Medicare estimates for certain items having an unfavorable impact.

Medical Expense reflected an unfavorable current month variance of \$9.7 million (11.0%) largely due to (1) additional pharmacy expenses due to the delayed carve-out of Medi-Cal pharmacy from managed care (offsetting the associated increased pharmacy revenue) of \$13.1 million, partially offset by (2) lower than planned FFS utilization reflected in reductions in incurred-but-not-reported (IBNP) reserve estimates, (3) lower than planned Long Term Care (LTC) enrollment and utilization, and (4) increased capitation expense due to increased enrollment.

Administrative Expense reflected a favorable current month variance of \$262 thousand (4.9%) due to lower headcount than budgeted and timing of certain non-personnel expenses.

The balance sheet reflected a Current Ratio, a key measure of liquidity, of 1.22:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of \$237.8 million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of \$193 million.

Year-to-date capital investments of \$3.8 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

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

Motion: Mr. Brownstein

Second: Ms. Burrell

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Murphy

Absent: Ms. Lew

9. Special Project Funding Request

Ms. Tomcala presented an Innovation Fund request for Safe Relationships in East San Jose, Next Door Solutions to Domestic Violence (NDS), in the amount of \$99,994.09. The goal is to build a network of Promotores (community health workers) to reduce and eliminate Intimate Partner Violence (IPV), promote information about COVID-19, and support safe relationships and healthy families. Trained Promotores will use training on IPV and COVID-19 to raise awareness, dispel misinformation, and increase access to Domestic Violence (DV) support services and COVID-19 testing and vaccines.

It was moved, seconded, and funding from the Board Designated Special Project Fund for CBOs in the amount of \$89,994.68 was **unanimously approved** for Next Door Solutions' project, Safe Relations in East San Jose, with delegation to the CEO to have a conversation regarding greater clarity of outcomes metrics, and to indicate funds may not be used for payment to VMC Foundation for any services provided as fiscal agent.

Motion: Mr. Brownstein

Second: Mr. Cameron

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Murphy

Absent: Ms. Lew

10. Adjourn to Closed Session

a. Anticipated Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding significant exposure to litigation based on receipt of a claim pursuant to the Government Claims Act: one case.

b. Contract Rates (Welfare and Institutions Code Section 14087.38(n)):

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

11. Report from Closed Session

Ms. Murphy reported the Executive/Finance Committee met in Closed Session to discuss Anticipated Litigation and Contract Rates.

12. Adjournment

The meeting was adjourned at 12:42 pm.

Michele Lew, Secretary



POLICY

Policy Title:	Third Party Tort Liability Reporting Requirements	Policy No.:	CL.29 v1
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Claims	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> CMC	

I. Purpose

To provide clarification and guidance to Santa Clara Family Health Plan (SCFHP) departments on the process for submitting service and utilization information and copies of paid invoices/claims for covered services related to third party liability (TPL) torts to the Department of Health Care Services (DHCS).

II. Policy

- A. SCFHP must submit service and utilization information and, when requested, copies of paid invoices/claims for covered services to DHCS within 30 days of DHCS' request. Service and utilization information and copies of paid invoices/claims for covered services must include any services provided by the managed care plan (MCP), including, but not limited to, physical, mental, and dental health services. Records must include services provided on a fee-for-service, capitated, or other payment arrangement, regardless of whether payment was made or denied.
- B. If SCFHP's Claims department suspects a potential tort liability action and has insurance and/or attorney information, they must notify the Compliance department.
 - a. The Compliance department must notify DHCS using the online form on the Personal Injury Program site within ten (10) calendar days of discovering that a member has initiated the action.

III. Responsibilities

- A. SCFHP Claims department is responsible to coordinate and complete the service and utilization report.
- B. SCFHP Claims department is responsible to report suspected potential tort liability action and insurance and/or attorney information to the Compliance Declarant of such.
- C. The Compliance Declarant must notify DHCS of reported potential tort liability actions, insurance and/or attorney information.



POLICY

D. Provider Network Operations is responsible for communicating requirements to Delegates.

IV. References

APL 21-007 – Third Party Tort Liability Reporting Requirements
 Welfare and Institutions Code section 14124.70
 The online forms are available at: <https://www.dhcs.ca.gov/PIForms>.

V. Approval/Revision History

First Level Approval		Second Level Approval		
Arlene Bell Director, Claims 8/19/2021		Neal Jarecki Chief Financial Officer 8/19/2021		
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	Executive/Finance		

Recommendation of Retirement of Gift Card Policy
Executive/Finance Committee
August 2021

In June 2017, the Board approved the attached Employee Recognition Gift Cards Policy enabling the CEO to recognize extraordinary efforts, commitment to a key project or initiative, or other extraordinary contributions to Plan objectives. A summary of the gift cards distributed since the inception of the policy is below.

During fiscal year 2020-2021, in response to the remote working environment of the pandemic, the CEO and Executive Team approved a program of team-building expenses in lieu of the forgone on-site activities that had been budgeted, such as employee lunches. The program provided up to \$40 per employee to enhance morale and demonstrate that our remotely-working employees were valued and appreciated. Most of these expenses were gift cards. In addition, staff were provided gift cards to ensure maximum completion of the employee satisfaction survey. Detail of those expenses, are below.

Gift cards remain a valuable tool to reward and recognize our staff by the management team, particularly given an ongoing remote work environment. Rather than continue a policy that addresses only one aspect of gift card use for employee recognition, it is recommended that this policy be retired and replaced with a detailed procedure which ensures that gift card rewards are available, and distributed consistently by the management team under the CEO's purview.

Year	Description	# Cards	\$ Expense
CY 2018	Misc. Gift Cards	11	\$304
CY 2019	Misc. Gift Cards	48	\$2,525
CY 2020	Misc. Gift Cards	30	\$1,185
CYTD 2021	Misc. Gift Cards	15	\$1,300
	Team Building - Gift Cards	288	\$7,255
	Team Building - Non-Gift Cards	NA	\$655
	Employee Satisfaction Survey Gift Cards	199	\$1,990

POLICY



Santa Clara
Family Health Plan

Policy Title:	Employee Recognition Gift Cards	Policy No.:	FA.13
Replaces Policy Title	N/A	Replaces Policy No.	N/A
Issuing Department:	Finance	Policy Review Frequency:	Annual
Lines of Business	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> CMC

I. Purpose:

The purpose of this policy is to describe the Chief Executive Officer's authority to issue gift card awards to employees in recognition of extraordinary effort and/or contributions to the Plan.

II. Policy:

It is the policy of Santa Clara Family Health Plan (SCFHP) that the Chief Executive Officer (CEO) may award gift cards to employees in recognition of extraordinary efforts, commitment to a key project or initiative, or other extraordinary contributions to Plan objectives.

An employee may be awarded one gift card per recognition event, in an amount not to exceed \$100. The aggregate value of all gift card awards issued by the CEO within a single fiscal year may not exceed \$10,000.

The CEO shall provide periodic reports to the Governing Board on the issuance of gift cards.

III. Responsibilities:

- The Finance Department is responsible for ensuring IRS laws are followed with respect to the issuance of gift cards and for maintaining custody and control of the gift cards prior to issuance.
- The Human Resource Department is responsible for coordinating the delivery of an employee award according to the terms of this policy.

IV. References:

POLICY

V. Approval/Revision History

First Level Approval			Second Level Approval	
Signature Dave Cameron			Signature Christine M. Tomcala	
Name Chief Financial Officer			Name Chief Executive Officer	
Title			Title	
Date			Date	
Policy Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
FA.13	Original	N/A	N/A	



**Santa Clara Family
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Network Detection and Prevention Report

August 2021

Executive/Finance Committee Meeting

Firewall Background

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

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

The attempts have been categorized in three severity levels:

Critical/High

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

Medium

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

Low/Informational

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

Attack Statistics Combined

Jan/Feb/Mar/Apr

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
Critical	21	23	26	23	328	912	427	382	0.01	0.04	0.01	0.01
High	24	21	24	29	912,695	2250	3,329,371	5,758,627	22.89	0.10	48.93	60.00
Medium	28	24	24	23	181,951	165,275	22788	26806	4.56	7.20	0.33	0.28
Low	10	10	12	11	270,256	179,562	303,211	418,606	6.78	7.82	4.46	4.36
Informational	33	36	34	36	2,622,462	1,947,010	3,148,728	3,392,695	65.76	84.84	46.27	35.35

Summary – Compare Apr 2021 to previous month of Mar 2021

- Critical Severity Level – number of threat attempts is **10.54%** lower
- High Severity Level - number of threat attempts is **72.96%** higher
- Medium Severity Level - number of threat attempts **17.63%** higher
- Low Severity Level - number of threat attempts is **38.06%** higher
- There were increased Brute Force Attacks in March and April. We did work with Palo Alto to identify the source and cleaned up endpoints. As per Palo Alto, they were false positive.

Top 5 Events for Feb - Apr

Critical Events – total 1721 events

Top 5 Critical vulnerability events

- 663 events for “Cisco IOS and IOS XE Software Cluster Management Protocol Remote Code Execution Vulnerability” (**Code-Execution**)
- 207 events for “phpunit Remote Code Execution Vulnerability” (**Code-Execution**)
- 196 events for “ThinkPHP Remote Code Execution Vulnerability” (**Code-Execution**)
- 108 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 92 events for “Mirai and Reaper Exploitation Traffic” (**Code-Execution**)

High Events – total 9,090,248 events

Top 5 High vulnerability events

- 9,085,525 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 2403 events for “MAIL: User Login Brute Force Attempt” (**Brute Force**)
- 890 events for “HTTP: User Authentication Brute Force Attempt” (**Brute Force**)
- 719 events for “ThinkPHP Remote Command Execution Vulnerability” (**Code-Execution**)
- 200 events for “Netis/Netcore Router Default Credential Remote Code Execution Vulnerability” (**Code-Execution**)

Medium Events – total 214,869 events

Top 5 Medium vulnerability events

- 141,104 events for “SCAN: Host Sweep” (**Info-Leak**)
- 65,691 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 3798 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 1387 events for “OpenVAS Vulnerability Scanner Detection” (**Info-Leak**)
- 1153 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)

Definitions:

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

Brute Force – Vulnerability attempt to obtain user credentials.

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

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

Attack Statistics Combined

Apr/May/June/July

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Apr	May	Jun	Jul	Apr	May	Jun	Jul	Apr	May	Jun	Jul
Critical	23	27	23	21	382	265	252	276	0.01	0.01	0.01	0.01
High	29	21	14	13	5,758,627	209,125	1,711,308	31,881	60.00	5.70	35.72	0.68
Medium	23	27	29	17	26806	20147	644,514	703,784	0.28	0.55	13.45	15.06
Low	11	11	10	11	418,606	265,795	196,091	182,668	4.36	7.24	4.10	3.90
Informational	36	32	37	35	3,392,695	3,175,635	2,238,294	3,755,839	35.35	86.50	46.72	80.35

Summary – Compare Jul 2021 to previous month of Jun 2021

- Critical Severity Level – number of threat attempts is **9.52%** higher
- High Severity Level - number of threat attempts is **98.14%** lower
- Medium Severity Level - number of threat attempts **9.2%** higher
- Low Severity Level - number of threat attempts is **6.85%** lower
- There were increased Brute Force Attacks in April. We did work with Palo Alto to identify the source and cleaned up endpoints. As per Palo Alto, they were false positive
- Spike in High level threat in June was a false positive alarm detected by firewall. No major threat was detected upon scanning the endpoint.

