



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
 6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only

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

AGENDA

1. Roll Call	Ms. 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	Ms. Murphy	10:40	5 min
<ul style="list-style-type: none"> 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 			
4. November 2021 Financial Statements Review November 2021 Financial Statements. Possible Action: Approve the November 2021 Financial Statements	Mr. Jarecki	10:45	5 min
5. Fiscal Year 2021-2022 Forecast Review Fiscal Year 2021-2022 forecast.	Mr. Jarecki	10:50	10 min
6. CMC CAHPS 2021 Results Discuss findings by race/ethnicity and related follow-up activities. Possible Action: Accept CMC CAHPS 2021 Results presentation	Dr. Liu	11:00	15 min

<p>7. Innovation Fund Expenditure Request Consider funding request for Parents Helping Parents (PHP) Connections California information hub. Possible Action: Approve expenditure from the Board Designated Innovation Fund for the PHP Connections California program</p>	<p>Ms. Watkins</p>	<p>11:15</p>	<p>20 min</p>
<p>8. CEO Update Discuss status of current topics and initiatives.</p>	<p>Ms. Tomcala</p>	<p>11:35</p>	<p>10 min</p>
<p>9. Government Relations Update Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p>	<p>Mr. Haskell</p>	<p>11:45</p>	<p>10 min</p>
<p><u>Announcement Prior to Recessing into Closed Session</u> Announcement that the Executive/Finance Committee will recess into Closed Session to discuss Item No. 10 below.</p>			
<p>10. Adjourn to Closed Session</p>		<p>11:55</p>	
<p>a. <u>Existing Litigation</u> (Government Code Section 54956.9(d)(1)): It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding litigation initiated by a vendor. Case name unspecified: disclosure of case name may jeopardize existing settlement negotiations.</p>			
<p>b. <u>Contract Rates</u> (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Executive/Finance Committee to meet in Closed Session to discuss Plan partner rates.</p>			
<p>11. Report from Closed Session</p>	<p>Ms. Murphy</p>	<p>12:25</p>	<p>5 min</p>
<p>12. Adjournment</p>		<p>12:30</p>	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Executive/Finance Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Ashley Kerner 48 hours prior to the meeting at (408) 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 Executive/Finance Committee

Thursday, November 18, 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
Michele Lew

Members Absent

Dave Cameron

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, 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
Chelsea Byom, Director, Marketing, Communications & Outreach
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Robyn Esparza, Administrative Assistant
Rita Zambrano, Executive Assistant

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 Comment

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

- a. Approve October 28, 2021 **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: Ms. Burrell
Ayes: Ms. Burrell, Michele Lew, Ms. Murphy
Absent: Mr. Brownstein, Mr. Cameron

4. September 2021 Financial Statements

Mr. Jarecki presented the September 2021 unaudited financial statements, which reflected a current month net surplus of \$9.1 million (\$7.8 million favorable to budget). **Enrollment** increased by 1,080 members from the prior month to 286,552 members (2,411 members or 0.85% lower than monthly budget). Membership growth continues due to the extended duration of the COVID pandemic during which member disenrollments have been suspended. YTD member months trailed budget by 4,629 member months or 0.5%). **Revenue** reflected a favorable current month variance of \$605 thousand (0.5%) largely due to higher CY21 rates versus budget and mix of rates coupled with higher supplemental kick revenue due to higher utilization, partially offset by lower enrollment than budgeted. Due to delayed receipt of the DHCS revenue file, September revenue was estimated and is subject to change. YTD Revenue was \$3.0 million (0.9%) favorable to budget due to the same factors. **Medical Expense** reflected a favorable current month variance of \$7.5 million (7.1%) largely due to (1) reduced IBNP estimates for FY21 & FY22 of \$3.8 million, (2) pharmacy expense favorable to budget by \$2.7 million due to lower cost trends, (3) lower capitated enrollment of \$678 thousand and (4) timing of certain other expenses, partially offset by (5) higher fee-for-service costs in certain categories and (6) higher supplemental kick utilization and expense. YTD Medical Expense was \$11.2 million (3.6%) favorable to budget due to the same factors. **Administrative Expense** reflected an unfavorable current month variance of \$132 thousand (2.0%) due to (1) pension and retiree medical estimate true-ups, (2) increased retroactive YTD team incentive partly offset by (3) lower headcount than budgeted and the (4) deferred timing of certain non-personnel expenses. YTD Administrative Expense was \$1.7 million (8.6%) 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 \$274.25 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of \$230 million. Year-to-date **Capital Investments** of \$674 thousand were made, predominately computer software licenses.

It was moved, seconded, and the September 2021 unaudited Financial Statements were unanimously approved.

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

5. D-SNP Enrollment, Marketing/Sales & Broker Systems Selection

Laura Watkins, VP, Marketing & Enrollment, reviewed the selection process for D-SNP enrollment, sales and broker systems vendors. She noted the RFP was distributed via email and nine vendors responded, with no single vendor able to provide all required functionality. Detailed evaluation criteria were established, including key functionality, ease of use, implementation, support, references, and value. Ms. Watkins recommended three-year contracts with Dynamic Healthcare Systems for Enrollment, and Engagent Health for Marketing/Sales & Broker Management.

It was moved, seconded, and unanimously approved to authorize the Chief Executive Officer to negotiate execute, and amend three-year contracts with Dynamic Healthcare Systems and Engagent Health not to exceed \$800,000 for the Enrollment system and \$1,150,000 for the Marketing/Broker Management system.

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

6. Pharmacy Benefits Manager (PBM) Request for Proposal (RFP)

Ngoc Bui-Tong, VP, Strategies and Analytics, reviewed the RFP process and recommendation for the Pharmacy Benefits Manager (PBM) vendor, noting that MedImpact was the leading bidder. MedImpact also offered 2023 Part D rates effective July 1, 2022, which will yield an additional \$500k savings to the existing contract.

7. Innovation Fund COVID-19 Expenditure Request

Chelsea Byom, Director, Marketing, Communications & Outreach, presented a funding request for \$30,000 for Children's Discovery Museum (CDM) COVID-19 Vaccination Clinics for Children, noting that the funding would enable CDM to host two COVID vaccination pop-up clinic days and provide CDM admission incentives to families whose children receive vaccinations. The Santa Clara County Public Health Department (PHD) estimates vaccinating a total of 500+ children plus other family members in need of their first, second, or booster vaccinations.

Bob Brownstein joined the meeting at 11:19 am.

It was moved, seconded, and the Children's Discovery Museum's COVID-19 Vaccination Clinics for Children funding request for \$30,000 was **unanimously approved**.

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

8. Innovation Fund Expenditure Request

Ms. Bui-Tong presented an Innovation Fund request from the Behavioral Health Contractors Association of Santa Clara County (BHCA) for \$160,160 (\$80,080 per year for two years). Due to profound changes in the delivery of behavioral health in California, non-profit community-based providers that form the behavioral health services delivery system for Santa Clara County must learn how to adapt to these changes. The requested funding will allow BHCA to hire a temporary Policy Associate and purchase consulting services to assist the organizations to better prepare for the new landscape. BHCA members will use the information and tools to maximize new funding, ensure they meet new requirements, and remain viable safety-net providers for the community.

It was moved, seconded, and the Behavioral Health Contractors Association request for \$160,160 (\$80,080 per year for two years) to fund Readiness Support for Delivery System Changes was **unanimously approved**.