Top 5 Events for May - Jul

Critical Events – total 793 events

Top 5 Critical vulnerability events

- 122 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 70 events for “Gh0st.Gen Command and Control Traffic” (**Code-Execution**)
- 69 events for “phpunit Remote Code Execution Vulnerability” (**Code-Execution**)
- 68 events for “GPON Home Routers Remote Code Execution Vulnerability” (**Code-Execution**)
- 65 events for “NJRat.Gen Command and Control Traffic” (**Code-Execution**)

High Events – total 1,952,314 events

Top 5 High vulnerability events

- 1,825,156 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**) – False Positive Alarm
- 69,298 events for “HTTP: User Authentication Brute Force Attempt” (**Brute Force**)
- 53,255 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 2172 events for “SMB: User Password Brute Force Attempt” (**Brute Force**)
- 893 events for “PBP Packet Drop” (**Brute Force**)

Medium Events – total 1,368,445 events

Top 5 Medium vulnerability events

- 1,305,398 events for “SCAN: Host Sweep” (**Info-Leak**)
- 53,588 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 4128 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 1452 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)
- 1192 events for “SCAN: TCP Port Scan” (**Info-Leak**)

Definitions:

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

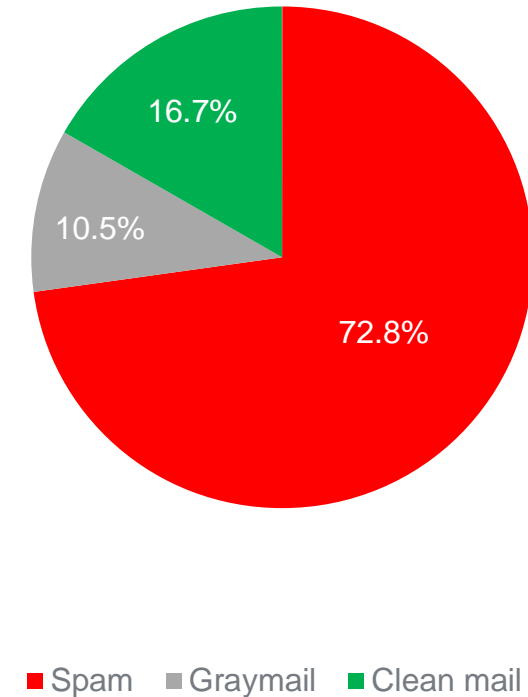
Brute Force – Vulnerability attempt to obtain user credentials.

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

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

Email Security – April Statistics

Overview > Incoming Mail Summary		
Message Category	%	Messages
Stopped by Reputation Filtering	64.8%	266.4k
Stopped as Invalid Recipients	0.1%	395
Spam Detected	7.9%	32.5k
Virus Detected	0.0%	4
Detected by Advanced Malware Protection	0.0%	11
Messages with Malicious URLs	0.0%	5
Stopped by Content Filter	0.0%	109
Stopped by DMARC	0.5%	2,077
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	72.8%	299.4k
Marketing Messages	6.6%	27.3k
Social Networking Messages	0.1%	380
Bulk Messages	3.8%	15.6k
Total Graymails:	10.5%	43.3k
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	16.7%	68.5k
Total Attempted Messages:		411.2k



April

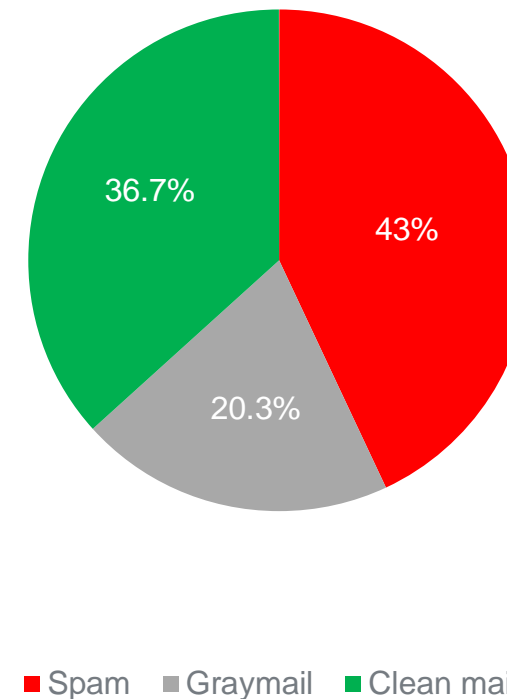
During the month.

- 72.8% of threat messages had been blocked.
- 10.5% were Graymails (*Graymail is solicited bulk email messages that don't fit the definition of email spam*).
- 16.7% were clean messages that delivered.

Email Security – July Statistics

Overview > Incoming Mail Summary		
Message Category	%	Messages
Stopped by Reputation Filtering	34.4%	67.2k
Stopped as Invalid Recipients	0.5%	910
Spam Detected	7.6%	14.9k
Virus Detected	0.0%	9
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	8
Stopped by Content Filter	0.5%	954
Stopped by DMARC	3.6%	7,040
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	43.0%	84.0k
Marketing Messages	11.9%	23.2k
Social Networking Messages	0.2%	431
Bulk Messages	8.2%	15.9k
Total Graymails:	20.3%	39.5k
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	36.7%	71.7k
Total Attempted Messages:		195.2k

July



During the month.

- 43% of threat messages had been blocked.
- 20.3% were Graymails (*Graymail is solicited bulk email messages that don't fit the definition of email spam*).
- 36.7% were clean messages that delivered.



**Santa Clara Family
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Overview of Revenue & Rate-Setting

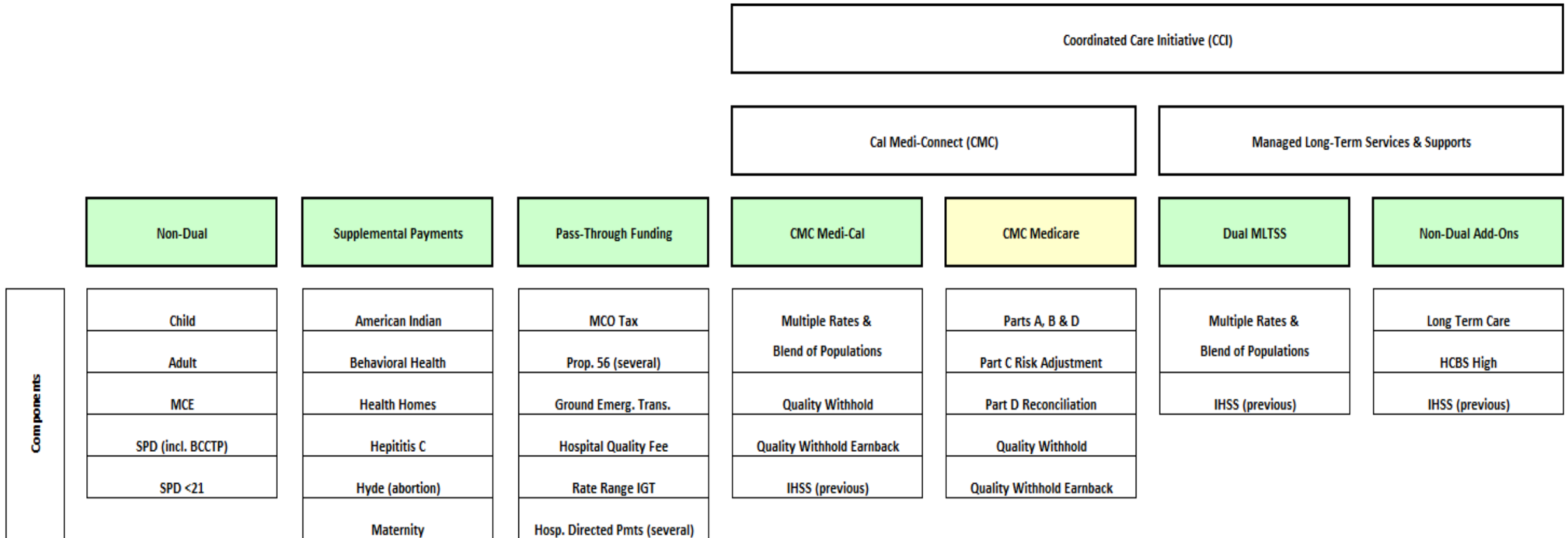
Executive / Finance Committee Meeting of August 26, 2021

Today's Discussion Topics

- Overview of revenue structure
- Medi-Cal rate development
- Medicare rate-setting
- Medicare rate basis
- Estimates & reconciliations

Overview of Revenue Structure

Complex structure supporting annual revenue of \$1.4 billion



Medi-Cal Rate Development Issues

- Program changes (e.g., ECM & ILOS, organ transplants)
- Tools used by DHCS' actuaries: smoothing, trends and efficiency adjustments
- Countywide averaging
- Retroactive rate-setting and age of data
 - Market changes not recognized until much later
- Capitation allocation nuances
- Incomplete encounter data from partners
 - Increasing DHCS emphasis on encounter data
- Reductions for delegate administrative amounts within capitation
- Impacts due to COVID
- Regional rate development forthcoming

Medicare Rate-Setting

CMC does not submit a Medicare Advantage/ HMO Bid

General Timeline							
April/May	CMS Sends prelim info for next rate year						
September	CMS finalizes						
Benefits							
Benefits are combined Medicare/Medi-Cal							
Plan Receives Payments for:							
Parts A/B	Medicare funds	Risk Adjusted using CMS models for Medicare Advantage and ESRD (CMS-HCC Model)					
Part D	Medicare funds	Risk Adjusted using CMS RxHCC model					
All Srvcs	Medi-Cal rate (CMC)	No risk adjustment. But do include prescribed blend of setting.					
A/B Development							
County	2020 Published FFS County Rate	2020 Medicare A/B FFS Baseline adjusted for bad debt	2020 Medicare A/B Baseline	Add Min Savings 4%	County specific savings	After County Savings	2% sequestration reduction
SCFHP	\$ 1,000.49	\$ 1,019.20	\$ 1,012.48	\$ 971.98	-0.95%	\$ 962.36	\$ 943.11

Medicare Rate Basis

Rates are based on members' risk scores and average county fee-for-service costs

- Risk Adjustment:
 - Medicare uses the Hierarchical Condition Category (HCC) to rank and assign risk scores on a retrospective basis.
 - Medical diagnosis data primarily come from provider claims.
 - Medicare allows plans to supplement claims diagnosis data through retrospective chart reviews.
- Part C (medical) & Part D (pharmacy) reconciliations
 - Risk Adjustment Reconciliation: Part C and D payments are adjusted multiple times based on updated diagnosis data
 - Risk Corridor Reconciliation: Part D costs and payments are completed and paid ten months after each calendar year

Pervasive Estimates & Reconciliations

The financial statements include many estimates and reconciliations:

- **Revenue:**
 - Estimated/retroactive capitation rates
 - Medicare Part C & Part D reconciliations
 - Medi-Cal & Medicare quality withholds & earn-backs
 - MCO Tax (as far back as FY14-16)
 - Risk corridors (Prop 56, bridge period)
 - Mix corridors (CMC & MLTSS)
 - Long Term Care & HCBS High enrollment
 - In Home Supports & Service (IHSS)
 - Retroactive eligibility audit of DHCS enrollment
- **Medical Expense:**
 - Estimated/retroactive capitation rates
 - Incurred but not reported
 - Medical loss ratio



**Santa Clara Family
Health Plan™**

Unaudited Financial Statements
For The Twelve Months Ended June 30, 2021
(Pre-Audit Basis)

Agenda

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Financial Highlights



	<u>MTD</u>		<u>YTD</u>	
Revenue	\$112 M		\$1.27 B	
Medical Expense (MLR)	\$94 M	83.6%	\$1.16 B	91.6%
Administrative Expense (% Rev)	\$6.1 M	5.4%	\$65.3 M	5.1%
Other Income/(Expense)	\$273K		\$646K	
Net Surplus (Net Loss)	\$12.6 M		\$41.8 M	
Cash and Investments			\$408 M	
Receivables			\$513 M	
Total Current Assets			\$929 M	
Current Liabilities			\$711 M	
Current Ratio			1.31	
Tangible Net Equity			\$250 M	
% of DMHC Requirement			739.1%	

Financial Highlights

Net Surplus (Net Loss)	<ul style="list-style-type: none"> ▶ Month: Surplus of \$12.6M is \$15.9M or 485.8% favorable to budget of \$3.3M loss. ▶ YTD: Surplus of \$41.8M is \$55.7M or 400.9% favorable to budget of \$13.9M loss.
Enrollment	<ul style="list-style-type: none"> ▶ Month: Membership was 282,670 (14,062 or 5.2% higher than budget of 268,608). ▶ YTD: Member Months YTD was 3,253,636 (14,908 or 0.5% higher than budget of 3,238,728).
Revenue	<ul style="list-style-type: none"> ▶ Month: \$112.3M (\$21.6M or 23.8% favorable to budget of \$90.7M). ▶ YTD: \$1.3B (\$124.1M or 10.8% favorable to budget of \$1.1B).
Medical Expenses	<ul style="list-style-type: none"> ▶ Month: \$93.9M (\$5.2M or 5.8% unfavorable to budget of \$88.7M). ▶ YTD: \$1.2B (\$67.7M or 6.2% unfavorable to budget of \$1.1B).
Administrative Expenses	<ul style="list-style-type: none"> ▶ Month: \$6.1M (\$500K or 9.0% unfavorable to budget of \$5.6M). ▶ YTD: \$65.3M (\$1.6M or 2.4% favorable to budget of \$66.9M).
Tangible Net Equity	<ul style="list-style-type: none"> ▶ TNE was \$250.4M (represents approximately two months of total expenses).
Capital Expenditures	<ul style="list-style-type: none"> ▶ YTD Capital Investments of \$4.1M vs. \$6.9M annual budget, primarily Community Resource Center.



Santa Clara Family
Health Plan™

Detail Analyses

Enrollment



- Total enrollment of 282,670 members is 14,062 or 5.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 28,795 members or 11.3%.
- 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).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 12.1%, Medi-Cal Dual enrollment has increased 4.6%, and CMC enrollment has grown 12.2% also due largely to the suspension of disenrollments.

	For the Month June 2021				For Twelve Months Ending June 30, 2021				Prior Year Actuals	Δ FY21 vs. FY20
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	272,590	259,059	13,531	5.2%	3,137,271	3,127,565	9,706	0.3%	2,840,218	10.5%
Cal Medi-Connect	10,080	9,549	531	5.6%	116,365	111,163	5,202	4.7%	101,391	14.8%
Total	282,670	268,608	14,062	5.2%	3,253,636	3,238,728	14,908	0.5%	2,941,609	10.6%

Santa Clara Family Health Plan Enrollment By Network June 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	33,803	12%	10,080	100%	43,883	16%
SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics	136,732	50%	-	0%	136,732	48%
Palo Alto Medical Foundation	7,388	3%	-	0%	7,388	3%
Physicians Medical Group	46,462	17%	-	0%	46,462	16%
Premier Care	15,981	6%	-	0%	15,981	6%
Kaiser	32,224	12%	-	0%	32,224	11%
Total	272,590	100%	10,080	100%	282,670	100%
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	11.3%		12.2%		11.3%	

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JUNE-2021

		2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	FYTD var	%
NON DUAL	Adult (over 19)	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	6,698	25.5%
	Child (under 19)	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	4,304	4.5%
	Aged - Medi-Cal Only	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	11,451	11,459	11,509	11,535	11,567	360	3.2%
	Disabled - Medi-Cal Only	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	10,847	10,811	10,772	10,747	10,725	-197	(1.8%)
	Adult Expansion	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	15,404	20.7%
	BCCTP	11	11	11	11	11	11	11	10	10	11	9	9	9	-2	(18.2%)
	Long Term Care	405	402	406	407	409	389	393	388	380	373	375	367	365	-40	(9.9%)
	Total Non-Duals	219,570	222,517	225,442	227,647	230,802	233,383	235,227	237,137	238,849	240,599	242,678	244,841	246,097	26,527	12.1%

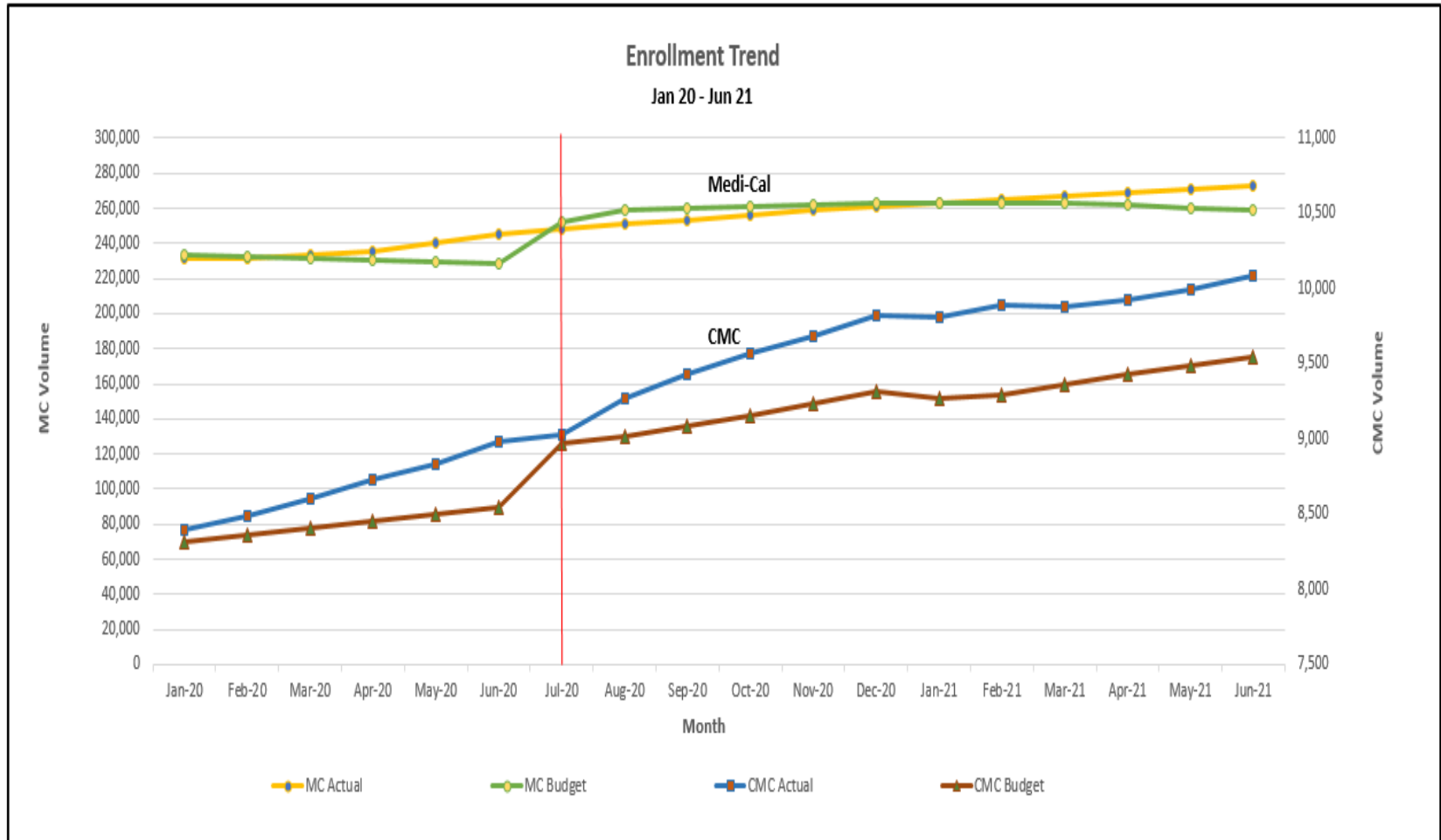
DUAL	Adult (21 Over)	321	327	320	337	354	353	353	352	355	361	357	365	366	45	14.0%
	SPD (21 Over)	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	607	2.6%
	Adult Expansion	241	261	289	358	410	498	537	590	662	742	802	863	952	711	295.0%
	Long Term Care	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	-188	(15.1%)
	Total Duals	25,318	25,490	25,562	25,605	25,688	25,819	26,060	25,956	26,246	26,363	26,365	26,405	26,493	1,175	4.6%

Total Medi-Cal	244,888	248,007	251,004	253,252	256,490	259,202	261,287	263,093	265,095	266,962	269,043	271,246	272,590	27,702	11.3%
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CMC	CMC Non-Long Term Care	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	1,120	12.8%
	CMC - Long Term Care	212	215	211	216	210	209	207	193	187	184	179	180	185	-27	(12.7%)
	Total CMC	8,987	9,029	9,266	9,428	9,570	9,679	9,820	9,807	9,893	9,880	9,924	9,989	10,080	1,093	12.2%

Total Enrollment	253,875	257,036	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	28,795	11.3%
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Enrollment Trend

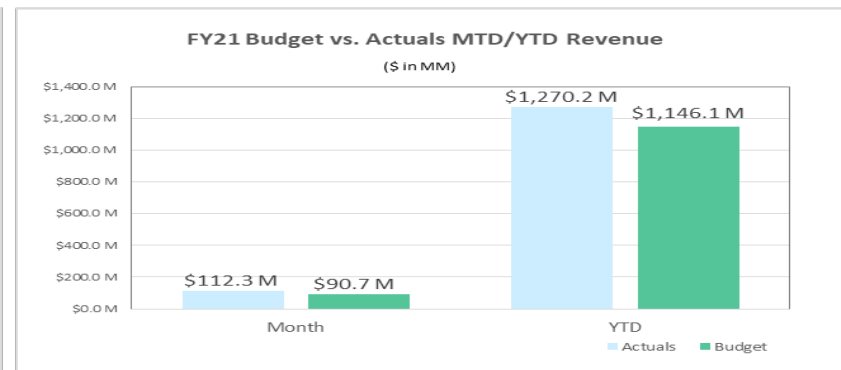
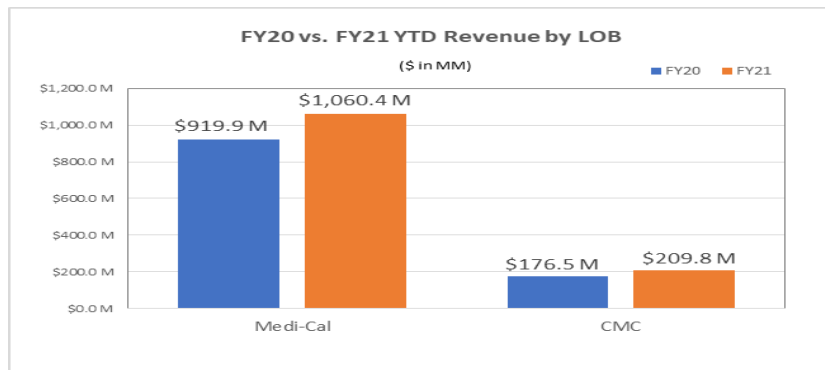


- Budgeted enrollment, represented by the green & brown lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of \$112.3M was \$21.6M or 23.8% favorable to budget of \$90.7M. The current month variance was primarily due to the following:

- MCAL Non-Dual revenue was \$14.6M net favorable to budget primarily due to the pharmacy carve-out delay (with associated medical expense increase) versus budget, coupled with favorable enrollment & CY21 rate variances in the primary categories of aid. CY21 rates were updated by DHCS retroactive to January 1.
- MCAL Dual MLTSS revenue was \$3.8M favorable to budget due to higher CY21 retro MLTSS rate and favorable CCI Dual enrollment than expected. CY21 rates were updated by DHCS retroactive to January 1.
- CMC revenue was \$3.2M favorable due to favorable current month enrollment and higher CY21 Medi-Cal rate, revised Medicare quality withhold earn back estimate, and Part-D recon accrual. CY21 rates were updated by DHCS retroactive to January 1.
- Revised estimate for prior year MCO tax was \$0.9M favorable and accrued estimate for DHCS Medi-Cal eligibility audit of \$3 million.
- Supplemental kick revenue was net unfavorable to budget due to lower maternity deliveries, offset by increased BHT, Health Home, and Hep-C utilization.

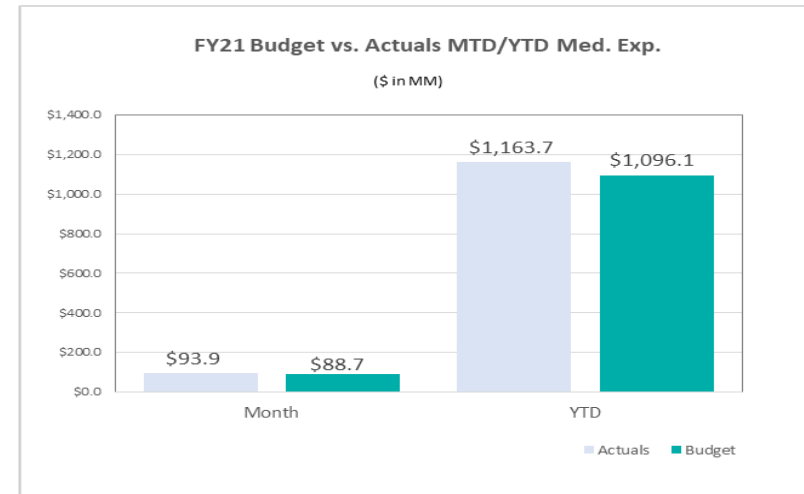
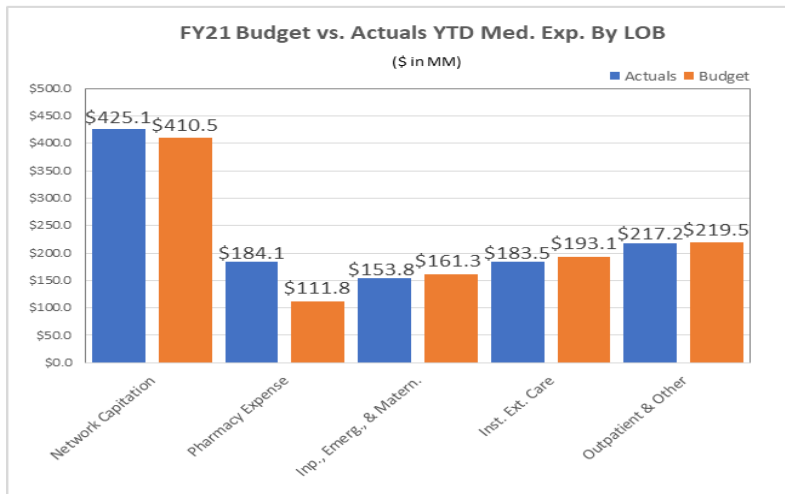


Medical Expense

Current month medical expense of \$93.9M was \$5.2M or 5.8% unfavorable to budget of \$88.7M.