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

9. Quality Update

- a. Laurie Nakahira, D.O., Chief Medical Officer, discussed the Medi-Cal Plan Quality Performance Review for CY 2020, noting the Medi-Cal Aggregated Quality Factor Score (AQFS) by Health Plan. She stated that the Plan ranked 10th out of 56 MCPs, and Anthem ranked 43rd.

Dr. Nakahira also presented the Medi-Cal Measure Rankings, noting SCFHP generally performed in the top 50% of managed care plans. Dr. Nakahira also presented a review of default assignment for Medi-Cal beneficiaries who do not select a managed care plan, stating that based on estimates, SCFHP's default assignment percentage would have increased had it not been frozen due to COVID.

- b. Johanna Liu, PharmD, Director, Quality & Process Improvement, presented the 2021 Cal MediConnect CAHPS Survey results. CAHPS is a consumer satisfaction survey the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS). Results impact NCQA accreditation and health plan star ratings. COVID-19 has significantly impacted the CAHPS survey methodology and reporting for 2021.

Dr. Liu reviewed survey findings in detail and discussed findings by demographic, plus CAHPS improvement projects and opportunities for improvement. There was discussion of the findings by race, and Alma Burrell requested that the racial issues identified be discussed further as an action item on the agenda for the next meeting.

10. CEO Update

Christine Tomcala, Chief Executive Officer, shared the updated SCFHP COVID-19 summary by age category. Ms. Tomcala noted that although the percentage of vaccinated members is rising, closing the gap continues to be a challenge. There are several ongoing initiatives, and the State will be providing some funding for vaccine incentives.

11. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on the infrastructure reconciliation bill working its way through Congress. The current draft contains 12 months continuous Medicaid eligibility for kids and postpartum women, a state plan option for maternal health homes, investments in black maternal health care, Medicaid coverage for inmates 30 days pre-release, and extra Medicaid funding for home and community-based services. Mr. Haskell also discussed a new federal COVID vaccination mandate for employees that is being challenged in several lawsuits. He provided a list of significant Medi-Cal initiatives being implemented and developed in 2022, including CalAIM, Medi-Cal Rx, and various new benefits and services.

12. Adjourn to Closed Session

a. Contract Rates

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

13. Report from Closed Session

Ms. Murphy reported that the Executive/Finance committee met in Closed Session to discuss Plan partner rates.

14. Adjournment

The meeting was adjourned at 12:30 pm.

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

Members Absent

Bob Brownstein
Sue Murphy

Staff Present

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

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.

Michele Lew, Secretary

Santa Clara County Health Authority
Revision to Governing Board Minutes
January 27, 2022

Background

In March 2020, the SCCCHA Governing Board approved an expenditure from the SCFHP Board-Designated Innovation Fund for a Santa Clara County Office of Education (SCCOE) child health and wellness coordination program. Page 4 of the proposal from SCCOE, which was provided in the March 2020 Board packet, indicated the funding request was \$598,033. However, there was a typo on the summary cover page provided in the Board packet that indicated the requested amount was \$515,000. This amount was inadvertently carried over to the meeting minutes, which were approved at the June 2020 Board meeting. Based on the Board's approval of the proposal, staff implemented an agreement with SCCOE for the \$598,033 requested. Therefore, there is an inconsistency between the amount reflected as approved in the minutes, and the amount that has been committed to SCCOE.

Recommendation

Approve revision to the minutes of the March 2020 Governing Board meeting to properly reflect approval of the full requested amount of \$598,033.



PROPOSAL TO ESTABLISH A COORDINATOR
OF CHILD HEALTH AND WELLNESS AT THE
SANTA CLARA COUNTY OFFICE OF
EDUCATION

February 18, 2020

Abstract/Summary

There is a strong correlation between children's health and their educational engagement and attainment. The ACES study found that young people with more ACES had health and behavioral issues throughout their life. Homelessness is on the rise, housing insecurity, and food insecurity are posing real barriers for children. Chronic absenteeism in Santa Clara County schools is increasing. In the school year 2018-2019 25,059 or one out of every 11 children missed 10% (more than 3.5 weeks of school) or more days of school.

The intersection of health and education is significant and schools have a significant role. The San Jose Unified School District (SJUSD) "Putting Healthcare Back into Schools" Nurse Demonstration Project, was developed as a six-year endeavor (2007-13) to expand school nursing and formally link school nurses to a school-based health clinic. This project demonstrated real and significant benefits for children's health and their educational outcomes. A description of the project and the outcomes can be found at http://med.stanford.edu/schoolhealtheval/nurse_demo_project.html.

The SCCOE desires to create a new service to implement a centralized approach to coordinating care for students returning to schools after hospitalization or extended absence due to medical concerns. The coordination service would include assistance with discharge planning; serving as a liaison to hospitals and doctors and the schools to ensure that aftercare needed at schools is appropriately communicated; and support the continuity of education for youth.

This coordinated service will ensure students have better transitions into school after illnesses, reduce chronic absenteeism, and improve communication amongst medical providers, schools, and families. It would primarily support k-12 students but also children 0 to 5 who are served in school district operated programs. There are about 275,000 youth in Santa Clara County in 31 school districts of varying sizes and grade spans.

The need for collaboration between health and education is well established. It is our hope that a partnership could lead to other areas for us to work together.

Statement of Need

Santa Clara County schools are seeing increasing numbers of children who are separated from school for health related reasons such as anxiety, suicide ideation, asthma, diabetes, and other chronic illnesses.

Hospitalizations and extended absences are on the rise. Students return to school without services and coordination leading to more absences and at times re-hospitalization or return visits to the emergency rooms.

As an example, in the San Jose Unified School District, there were 42 students last school year in the Home and Hospital program.

- 15/42 Home Hospital students came back directly from the hospital
 - 2 Students received transplants
 - 3 Students had scoliosis surgery
 - 2 students returned after cancer treatments
 - 4 students had bone fractures that required surgery
 - 1 student was hospitalized for anorexia

- 1 student had surgery for a gunshot wound.
- 1 student had heart surgery
- 1 student had diabetes and complication
- The other 27 students who were not hospitalized but had Home and Hospital instruction for
 - 17 for psych therapies
 - 8 for pain symptoms
 - 1 for infection
 - 1 for outpatient cancer treatment

Given that there are approximately 31, 700 students in the district and that there are at least 3 times as many students who enter and exit medical care and return to school who are not served in the Home/Hospital Program and that San Jose Unified is an acceptable representative sample of the county as a PK through Grade 12 district serving a diverse student population; and that the SCCOE directly serves students who are identified as Medically Fragile, it is estimated that approximately **450** students or instances of support in Santa Clara County could benefit each year from the proposed program as structured here. Data will be collected on the need and as the program launches, it will become more clear as to the need and how to properly staff such a program in the future.

Project Activity, Methodology and Outcomes

School districts struggle to balance the need for health care services for increasing numbers of children with special health care needs with the current resources available to provide those services. Currently districts attempt to design their own health-related processes and doctors/medical care providers struggle with coordination efforts when students return to school.

Districts already reach out and to seek guidance from the SCCOE for health related protocols such as evidenced by the recent Novel Coronavirus. Local district nurses often seek out support from the SCCOE for school related legal guidance on implementing health related protocols and laws in schools.