The current month variance was due largely to:

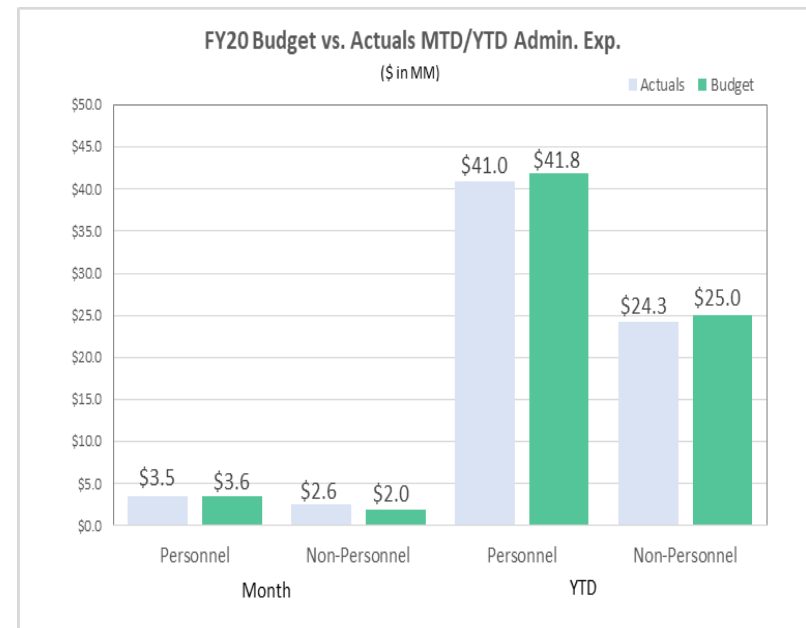
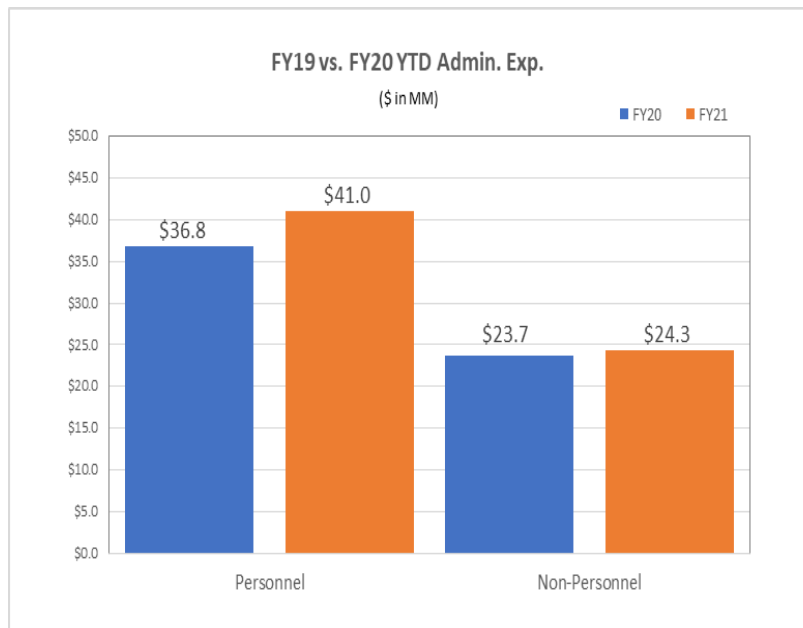
- Pharmacy expenses were \$12.5M unfavorable to budget due to postponement of the pharmacy carve-out from managed care (offset with favorable revenue variance). DHCS has advised that the pharmacy carve-out will be effective January 2022. Pharmacy performance guarantee of \$1.8M accrued.
- Fee-For-Service expenses reflected a \$6.2M or 13.2% favorable variance due to a general downward trend of utilization during COVID reflected in lower IBNR estimates and lower LTC enrollment & utilization.
- Capitation expense was \$2.1M or 6.0% net favorable to budget due to a year-end retro reconciliation, partly offset by higher CY21 capitation rates payable (increased for CY21) and increased enrollment.
- Reinsurance, Vison, and Other expenses were \$2.8M or 88.5% unfavorable to budget due to a Medi-Cal VSP cost sharing true-up coupled with updated risk pool estimates.



Administrative Expense

Current month expense of \$6.1M was \$500K or 9.0% unfavorable to budget of \$5.6M. The current month variances were primarily due to the following:

- Personnel expenses were \$68K or 1.9% favorable to budget due to lower headcount than budget, partly offset by increased retirement and benefit expense accruals.
- Non-Personnel expenses were \$568K or 28.4% unfavorable to budget due to the timing of certain expenses (consulting, translation and other fees) and unbudgeted pharmacy benefits manager (PBM) fees.



Balance Sheet

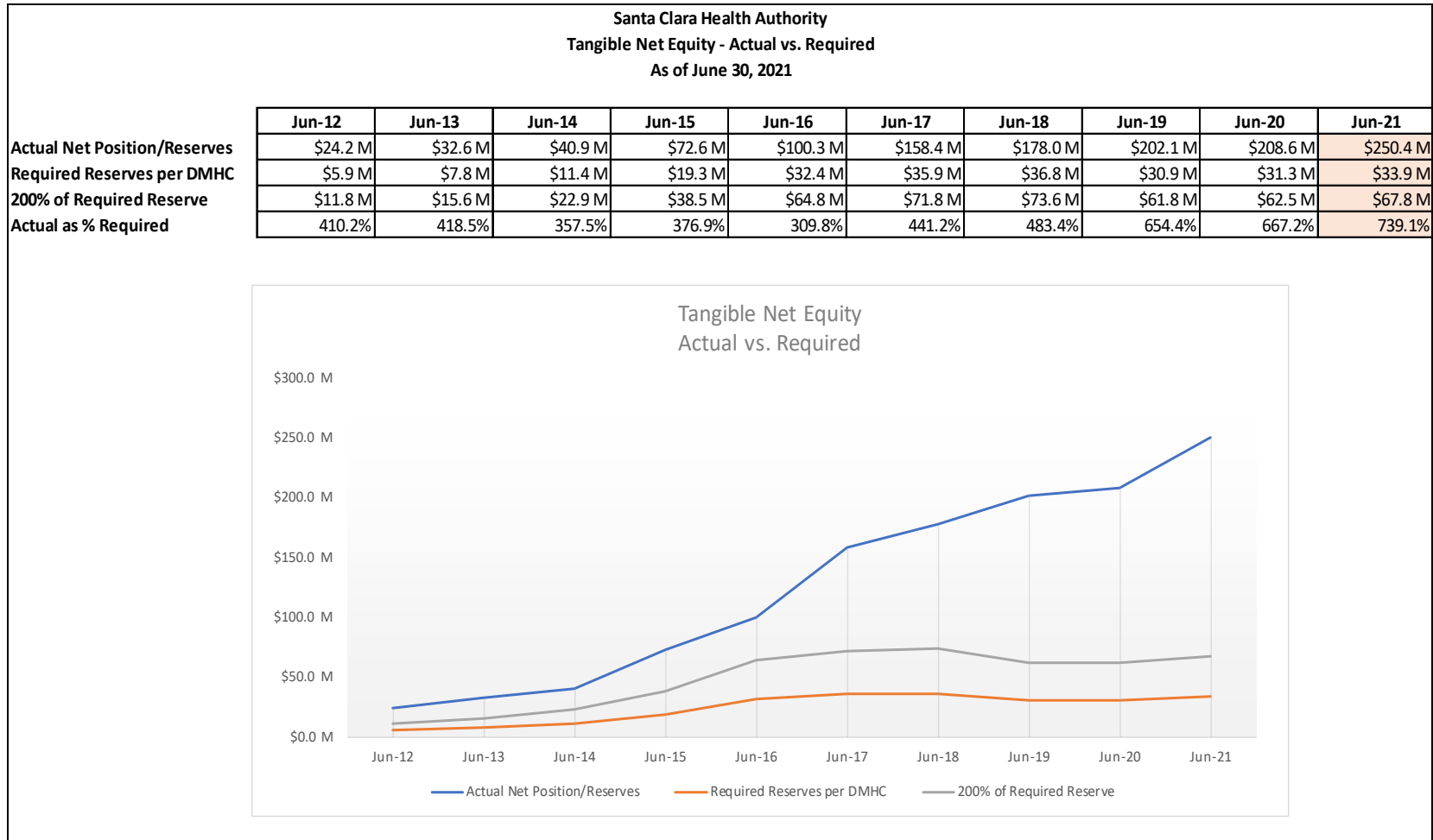
- Current assets totaled \$929M compared to current liabilities of \$711M, yielding a current ratio (Current Assets/Current Liabilities) of 1.31:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$74.1M compared to the cash balance as of year-end June 30, 2020 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	\$182,359,239	0.85%	\$145,772	\$1,466,948
Wells Fargo Investments	<u>\$215,085,767</u>	0.11%	<u>\$1,628</u>	<u>\$296,085</u>
	\$397,445,006		\$147,400	\$1,763,032
Cash & Equivalents				
Bank of the West Money Market	\$128,831	0.10%	\$898	\$17,023
Wells Fargo Bank Accounts	<u>\$10,172,729</u>	0.01%	<u>\$346</u>	<u>\$6,072</u>
	\$10,301,560		\$1,244	\$23,095
Assets Pledged to DMHC				
Restricted Cash	\$325,000	0.18%	\$0	\$1,238
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u>\$408,072,066</u>		<u>\$148,644</u>	<u>\$1,787,365</u>

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- Overall cash and investment yield is lower than budget (0.44% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was \$250.4M - representing approximately two months of the Plan's total expenses.



Reserves Analysis

SCFHP RESERVES ANALYSIS JUNE 2021				
Financial Reserve Target #1: Tangible Net Equity				
	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				\$205,979,821 *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	\$4,000,000	\$961,743	\$662,727	\$3,337,274
Innovation & COVID-19 Fund	\$16,000,000	\$4,790,000	\$2,269,999	\$13,730,001
Subtotal	\$20,000,000	\$5,751,743	\$2,932,726	\$17,067,275
Net Book Value of Fixed Assets				\$27,056,664
Restricted Under Knox-Keene Agreement				\$325,000
Total Tangible Net Equity (TNE)				\$250,428,759
Current Required TNE				\$33,885,059
TNE %				739.1%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				\$118,597,705
500% of Required TNE (High)				\$169,425,293
Total TNE Above/(Below) SCFHP Low Target				\$131,831,055
Total TNE Above/(Below) High Target				\$81,003,467
Financial Reserve Target #2: Liquidity				
Cash & Investments				\$408,072,066
Less Pass-Through Liabilities:				
Hospital Directed Payments				(576,762)
MCO Tax Payable to State of CA				(31,975,622)
Whole Person Care / Prop 56				(44,001,737)
Other Pass-Through Liabilities (Note 2)				(59,840,536)
Total Pass-Through Liabilities				(136,394,658)
Net Cash Available to SCFHP				271,677,408
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(141,408,862)
60 Days of Total Operating Expense				(188,545,150)
Liquidity Above/(Below) SCFHP Low Target				130,268,545
Liquidity Above/(Below) High Target				\$83,132,258

- **Unrestricted Net Assets represents less than 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

- Fewer capital projects were undertaken during FY21 due to COVID and the remotely-deployed workforce.