A coordinated service at the COE with a focus on both the medical and educational needs of students would be an invaluable support to districts throughout the county. By building upon the level of trust that has been established and understanding the needs of districts, a focused on offering of support in the area of home/hospital would be welcomed. A coordinated service in that capacity will develop and implement the following:

- Develop uniform Home and Hospital Instruction protocols. Presently, each district has their own forms and different policies for when Home Hospital is appropriate and how long Home Hospital can last. As a result health care providers are confused and frustrated. A uniform protocol would expedite and clarify the process.
- Establish a policy statement and forms that are designed to guide prescribing health care professionals, school physicians, and school health councils on the administration of medications to children at school and concerning other health matters. All districts and schools need to have policies and plans in place for safe, effective, and efficient administration of medications at school and improve the process for getting medications on campus so parents and nurses won't have to go back to physicians for clarification of orders.

- Increase county-wide data points around health. Data and stats are the foundation for identifying needs and finding funding to meet the needs. Data from schools can help public health agencies conduct surveillance, intervention, and prevention activities. School-based data also helps in identifying specific needs, targeting health promotion and disease prevention activities, evaluating the effectiveness of public health programs, and tracking long-term health outcomes

The goal of this service would be to provide a centralized place for hospitals, doctors, parents, and schools to access information, coordinate care plans and implement best practices for students returning to school from home/hospital.

Evaluation

The effectiveness of this service will be considered through a review of data. Specifically, a reduction in chronic absenteeism would be a desired outcome. Consideration would also be given to how to monitor for rates of re-hospitalization and emergency room visits.

Metrics to include:

- an overall reduction in the countywide rates of chronic absenteeism
- reduction in individual student absenteeism rates of those students supported by this program

Other data to consider will be the types of medical needs that are contributing to the absences and the effectiveness of coordinated health and education planning.

A report would be produced annually to summarize the services, information learned, and impact.

Budget and Continuation Funding

Multi-year funding would be necessary to establish this service. The request is for initial funding for 2 years. Total Funding Request is \$598,033.00.

Continuation Funding will be dependent upon several factors:

1. Availability of grants and donations
2. Fees for services provided such as trainings, materials, etc.
3. Ability to access MAA funds for reimbursable services
4. Identifying funding sources from special education
5. Incorporating the program into the ongoing budget of the SCCOE

Budget Summary Table

	2020 Spring/Summer April 1 through June 30	Year 1 2020-2021 School Year July through June	Year 2 2021-2022 School Year July through June
Coordination Services – Personnel Costs of Salary and Benefits for a full time Coordinator	\$48,333.00	\$145,000.00	\$155,000.00
Mileage, Supplies, Other for meetings, outreach, etc. Higher in the first year full year for initial set up for the office to include technology	\$3,000.00	\$10,000.00	\$8,000.00
Administrative, Reporting and Data Support – Part time staff – Administrative Assistant/Research/Data Analyst	\$25,000.00	\$75,000.00	\$80,000.00
Indirect/Administrative Costs as described by the California Department of Education	\$6,700.00	\$20,000.00	\$22,000.00
Total	\$83,033.00	\$250,000.00	\$265,000.00

About the SCCOE

The Santa Clara County Office of Education (SCCOE) is a regional service agency that provides professional, instructional, business, technology services and other related services to the 31 school districts of Santa Clara County. The County Office of Education directly serves students through special education programs, alternative schools, Head Start and State Preschool programs, migrant education, and Opportunity Youth Academy. The SCCOE also provides academic and fiscal oversight and monitoring to all districts and to the 22 Santa Clara County Board of Education authorized charter schools.

The SCCOE receives limited funds from the state and federal government and relies heavily on grants, donations, partnerships, fees, local funding and contracts for services to sustain and expand the robust services needed by our public schools. While the SCCOE receives funds under the Local Control Funding Formula, this funding has been flat since 2014.

Contact Information

Dr. Mary Ann Dewan
County Superintendent of Schools
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Regular Meeting of the
**Santa Clara County Health Authority
Governing Board**

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

Minutes – Draft

Members Present

Bob Brownstein, Chair
Dolores Alvarado
Alma Burrell
Darrell Evora
Kathleen King
Liz Kniss
Sue Murphy
Ria Paul
Debra Porchia-Usher
Sherri Sager
Jolene Smith
Linda Williams

Members Absent

Evangeline Sangalang

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, M.D., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies and Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, marketing and Enrollment
Sharon Valdez, VP, Human Resources
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality and Process
Improvement
Jayne Giangreco, Manager, Administrative
Services

Others Present

Daphne Anneet, Burke, Williams, Sorenson, LLP
Raymundo Espinoza, CEO, Gardner Health
Center
Dr. Kent Imai, Medical Officer, Community Health
Partnership
Stephanie Kleinheinz, CEO, School Health
Clinics
Sonya Tetnowski, CEO, Indian Health Center

1. Roll Call

Bob Brownstein, Chair, called the meeting to order at 12:02 pm. Roll call was taken and a quorum was established. Mr. Brownstein swore in new Board member, Debra Porchia-Usher, and welcomed her to the Santa Clara County Health Authority Governing Board.

2. Public Comment

There were no public comments.

3. Adjourn to Closed Session

a. Existing Litigation

The Governing Board met in Closed Session to confer with Legal Counsel regarding consolidated Cases CalPERS Case No. 2017-1114; OAH No. 2018051223 and CalPERS Case No. 2017-1115; OAH Case No. 2018051029.

b. Anticipated Litigation

The Governing Board 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.

Kathleen King joined the meeting at 12:35 pm.

c. Contract Rates

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

d. Conference with Labor Negotiators

The Governing Board met in Closed Session to confer with management representatives regarding negotiations with SEIU Local 521.

Mr. Brownstein took roll call for members returning from the Closed Session.

4. Report from Closed Session

Mr. Brownstein reported the Governing Board met in Closed Session to discuss Item 3, Existing Litigation, Anticipated Litigation, Contract Rates, and Conference with Labor Negotiators.

5. Tentative Agreement with SEIU Local 521

Mr. Brownstein reported on the agreement reached with SEIU Local 521 resulting from the annual reopener in the contract. For the 2020-2021 fiscal year, bargaining unit members will receive a salary increase of 2.75%, effective July 1, 2020. In addition, SCFHP will offer a merit pay increase for eligible unit members who receive a final 2019-2020 performance appraisal rating of meets expectations or better.

It was moved, seconded and the Agreement with SEIU Local 521 was unanimously approved.

Motion: Ms. Alvarado

Second: Ms. Williams

Ayes: Ms. Alvarado, Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams

6. Approve Consent Calendar and Changes to the Agenda.

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

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

c. Accept minutes of the January 23, 2020 **Executive/Finance Committee Meeting**

- Ratify approval of the November 2019 Financial Statements
- Ratify acceptance of the Quarterly Investment Compliance Report
- Ratify acceptance of the DMHC Routine Financial Audit Report

d. Accept minutes of the February 27, 2020 **Executive/Finance Committee Meeting**

- Ratify approval of the December 2019 Financial Statements
- Ratify acceptance of the Rate Development Process
- Ratify acceptance of the Quarterly Investment Compliance Report
- Ratify approval of the Innovation Fund Expenditure for the Healthier Kids Foundation
- Ratify approval of the Network/Voice Circuit Contract
- Ratify acceptance of the Compliance Update
- Ratify acceptance of the Network Detection & Prevention Update

e. Accept minutes of the March 2, 2020 **Compliance Committee Meeting**

- Ratify acceptance of the Compliance Activity Report

- Ratify approval of the Compliance Policies and Procedures (HIPAA Policies and Procedures HI.01-HI.51)
- Ratify acceptance of the CMC and Medi-Cal Compliance Dashboard and Work Plans
- Ratify acceptance of the Fraud, Waste and Abuse Report
- f. Accept minutes of the February 12, 2020 **Quality Improvement Committee** Meeting
 - Ratify approval of the Quality Improvement (QI) Program Description 2020
 - Ratify approval of the Health Education (HE) Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019
 - Ratify approval of the Cultural and Linguistics (C&L) Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019
 - Ratify approval of the Satisfaction Report for MY2019
 - Ratify approval of the Population Health Assessment
 - Ratify approval of the Clinical, Behavioral, and Medical Preventative Practice Guidelines
 - Ratify approval of the American with Disabilities Act (ADA) Work Plan 2020
 - Ratify approval of the Continuity and Coordination between Medical Care and Behavioral Health Analysis
 - Ratify approval of the Annual Review of QI Policies
 - QI.05 Potential Quality of Care Issues
 - QI.07 Physical Access Compliance
 - QI.10 IHA and IHEBA Assessments
 - Ratify acceptance of Committee Reports
 - Credentialing Committee – December 20, 2019
 - Utilization Management Committee – October 16, 2019
- g. Accept minutes of the February 11, 2020 **Provider Advisory Council** Meeting
- h. Approve **Publicly Available Salary Schedule**
- i. Adopt resolution approving the revised **Conflict of Interest Code**
- j. Ratify resolution to **name the Community Resource Center after Blanca Alvarado**
- k. Approve the **January 2020 Financial Statements**
- l. Approve renewal of **funding for The Health Trust for Health Insurance Enrollment**
- m. Approve **Fulfillment and Provider Directory Vendor Contract**
- n. Appoint **Sue Murphy to the Compliance Committee**
- o. **Elect Officers** to a two-year term:
 - Chairperson – Bob Brownstein
 - Vice-Chairperson – Dolores Alvarado
 - Secretary – Sue Murphy
 - Treasurer – Neal Jarecki

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

Motion: Ms. Williams

Second: Ms. Murphy

Ayes: Ms. Alvarado, Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith

7. COVID-19 Update

Christine Tomcala, Chief Executive Officer, updated the Board on COVID-19 pertaining to our members, providers, and staff, and discussion ensued. Dr. Paul inquired where the 19 hospitalized patients had been admitted. Ms. Tomcala indicated she did not have the breakdown, but would subsequently provide it to the Board.

8. Government Relations Update

Tyler Haskell, Director, Government Relations, provided an update of federal and state activity. He noted there had been a shift away from work on CalAIM due to the COVID-19 crisis. Mr. Haskell summarized a number of executive orders from the Governor, including a shelter in place order, a 90-day suspension of redeterminations, and waivers of certain licensing, and clinic staffing requirements.

Mr. Haskell reported on actions taken by CMS and DHCS. The regulators have been busy changing rules to allow providers to be reimbursed for telehealth services.

The Legislature adjourned until April 13, putting legislative business on hold. The budget the Governor proposed in January will need to be rewritten, focusing new spending or programs on the COVID crisis and economic recovery.

Mr. Haskell also provided a federal update.

Mr. Brownstein announced due to the difficulties of taking votes by telephone, he will only ask for approval on items that require action.

Dolores Alvarado left the meeting at 1:33 pm.

9. COVID-19 Funding Support for Community Health Centers

Ms. Tomcala presented a request for COVID-19 funding support from Community Health Partners to support Community Health Center operations during the COVID-19 response. The \$2 million request includes mitigating the loss of revenue due to the decreased number of patient visits over the past four weeks, staffing, and unanticipated mandatory sick leave, as well as personal protective equipment and ramping up telehealth.

Dr. Kent Imai, Chief Medical Officer, Community Health Partnership, noted he and the community clinic medical directors and staff have met weekly over the last month. He discussed the various approaches clinics are taking to address patient needs while reducing the risk of COVID-19 transmission.

Sonya Tetnowski, CEO, Indian Health Center (IHC), added that IHC is providing drive-through testing for IHC patients if they pass the three-question phone screening. This is exclusive for current patients only. Dr. Balakrishnan has lead the effort and we have done over 80 tests already at our facilities.

Raymundo Espinoza, CEO, Gardner Health Center, noted that telehealth reimbursement was approved last week. The clinics are creating protocols, but do not know what the impact will be in terms of generating additional revenue. They are hoping to obtain funding to maintain capacity until they can get such activities in place.

Mr. Brownstein opened the floor to public comments.

Mr. Espinoza addressed the Board in support of COVID-19 funding for the Community Health Centers. He spoke of his concern for his clinics' weekly average loss of \$192,000 in revenue, as dental, chiropractic and optometry services cannot be performed by telemedicine, in addition to the loss of daily routine medical visits. He continued they are doing everything possible, including asking employees to take PTO, and trying to see if they can refinance a few of their buildings.

Ms. Tetnowski thanked the Board for the opportunity to speak. She spoke to the request for funding and noted the community health centers are working hard to continue to serve patients as best as possible. She gave a brief update on how IHC is doing with the current burden of revenue loss.

Stephanie Kleinheinz, CEO, School Health Clinics, also spoke in support of funding and noted the situation COVID-19 has created for community health centers is absolutely unprecedented. She stated they have been forced to change operations over night, and to deliver health care to their patients through curb-side screening, telephone visits, and by piecing together a mechanism for telehealth visits to keep patients at home, sheltering in place, and to protect staff while continuing to provide healthcare services. They have had staffing issues due

to illnesses and were trying to manage unforeseen expenses due to telehealth expenses and purchase of PPE to protect staff. She thanked the Board for listening and considering their request.

Board discussion ensued.

It was moved, seconded and unanimously approved that SCFHP provide \$2 million in funding, on a one-time basis, to meet the urgent needs of the Community Health Partnership community health centers associated with their response to the coronavirus pandemic, and to delegate to the CEO administration of the funds in accordance with the following directions:

1. The highest priority is to provide financial resources to clinics for patient care during the pandemic. Administrative criteria are secondary to this goal.
2. Funds can be used to pay for tents, testing, protective gear, other medical supplies, staff costs including additional personnel, replacement personnel, overtime, telemedicine equipment or operating costs, or any other expense necessary to assure patient care during this crisis.
3. Depending upon circumstance, funds can be either immediately transferred or paid upon receipt of invoices. Patient care is not to be delayed as a result of reimbursement procedures.
4. Clinics will agree to seek support and reimbursement from all levels of government and private institutions for which they may be eligible, and should sufficient payments for these services or supplies be provided by some other entity, clinics will notify SCFHP that they have received these funds and will discuss with SCFHP whether reimbursement is necessary.

Motion: Mr. Brownstein

Second: Ms. Murphy

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams

Absent: Ms. Alvarado

10. Innovation Fund Expenditure

Ms. Tomcala presented a funding request from the Santa Clara County Office of Education (SCCOE), requesting ~~\$515,000~~ \$598,033 for Child Health and Wellness Coordination. The proposal is to provide a centralized place for hospitals, doctors, parents, and schools to access information, coordinate care plans, and implement best practices for students returning to school from home/hospital.

This request was initially discussed at the Executive/Finance Committee meeting in February. After discussion, the Committee identified questions to be addressed prior to further consideration. A response from Dr. Mary Ann Dewan, County Superintendent of Schools, has been provided that addresses the questions the Executive/Finance Committee raised.

Board discussion ensued. There was support for the request with the stipulation that the Board of Education, along with school districts, work on making this a sustainable program without long-term funding from SCFHP.

It was moved, seconded and funding of ~~\$515,000~~ \$598,033 from the Board Designated Innovation Fund for SCCOE Child Health and Wellness Coordination was **unanimously approved**.