Expenditure	YTD Actual	Annual Budget
Community Resource Center	\$2,842,210	\$3,507,100
Hardware	\$592,717	\$1,282,500
Software	\$202,218	\$1,194,374
Building Improvements	\$498,320	\$866,500
Furniture & Equipment	\$1,520	\$28,000
TOTAL	\$4,136,985	\$6,878,474



**Santa Clara Family
Health Plan™**

Financial Statements

Income Statement



Santa Clara County Health Authority INCOME STATEMENT For Twelve Months Ending June 30, 2021

	Jun-2021	% of	Jun-2021	% of	Current Month Variance		YTD Jun-2021	% of	YTD Jun-2021	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
REVENUES												
MEDI-CAL	\$ 92,227,097	82.1%	\$ 73,837,322	81.4%	\$ 18,389,775	24.9%	\$ 1,060,407,880	83.5%	\$ 950,040,828	82.9%	\$ 110,367,052	11.6%
CMC MEDI-CAL	4,447,880	4.0%	2,965,730	3.3%	1,482,150	50.0%	45,682,524	3.6%	35,193,947	3.1%	10,488,577	29.8%
CMC MEDICARE	15,642,059	13.9%	13,946,124	15.4%	1,695,935	12.2%	164,090,927	12.9%	160,866,415	14.0%	3,224,512	2.0%
TOTAL CMC	20,089,939	17.9%	16,911,854	18.6%	3,178,085	18.8%	209,773,450	16.5%	196,060,362	17.1%	13,713,088	7.0%
TOTAL REVENUE	\$ 112,317,036	100.0%	\$ 90,749,176	100.0%	\$ 21,567,860	23.8%	\$ 1,270,181,330	100.0%	\$ 1,146,101,190	100.0%	\$ 124,080,140	10.8%
MEDICAL EXPENSES												
MEDI-CAL	\$ 78,556,025	69.9%	\$ 72,837,490	80.3%	\$ (5,718,535)	-7.9%	\$ 977,614,246	77.0%	\$ 911,232,681	79.5%	\$ (66,381,565)	-7.3%
CMC MEDI-CAL	3,532,326	3.1%	3,087,583	3.4%	(444,743)	-14.4%	35,337,957	2.8%	36,344,427	3.2%	1,006,470	2.8%
CMC MEDICARE	11,786,401	10.5%	12,766,095	14.1%	979,694	7.7%	150,784,710	11.9%	148,496,391	13.0%	(2,288,319)	-1.5%
TOTAL CMC	15,318,727	13.6%	15,853,678	17.5%	534,951	3.4%	186,122,667	14.7%	184,840,818	16.1%	(1,281,849)	-0.7%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
TOTAL MEDICAL EXPENSES	\$ 93,874,753	83.6%	\$ 88,691,168	97.7%	\$ (5,183,584)	-5.8%	\$ 1,163,744,216	91.6%	\$ 1,096,073,498	95.6%	\$ (67,670,718)	-6.2%
MEDICAL OPERATING MARGIN	\$ 18,442,283	16.4%	\$ 2,058,008	2.3%	\$ 16,384,275	796.1%	\$ 106,437,114	8.4%	\$ 50,027,691	4.4%	\$ 56,409,423	112.8%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	\$ 3,517,033	3.1%	\$ 3,584,742	4.0%	\$ 67,708	1.9%	\$ 40,986,948	3.2%	\$ 41,846,146	3.7%	\$ 859,198	2.1%
RENTS AND UTILITIES	44,378	0.0%	43,274	0.0%	(1,104)	-2.6%	478,645	0.0%	466,382	0.0%	(12,263)	-2.6%
PRINTING AND ADVERTISING	82,122	0.1%	77,429	0.1%	(4,692)	-6.1%	331,869	0.0%	900,375	0.1%	568,506	63.1%
INFORMATION SYSTEMS	349,529	0.3%	354,989	0.4%	5,460	1.5%	3,310,912	0.3%	4,133,867	0.4%	822,955	19.9%
PROF FEES/CONSULTING/TEMP STAFFING	1,324,193	1.2%	879,221	1.0%	(444,971)	-50.6%	11,793,641	0.9%	11,191,380	1.0%	(602,261)	-5.4%
DEPRECIATION/INSURANCE/EQUIPMENT	392,431	0.3%	393,134	0.4%	704	0.2%	4,298,231	0.3%	4,410,632	0.4%	112,401	2.5%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	76,581	0.1%	66,006	0.1%	(10,575)	-16.0%	785,982	0.1%	783,710	0.1%	(2,272)	-0.3%
MEETINGS/TRAVEL/DUES	113,087	0.1%	101,944	0.1%	(11,143)	-10.9%	1,004,179	0.1%	1,300,599	0.1%	296,420	22.8%
OTHER	182,194	0.2%	80,667	0.1%	(101,527)	-125.9%	2,304,326	0.2%	1,862,104	0.2%	(442,222)	-23.7%
TOTAL ADMINISTRATIVE EXPENSES	\$ 6,081,548	5.4%	\$ 5,581,407	6.2%	\$ (500,141)	-9.0%	\$ 65,294,734	5.1%	\$ 66,895,196	5.8%	\$ 1,600,462	2.4%
OPERATING SURPLUS (LOSS)	\$ 12,360,735	11.0%	\$ (3,523,399)	-3.9%	\$ 15,884,134	450.8%	\$ 41,142,380	3.2%	\$ (16,867,505)	-1.5%	\$ 58,009,884	343.9%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	\$ 65,750	0.1%	\$ 60,000	0.1%	\$ (5,750)	-9.6%	\$ 917,221	0.1%	\$ 720,000	0.1%	\$ (197,221)	-27.4%
GASB 68 - UNFUNDED PENSION LIABILITY	(156,500)	-0.1%	75,000	0.1%	231,500	308.7%	1,289,458	0.1%	900,000	0.1%	(389,458)	-43.3%
NON-OPERATING EXPENSES	\$ (90,750)	-0.1%	\$ 135,000	0.1%	\$ 225,750	167.2%	\$ 2,206,679	0.2%	\$ 1,620,000	0.1%	\$ (586,679)	-36.2%
INTEREST & INVESTMENT INCOME	\$ 148,644	0.1%	\$ 350,000	0.4%	\$ (201,356)	-57.5%	\$ 1,787,365	0.1%	\$ 4,200,000	0.4%	\$ (2,412,635)	-57.4%
OTHER INCOME	33,653	0.0%	33,668	0.0%	(15)	0.0%	1,064,907	0.1%	400,928	0.0%	663,979	165.6%
NON-OPERATING INCOME	\$ 182,297	0.2%	\$ 383,668	0.4%	\$ (201,371)	-52.5%	\$ 2,852,272	0.2%	\$ 4,600,928	0.4%	\$ (1,748,656)	-38.0%
NET NON-OPERATING ACTIVITIES	\$ 273,047	0.2%	\$ 248,668	0.3%	\$ 24,379	9.8%	\$ 645,593	0.1%	\$ 2,980,928	0.3%	\$ (2,335,335)	-78.3%
NET SURPLUS (LOSS)	\$ 12,633,783	11.2%	\$ (3,274,731)	-3.6%	\$ 15,908,513	485.8%	\$ 41,787,972	3.3%	\$ (13,886,577)	-1.2%	\$ 55,674,549	400.9%

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY
As of June 30, 2021

	Jun-2021	May-2021	Apr-2021	Jun-2020
Assets				
Current Assets				
Cash and Investments	408,072,066	623,375,356	393,293,437	333,959,470
Receivables	512,740,456	508,680,106	729,385,339	811,006,716
Prepaid Expenses and Other Current Assets	8,562,115	8,742,359	10,329,799	9,863,699
Total Current Assets	929,374,636	1,140,797,820	1,133,008,575	1,154,829,884
Long Term Assets				
Property and Equipment	51,522,871	51,226,087	51,175,489	47,385,886
Accumulated Depreciation	(24,466,207)	(24,128,608)	(23,795,734)	(20,736,798)
Total Long Term Assets	27,056,664	27,097,478	27,379,755	26,649,087
Total Assets	956,431,300	1,167,895,299	1,160,388,330	1,181,478,972
Deferred Outflow of Resources				
	8,402,260	8,402,260	8,402,260	8,402,260
Total Assets & Deferred Outflows	964,833,560	1,176,297,559	1,168,790,590	1,189,881,232
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,471,129	4,443,990	6,233,361	10,460,763
Deferred Rent	48,331	48,630	48,928	23,932
Employee Benefits	3,127,996	3,268,814	3,158,835	2,174,389
Retirement Obligation per GASB 75	2,921,863	2,965,368	2,899,618	2,113,897
Deferred Revenue - Medicare	0	0	13,231,624	191,510
Whole Person Care / Prop 56	44,001,737	55,671,419	52,715,488	34,643,968
Payable to Hospitals	103,819	103,797	103,805	0
Payable to Hospitals	472,944	179,861,728	179,860,984	274,496,125
Pass-Throughs Payable	181	43,761,368	43,742,187	801,274
Due to Santa Clara County Valley Health Plan and Kaiser	22,604,657	29,138,890	29,440,619	34,945,075
MCO Tax Payable - State Board of Equalization	31,975,622	18,230,781	9,216,954	48,615,420
Due to DHCS	59,840,355	54,904,066	53,734,670	56,444,515
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,268,582	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	109,599,924	114,710,988	112,260,630	87,105,151
Total Current Liabilities	711,453,516	935,394,797	934,210,311	979,578,618
Non-Current Liabilities				
Net Pension Liability GASB 68	1,289,458	1,445,957.68	1,602,458	(0)
Total Non-Current Liabilities	1,289,458	1,445,957.68	1,602,458	(0)
Total Liabilities	712,742,974	936,840,755	935,812,769	979,578,618
Deferred Inflow of Resources				
	1,661,827	1,661,827	1,661,827	1,661,827
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,337,274	3,337,274	3,337,274	3,459,274
Board Designated Fund: Innovation & COVID-19 Fund	13,730,001	13,830,001	13,830,001	13,880,001
Invested in Capital Assets (NBV)	27,056,664	27,097,478	27,379,755	26,649,087
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	164,191,849	164,051,034	163,768,758	157,832,041
Current YTD Income (Loss)	41,787,972	29,154,190	22,675,207	6,515,034
Total Net Assets / Reserves	250,428,759	237,794,977	231,315,994	208,640,787
Total Liabilities, Deferred Inflows and Net Assets	964,833,560	1,176,297,559	1,168,790,590	1,189,881,232

Cash Flow Statement



	<u>Jun-2021</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	126,937,815	1,555,203,632
Medical Expenses Paid	(105,520,050)	(1,152,867,510)
Administrative Expenses Paid	(236,606,569)	(326,938,812)
Net Cash from Operating Activities	(215,188,803)	75,397,309
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(296,784)	(4,136,985)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	182,297	2,852,272
Net Increase/(Decrease) in Cash & Cash Equivalents	(215,303,290)	74,112,596
Cash & Investments (Beginning)	623,375,356	333,959,470
Cash & Investments (Ending)	408,072,066	408,072,066
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	12,451,485	38,935,701
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	337,599	3,729,409
Changes in Operating Assets/Liabilities		
Premiums Receivable	(4,060,351)	298,266,260
Prepays & Other Assets	180,245	1,301,584
Accounts Payable & Accrued Liabilities	(230,977,114)	(265,757,850)
State Payable	18,681,130	(13,243,958)
IGT, HQAF & Other Provider Payables	(6,534,233)	(12,340,419)
Net Pension Liability	(156,500)	1,289,458
Medical Cost Reserves & PDR	(5,111,064)	22,494,773
IHSS Payable	0	722,351
Total Adjustments	(227,640,289)	36,461,609
Net Cash from Operating Activities	(215,188,803)	75,397,309

Statement of Operations by Line of Business - YTD



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

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	\$1,060,407,880	\$45,682,524	\$164,090,927	\$209,773,450	\$1,270,181,330
MEDICAL EXPENSE (MLR)	\$977,614,246 92.2%	\$35,337,957 77.4%	\$150,784,710 91.9%	\$186,122,667 88.7%	\$1,163,744,216 91.6%
GROSS MARGIN	\$82,793,634	\$10,344,566	\$13,306,217	\$23,650,783	\$106,437,114
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	\$54,511,154	\$2,348,348	\$8,435,231	\$10,783,580	\$65,294,734
OPERATING INCOME/(LOSS) (% of Revenue Allocation)	\$28,282,480	\$7,996,218	\$4,870,985	\$12,867,203	\$41,142,380
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	\$538,972	\$23,219	\$83,402	\$106,621	\$645,593
NET INCOME/(LOSS)	\$28,821,451	\$8,019,437	\$4,954,388	\$12,973,824	\$41,787,972
PMPM (ALLOCATED BASIS)					
REVENUE	\$338.00	\$392.58	\$1,410.14	\$1,802.72	\$390.39
MEDICAL EXPENSES	\$311.61	\$303.68	\$1,295.79	\$1,599.47	\$357.67
GROSS MARGIN	\$26.39	\$88.90	\$114.35	\$203.25	\$32.71
ADMINISTRATIVE EXPENSES	\$17.38	\$20.18	\$72.49	\$92.67	\$20.07
OPERATING INCOME/(LOSS)	\$9.01	\$68.72	\$41.86	\$110.58	\$12.65
OTHER INCOME/(EXPENSE)	\$0.17	\$0.20	\$0.72	\$0.92	\$0.20
NET INCOME/(LOSS)	\$9.19	\$68.92	\$42.58	\$111.49	\$12.84
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	3,137,271	116,365	116,365	116,365	3,253,636
REVENUE BY LOB	83.5%	3.6%	12.9%	16.5%	100.0%