Motion: Ms. Murphy

Second: Ms. Smith

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams

Abstain: Ms. King

Absent: Ms. Alvarado

11. Quality Measure Overview

Laurie Nakahira, DO, Chief Medical Officer, reassured the Board that in the midst of COVID-19, we are still focused on quality and considering the safety of our members, providers, and staff.

Dr. Nakahira reviewed the quality measures for calendar year 2019, SCFHP Quality Program enhancements, and Medi-Cal HEDIS CY19 status. Thus far we have reached goal on 10 measures and are continuing to receive additional data.

Due to time constraints and questions regarding the information presented, a drill down of the data by network was requested at a future meeting to provide the Board with a better understanding of performance across our network.

Darrell Evora left the meeting at 2:55 pm.

Jolene Smith left the meeting at 3:08 pm.

12. Compliance Report

The Compliance Report was provided in the meeting packet.

13. Adjournment

The meeting was adjourned at 3:14 pm.

Susan G. Murphy, 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. 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) 2020 and 2021
 - a. Revoke an existing election and make a new election
 - b. Revoke a health coverage election with signed affidavit attesting to the availability of other health coverage
 - c. Elect coverage if Eligible Employee initially declined
 - i. 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. 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. 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:
 2020 2021 2020 and 2021
 - a. Health Flexible Spending Account
 - b. Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
 - c. 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. 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 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 16:19:59 -0800

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

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.

MEMORANDUM

Date: January 21, 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:
 - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - o State or local officials continue to impose or recommend measures to promote social distancing.

The Governing Board met and made the above findings most recently on January 10, 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:
 - o The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - o State or local officials continue to impose or recommend measures to promote social distancing.



**Santa Clara Family
Health Plan™**

Unaudited Financial Statements

For Five Months Ended November 30, 2021

Agenda

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Financial Highlights



	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

Net Surplus (Net Loss)	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ TNE was \$277.7M (represents approximately three months of total expenses).
Capital Expenditures	<ul style="list-style-type: none"> ▶ 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				Prior Year Actuals	Δ FY22 vs. FY21
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
	Medi-Cal	278,873	282,466	(3,593)	(1.3%)	1,381,487	1,393,140	(11,653)	(0.8%)	1,267,955
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

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%

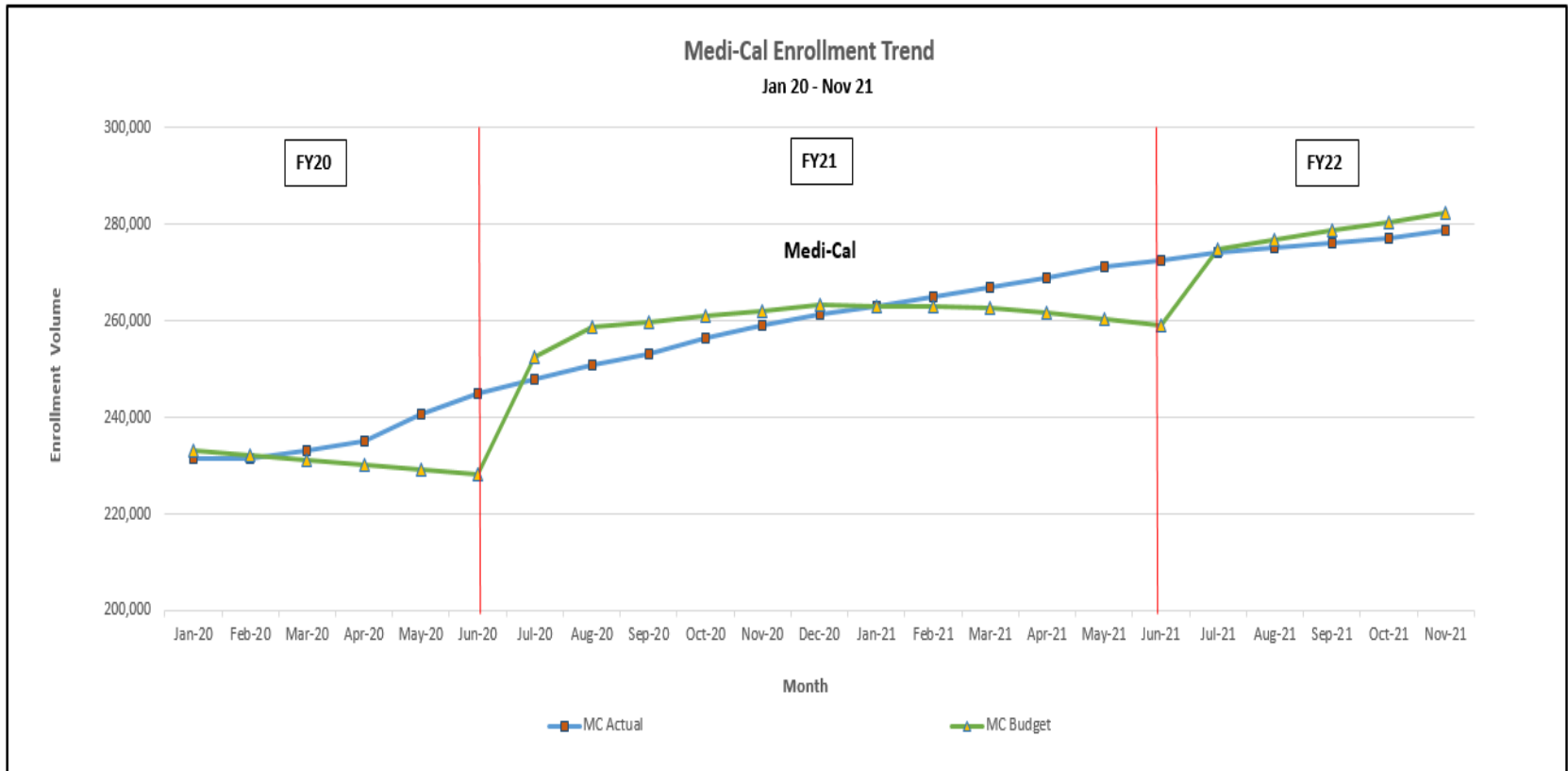
DUAL	Adult (over 21)	353	353	352	355	361	357	365	366	367	376	375	396	398	32	8.7%
	SPD	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	192	0.8%
	Long Term Care	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	46	4.3%
	SPD OE	498	537	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%
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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%