Santa Clara Family
Health Plan™

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JULY-2021

		2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	FYTD var	%
NON DUAL	Adult (over 19)	27,066	27,877	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	33,336	339	1.0%
	Child (under 19)	96,605	97,359	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	100,666	189	0.2%
	Aged - Medi-Cal Only	11,227	11,178	11,229	11,263	11,328	11,385	11,463	11,451	11,459	11,509	11,535	11,567	11,613	46	0.4%
	Disabled - Medi-Cal Only	10,944	10,910	10,839	10,875	10,830	10,849	10,877	10,847	10,811	10,772	10,747	10,725	10,736	11	0.1%
	Adult Expansion	76,262	77,701	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,763	806	0.9%
	BCCTP	11	11	11	11	11	11	10	10	11	9	9	9	9	0	0.0%
	Long Term Care	402	406	407	409	389	393	388	380	373	375	367	365	367	2	0.5%
	Total Non-Duals	222,517	225,442	227,647	230,802	233,383	235,227	237,137	238,849	240,599	242,678	244,841	246,097	247,490	1,393	0.6%
DUAL	Adult (21 Over)	327	320	337	354	353	353	352	355	361	357	365	366	369	3	0.8%
	SPD (21 Over)	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	24,053	-62	(0.3%)
	Adult Expansion	261	289	358	410	498	537	590	662	742	802	863	952	1,046	94	9.9%
	Long Term Care	1,261	1,267	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,072	12	1.1%
	Total Duals	25,490	25,562	25,605	25,688	25,819	26,060	25,956	26,246	26,363	26,365	26,405	26,493	26,540	47	0.2%
Total Medi-Cal	248,007	251,004	253,252	256,490	259,202	261,287	263,093	265,095	266,962	269,043	271,246	272,590	274,030	1,440	0.5%	
CMC	CMC Non-Long Term Care	8,814	9,055	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,954	59	0.6%
	CMC - Long Term Care	215	211	216	210	209	207	193	187	184	179	180	185	194	9	4.9%
	Total CMC	9,029	9,266	9,428	9,570	9,679	9,820	9,807	9,893	9,880	9,924	9,989	10,080	10,148	68	0.7%
Total Enrollment	257,036	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	284,178	1,508	0.5%	

RESOLUTION TO TRANSFER BANKING RELATIONSHIP

WHEREAS, the Santa Clara County Health Authority dba Santa Clara Family Health Plan (the Plan) currently invests in two vehicles: (1) the Santa Clara County Pooled Investment Trust and (2) the Wells Fargo Asset Management Portfolio.

WHEREAS, Wells Fargo Capital Management (Wells Cap) has sold their investment arm to a private equity firm who will now operate under the name All Spring Global Investments.

WHEREAS, after considering banking alternatives, the Plan seeks to move its operational and investment banking relationship from Wells Fargo Bank to City National Bank and its affiliate City National Rochdale Investment Management.

WHEREAS, the Plan's investment policy requires Board approval to make changes in the investment management while City National Bank requires a Board resolution to open new accounts.

NOW, THEREFORE, BE IT RESOLVED:

- I. As per Investment Policy FA.07 v3, the Plan is responsible for reviewing said policy and its current investment strategy on an annual basis (reviewed April 2021).
- II. Based on the current information that Wells Fargo Capital Management was sold and that all assets will be transferred to All Spring Global Investments at the end of 2021, management recommends that the Plan engage the services of City National Rochdale Investment Management as its new investment advisors and City National Bank as its bank for operational banking accounts.
- III. Once the asset transfer and operational banking relationship is approved by the Governing Board, the Plan's CFO will engage City National Rochdale Investment Management and City National Bank and will initiate transfer of assets and funds to new accounts in Plan's name.

PASSED AND ADOPTED by the Governing Board of the Santa Clara County Health Authority.

This ____ day of _____

BY:

Robert Brownstein, Board Chair

Santa Clara County Health Authority

Fiscal Year 2020-2021 Team Incentive Compensation

Performance Level	Payout (% of salary/wages)	Medi-Cal HEDIS (average performance score)	CMC HEDIS (average performance score)	Compliance Metrics (% of dashboard metrics in compliance)
<i>weighting</i>		30%	30%	40%
Maximum	3%	≥ 2.70	≥ 2.25	98% - 100%
Target	2%	2.50-2.69	2.00-2.24	95% - 97.9%
Minimum	1%	2.30-2.49	1.75-1.99	93% - 94.9%
FYE Actual		2.24	1.71	90.3%

Calculation:

- 0.30 (Medi-Cal HEDIS Payout %) + 0.30 (CMC HEDIS Payout %) + 0.40 (Compliance Metrics Payout %) = **Overall Percent Payout**
- All non-executive staff are eligible to receive the Overall Percent Payout multiplied by the salary/wages they were paid as a regular employee from July 2020 through June 2021. (Does not include PTO cash out.)

Process:

- Santa Clara Family Health Plan must **meet or exceed budgeted financial performance** as a gate to any incentive award consideration.
- Incentive compensation will be determined upon receipt of the audited financial statements for the fiscal 2020-21 performance year.
- **Medi-Cal HEDIS** will be calculated as the average point value of all 21 measures held to the minimum performance level (MPL), based on a four-point scale.
- **CMC HEDIS** will be calculated as the average point value of all 51 quality measures (aggregated) with NCQA benchmarks, based on a four-point scale.
- **Compliance Metrics** will be calculated as the percent of compliance dashboard measures that meet or exceed regulatory requirements (July 2020 – June 2021).
- To be eligible to receive a payout, an employee must be employed by Santa Clara Family Health Plan in a regular position at the time of distribution.

FY 2021-22 FOCUS

Drive Quality Improvement & Reduce Health Disparities

DRAFT

	Plan Objectives	Success Measures
1	Lead improvement in the health of communities impacted by disparities	<ul style="list-style-type: none"> • Pursue bold initiative(s) to address community health disparities in collaboration with community partners • Collaborate with community & system partners on programs/services/resources at the CRC to advance health/well-being of members & residents • Explore South County community resource center • Implement YMCA membership benefit for Medi-Cal and CMC members • Expand health education offerings and participation for members and community • Raise Plan visibility in community and with elected officials
2	Pursue benchmark quality and health equity	<ul style="list-style-type: none"> • Increase screenings to $\geq 11,000$ developmental & $\geq 9,500$ blood lead (< 6 yrs), and $\geq 7,500$ trauma (< 65 yrs), implement process to ID positive screens, and expand provider education & engagement regarding referrals • Achieve HEDIS average performance score of 2.30 for Medi-Cal and 2.02 for Cal MediConnect • Pursue reduction in HEDIS outcome disparities by network and ethnicity on ≥ 2 metrics • Develop roadmap for NCQA Distinction in Multicultural Health Care • Successfully pass NCQA re-survey of CMC by March 2022 • Execute 100% of Medi-Cal NCQA Delegation Agreements by June 2022 • Increase behavioral health prevention and treatment in schools
3	Implement initial CalAIM deliverables	<ul style="list-style-type: none"> • Implement CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) by January 2022 • Create a Population Health Management (PHM) strategy that aligns with CalAIM and NCQA • Implement Major Organ Transplant carve-in for adults effective January 2022 • Successfully initiate transition to CalAIM programs, influencing and adjusting to changes that arise, while maintaining a focus on member and community benefit

Critical Priority

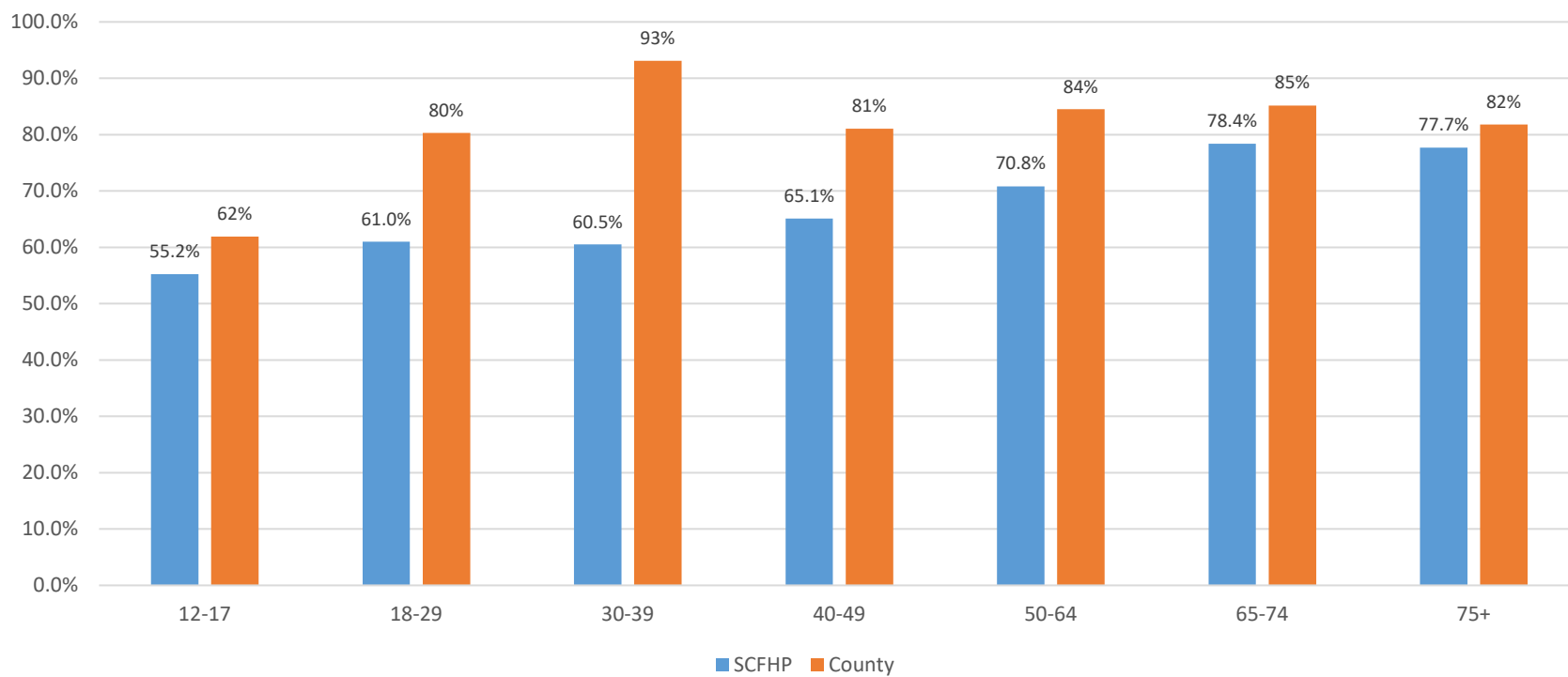
	Plan Objectives	Success Measures
4	Enhance compliance program and delegation oversight	<ul style="list-style-type: none"> • \geq 95% of metrics on Compliance Dashboard in compliance • Update delegate agreements to strengthen compliance enforcement
5	Foster membership growth and retention	<ul style="list-style-type: none"> • Increase Medi-Cal market share to 80% • Achieve net increase of 835 Cal MediConnect members • Establish provider/delegate satisfaction baseline, by line of business, by March 2022 • Evaluate provider network access at a delegate level by March 2022 • Implement new provider payment vendor solution by November 2021 • Execute preparatory steps for Dual Eligible Special Needs Plan (D-SNP) implementation January 2023
6	Achieve budgeted financial performance	<ul style="list-style-type: none"> • Achieve FY 2021-22 net surplus of \$8.6 million (0.6% of revenue) • Maintain administrative loss ratio \leq 7% of revenue
7	Seek to be an Employer of Choice	<ul style="list-style-type: none"> • Achieve average of overall ratings on employee satisfaction survey that exceeds norm of CA plans surveyed • Provide unconscious bias training to all staff, and diversity & sensitivity training to management

Critical Priority

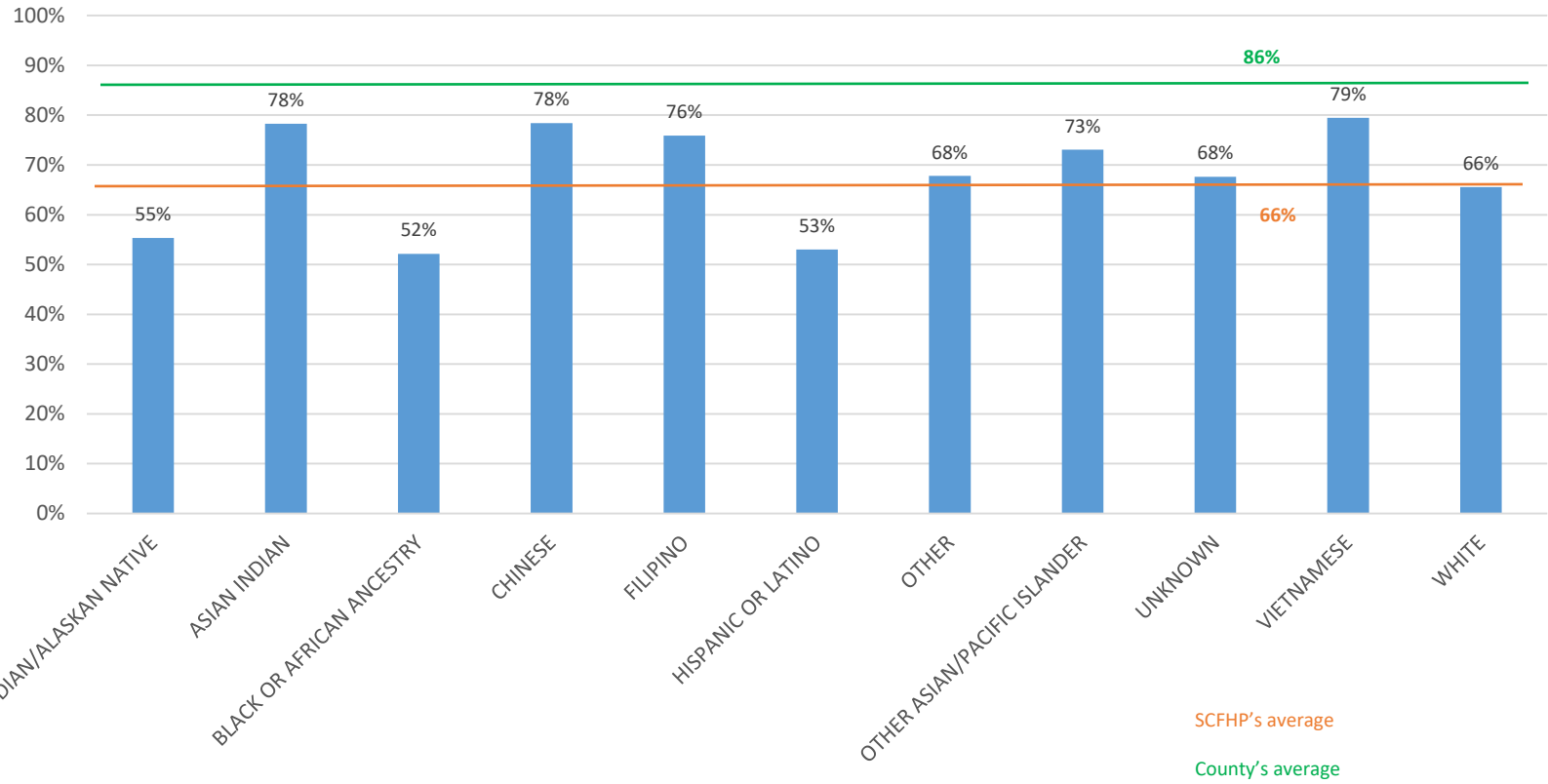
SCFHP COVID-19 Summary – August 20, 2021

Group	Focus Area	Activities and Metrics
Members	Statistics	<p>Data as of 8/20/2021</p> <ul style="list-style-type: none"> • 6,489 members positive • Cumulatively 1,815 members hospitalized • 191 deceased (101 SNF and 90 non-SNF), representing 11.2% of County-reported total (total membership equals about 12% of the County population)
	Vaccinations	<ul style="list-style-type: none"> • 12,604 members partially vaccinated; 128,745 members fully vaccinated • Mailed flier cobranded with County Public Health Department to 8,230 non-vaccinated Medi-Cal, non-Kaiser, members age 65+ with information about how to get vaccinated, including how to access transportation • Mailed letter to 16,900 non-vaccinated members age 16-64 with information on how to schedule a vaccine appointment, vaccine safety, and transportation • Held six vaccine clinics, fully vaccinating a total of 872 individuals • Called 458 non-vaccinated members residing near the CRC to promote the COVAX clinic • Completed robocalls on 5/4 to 2,944 non-vaccinated CMC members to provide vaccine appointment contact info and offer transportation • Completed robocalls on 5/20 to 103,057 non-vaccinated members age 16+ to provide vaccine appointment contact info and offer transportation • Completed second robocall campaign to 11,360 members age 12-15 on 7/12 to provide vaccine appointment contact info and offer transportation • Completed outreach calls to 1,042 members age 21+ (in independent physician network), offering to help schedule appointments for those unvaccinated • Conducting outreach calls to parents and guardians of 780 members age 12 for well care visit reminders and sharing information on where/how to schedule COVID vaccine appointment if member is unvaccinated (expected completion is late August)

Percent of Population Who Received ≥ 1 COVAX Dose by Age Band, as of 8/12/2021



SCFHP Members Who Received ≥1 COVAX Dose by Ethnicity, as of 8/12/2021





COVID Vaccine Member Data

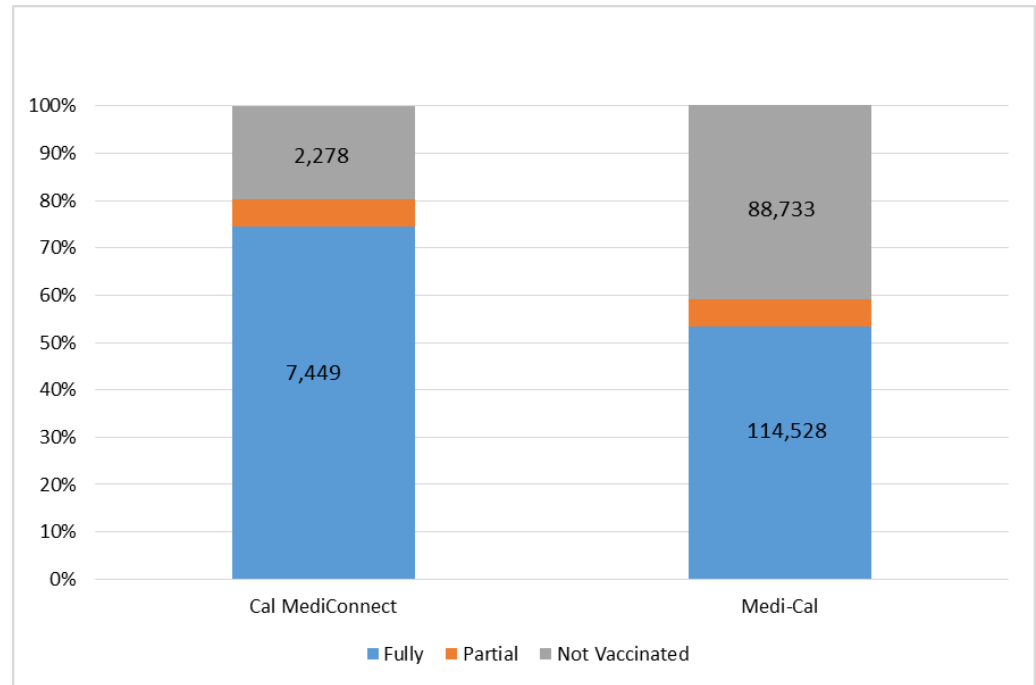
SCFHP Member Vaccination Rate by LOB

Cal MediConnect (CMC)

- Fully: 74%
- Partially: 6%
- Not vaccinated: 20%

Medi-Cal

- Fully: 53%
- Partially: 6%
- Not vaccinated: 41%

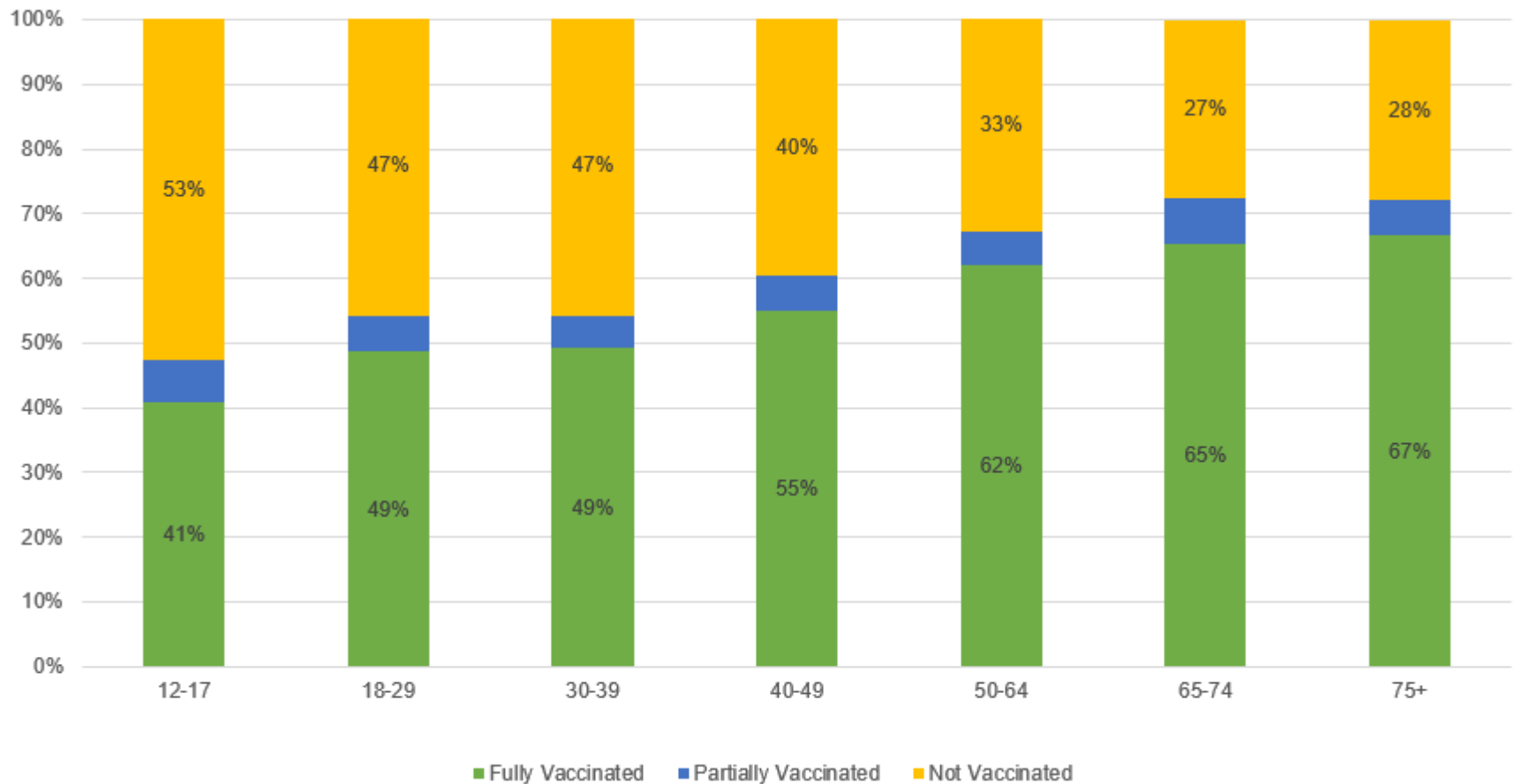


Based on data from CAIR 7/15/21



COVID Vaccine Member Data

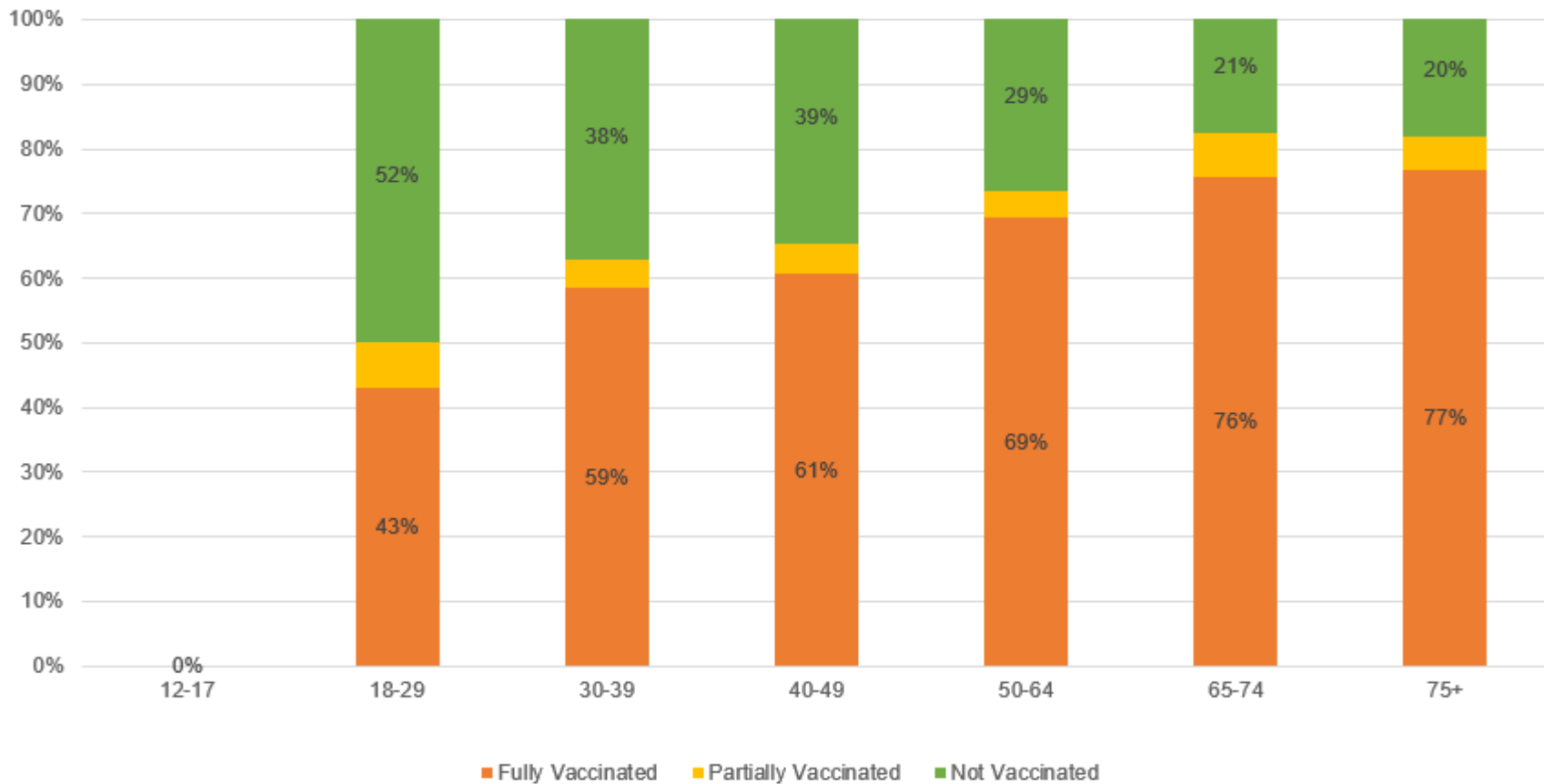
Medi-Cal Vaccination Status by Age Group
as of CAIR 7/15/21





COVID Vaccine Member Data

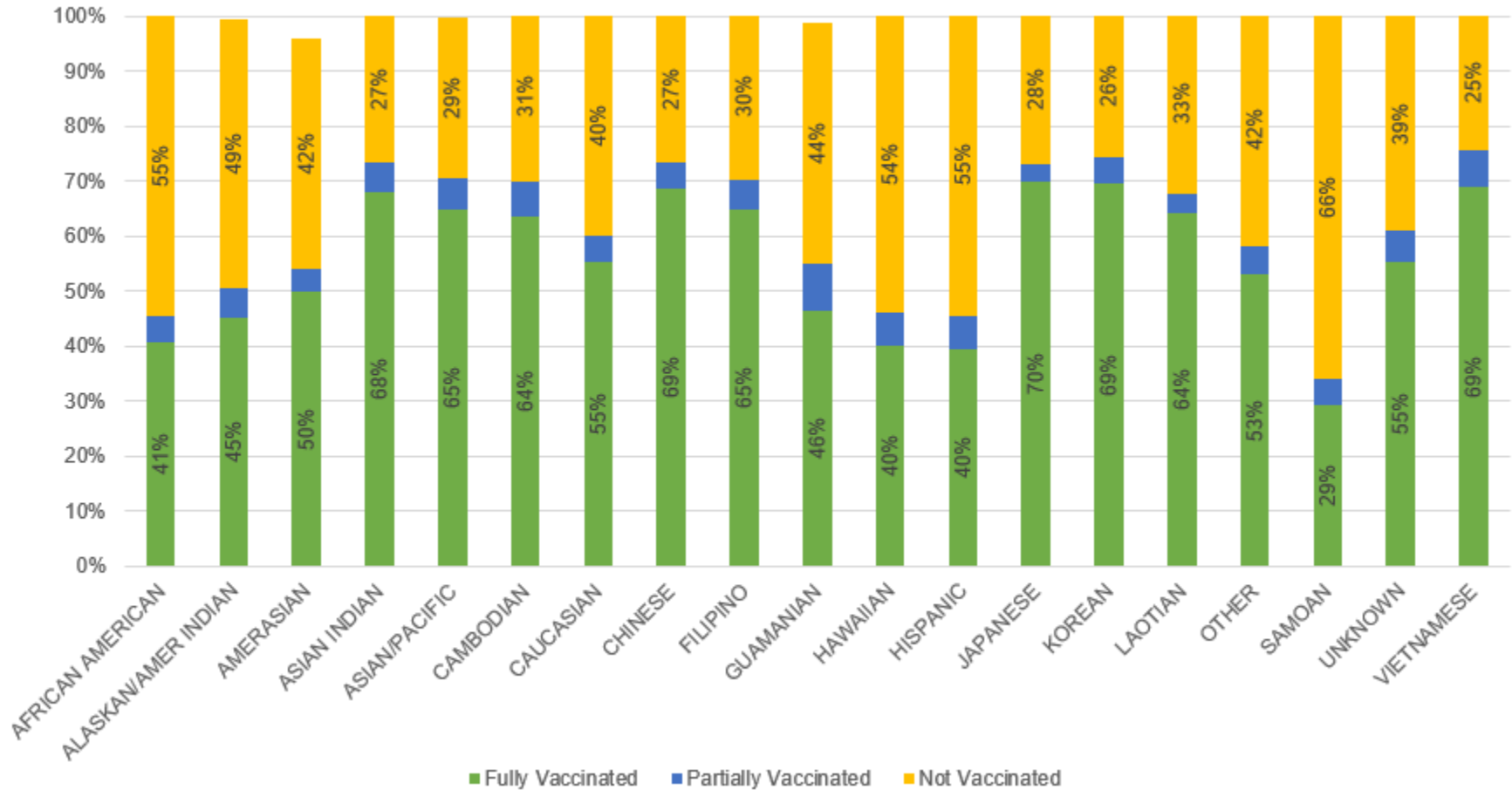
Cal MediConnect Vaccination Status by Age Group
as of CAIR 7/15/21





COVID Vaccine Member Data

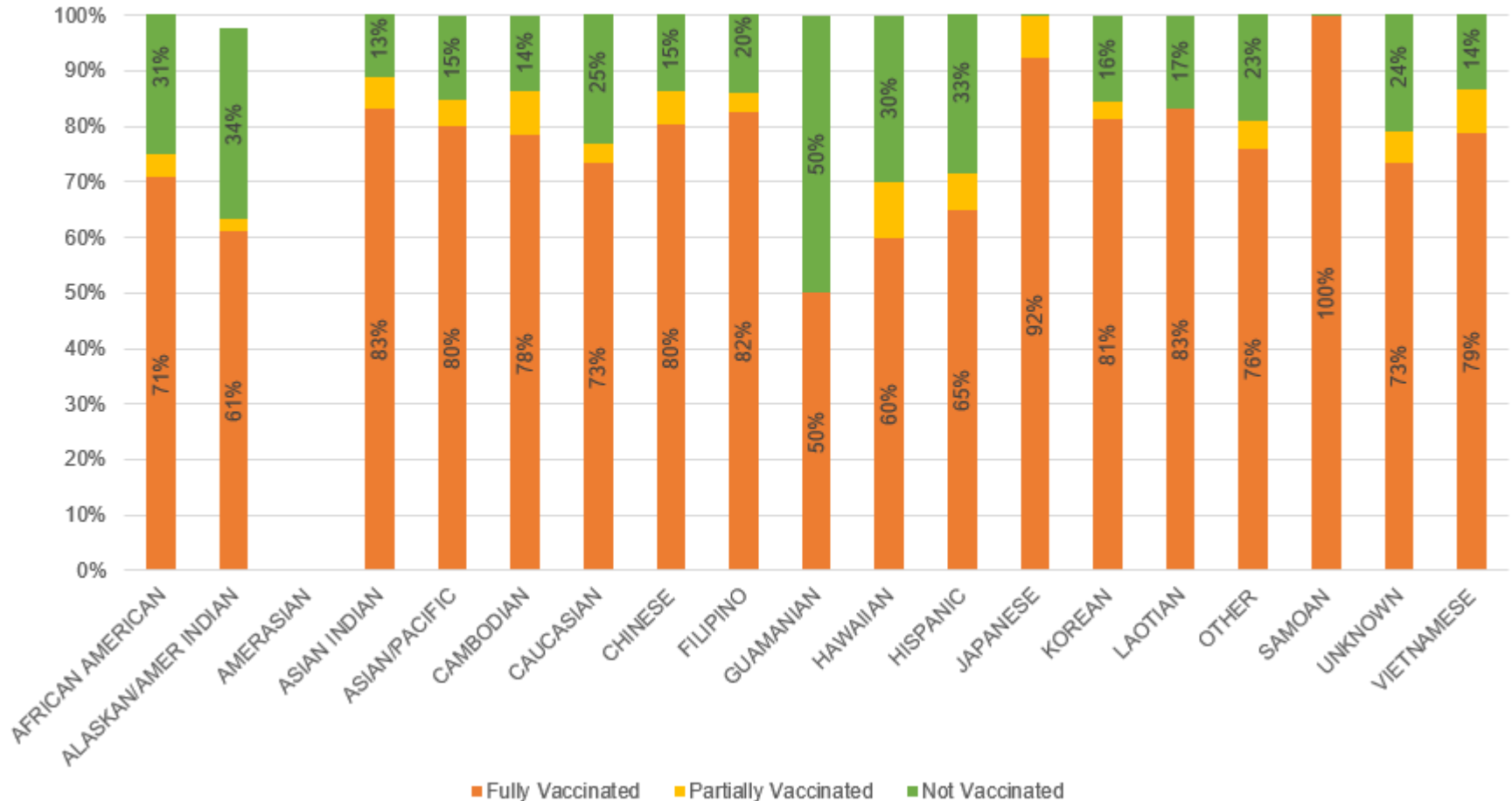
Medi-Cal Vaccination Status by Ethnicity
as of CAIR 7/15/21





COVID Vaccine Member Data

Cal MediConnect Vaccination Status by Ethnicity
as of CAIR 7/15/21





Santa Clara Family
Health Plan™

Blanca Alvarado
Community Resource Center

CRC Update – Signage and Murals

Exec/Finance Committee

August 26, 2021



Archway Signage

Entrance Signage





Lobby Mural

Kids' Room Mural





**Santa Clara Family
Health Plan™**

Government Relations Update

August 26, 2021

Federal Issues

Infrastructure reconciliation bill – possible health provisions:

- Medicare hearing, vision, and dental
- Prescription drug price negotiations
- Medicaid II
- Home and community-based services
- ACA premium subsidies
- Continuous eligibility

State Issues

Health budget trailer bill signed

- CalAIM - \$1.6 billion
- Children/Youth Behavioral Health Initiative - \$4.4 billion (five years)
- Medi-Cal Eligibility - \$2.3 billion
- New Benefits and Services - \$130 million
- Other - \$130 million

State Issues (cont'd)

CalAIM update

- Enhanced Care Management & In Lieu of Services
- Pharmacy carve-out
- Mandatory managed care populations
- Major organ transplants
- Multipurpose Senior Services Program carve-out

State Issues (cont'd)

Legislation

- AB 369 – presumptive eligibility for homeless individuals
- AB 242 – COVID-related business expenses
- SB 221 – timely access standards
- SB 316 – reimbursable FQHC visits
- SB 365 – reimbursable e-consults
- Expiring Brown Act flexibilities