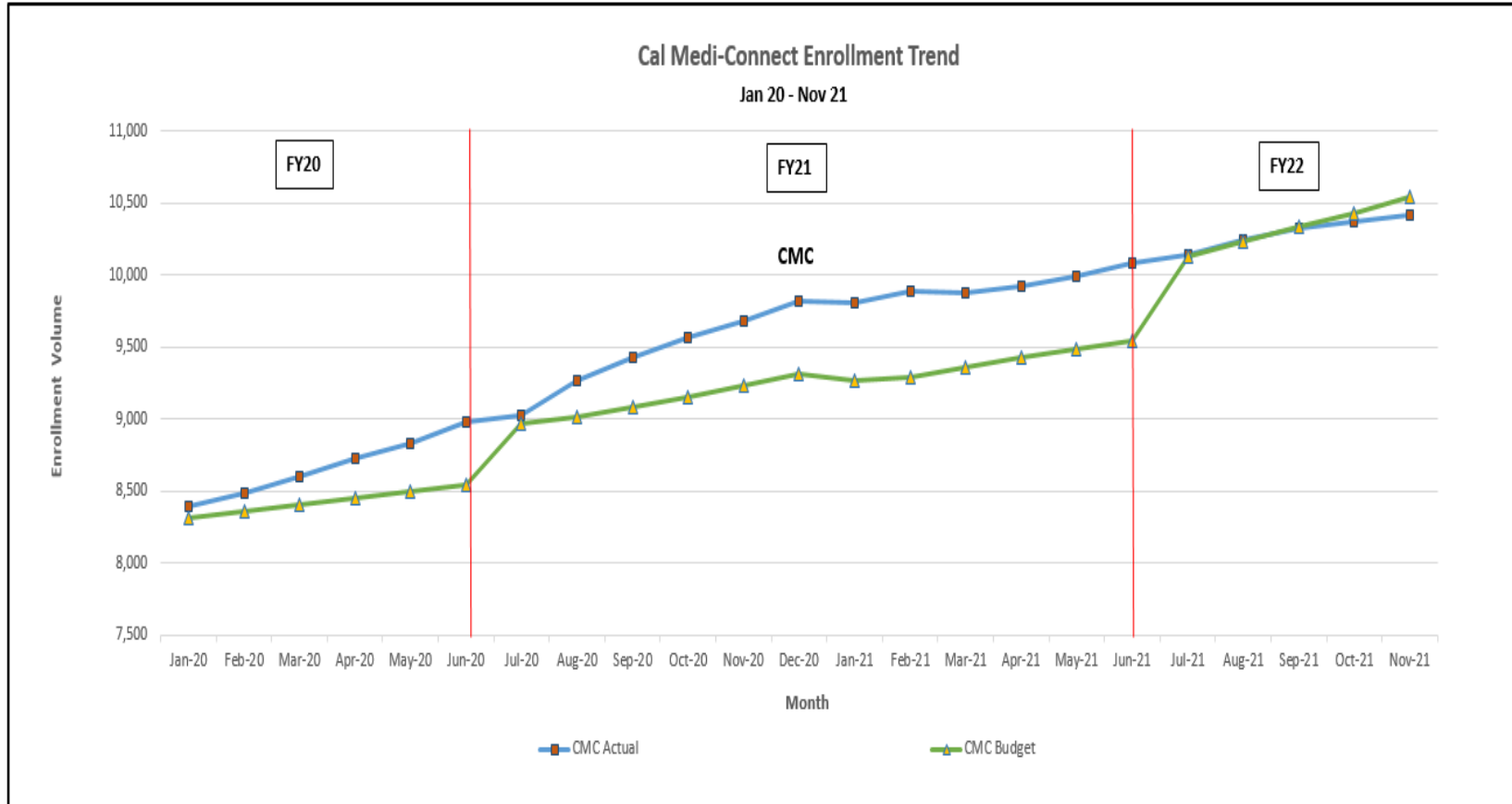
Total Enrollment	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	284,178	285,472	286,552	287,498	289,288	6,618	2.3%
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Medi-Cal Enrollment Trend



- 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

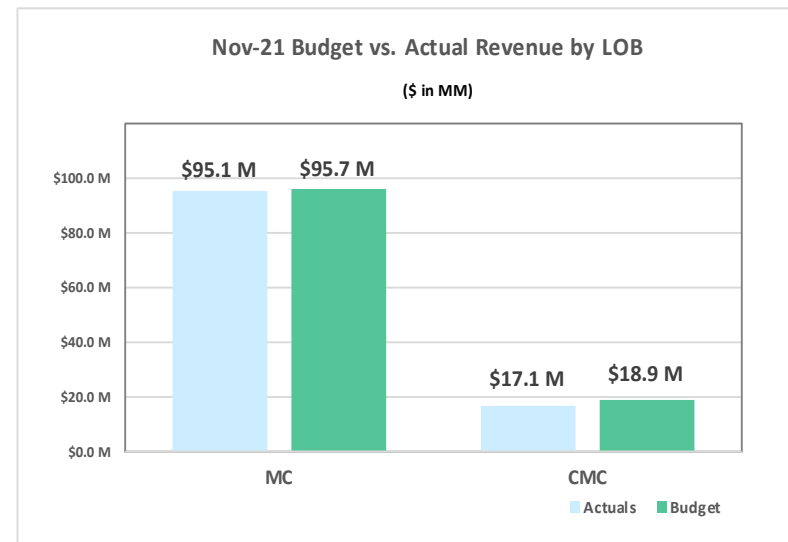
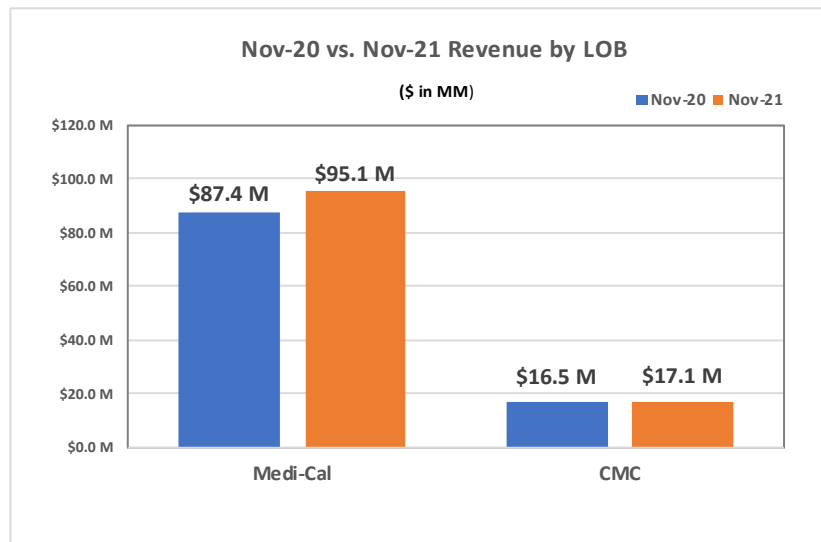


- Actual CMC enrollment, represented by the blue line, showed steeper COVID enrollment growth in FY21 followed by a general flattening in FY22.
- Budgeted CMC enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to the protracted public health emergency.

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:

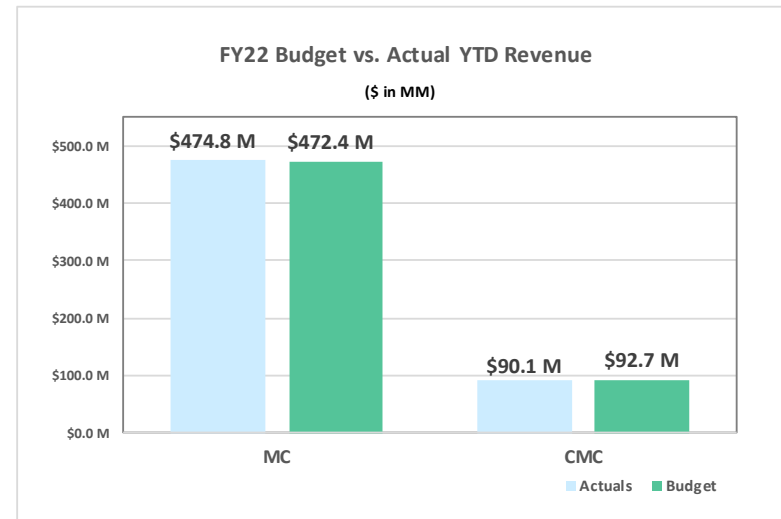
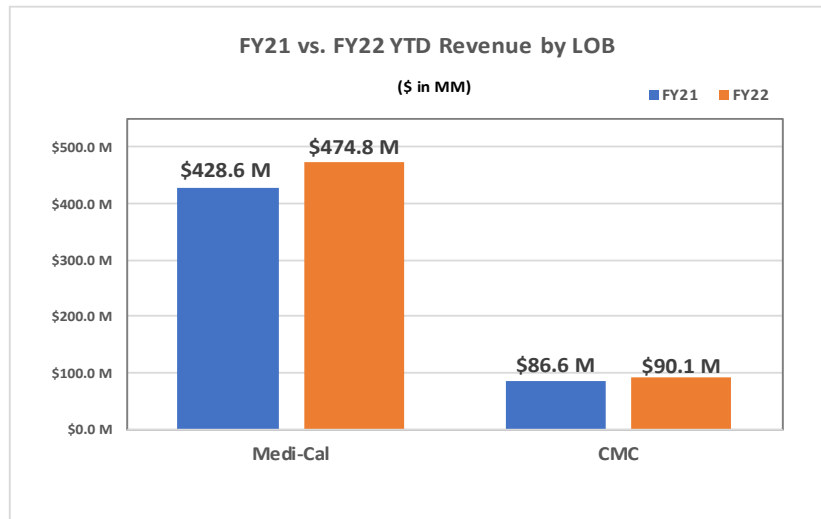
- CMC revenue was \$1.9M unfavorable to budget due to estimated CY20 Medical Loss Ratio payable to DHCS of \$8M and lower enrollment, offset by CY20 Part-D reconciliation revision of \$6M and higher CY22 CMC rate versus budget.
- Supplemental kick revenue was \$251K unfavorable to budget due to lower 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.

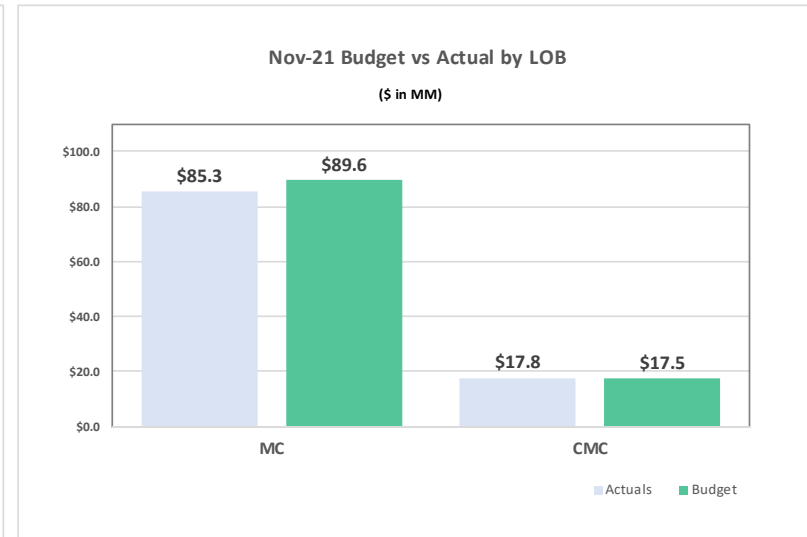
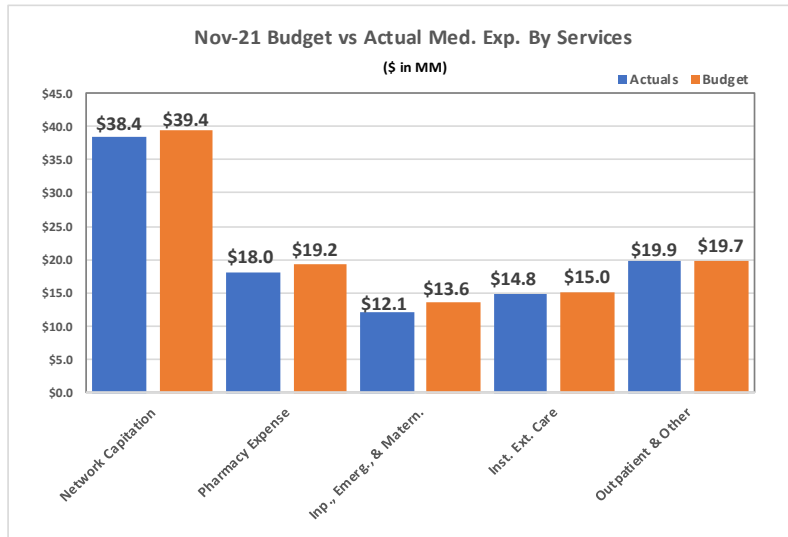


Current Month Medical Expense

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:

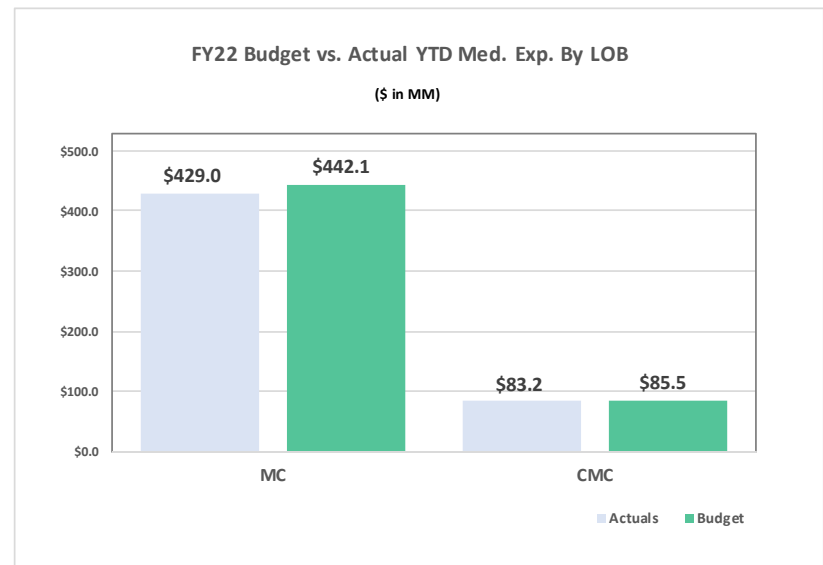
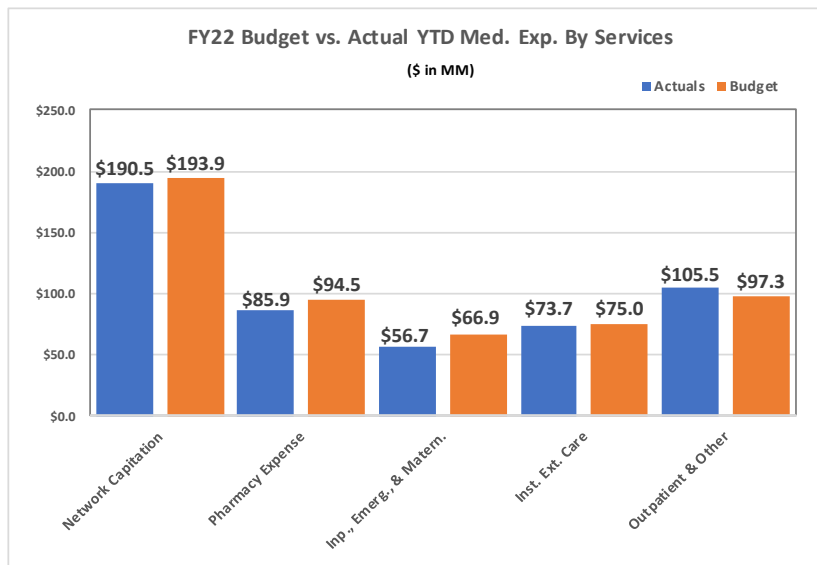
- Fee-For-Service expenses reflected a \$1.3M or 2.9% favorable variance due to lower enrollment, offset with increase in unit cost in PCP, Specialty, Outpatient, Other Non MLTSS, BHT, and Transportation services.
- Pharmacy expenses were \$1.2M or 6.1% favorable to budget due to lower enrollment coupled 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:

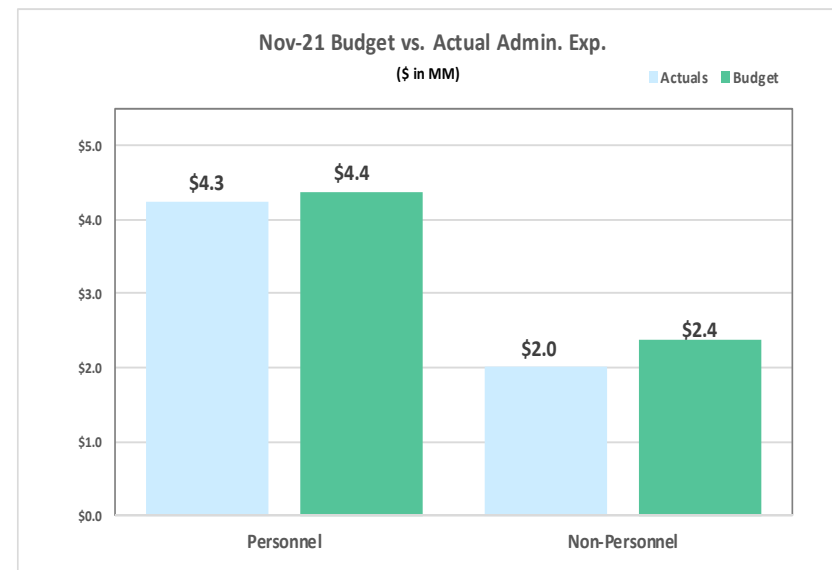
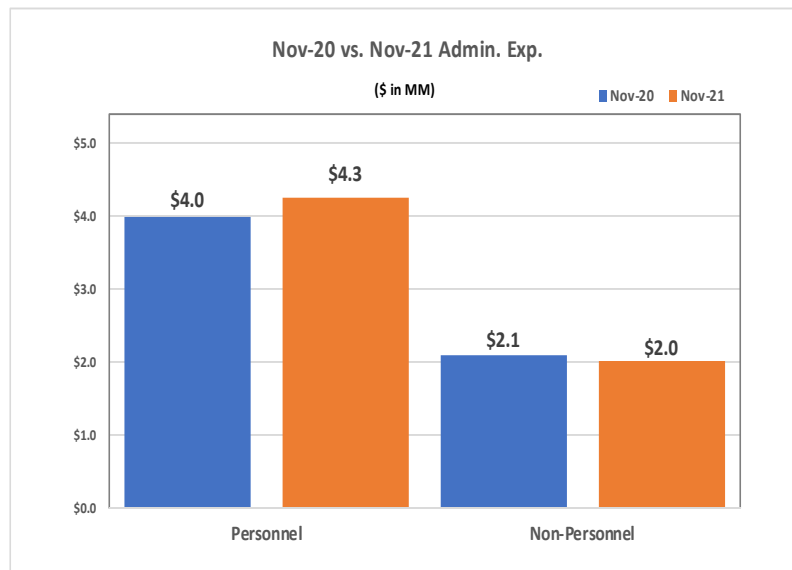
- Pharmacy expenses were \$8.5M or 9.1% favorable to budget due to lower enrollment coupled with higher trend assumptions used in budget.
- Fee-For-Service expenses reflected a net \$2.1M or 0.9% favorable variance due to lower enrollment, resulted lower utilization in Inpatient and LTC, offset with 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:

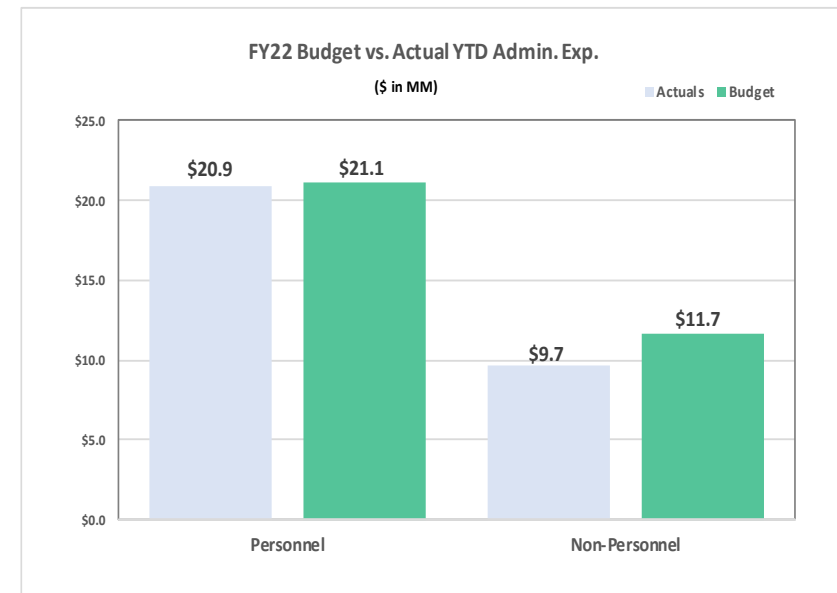
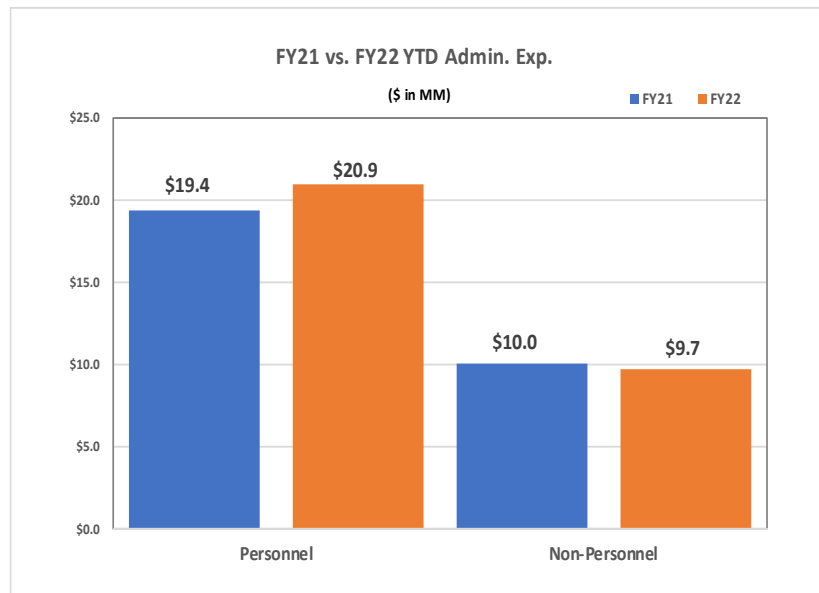
- Personnel expenses were \$131K or 3.0% favorable to budget due to lower headcount than budget including payroll tax and benefit savings, offset by monthly GASB OPEB true-up.
- Non-Personnel expenses were \$358K or 15.1% favorable to budget due to the timing of budget spending in certain expenses (consulting, 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



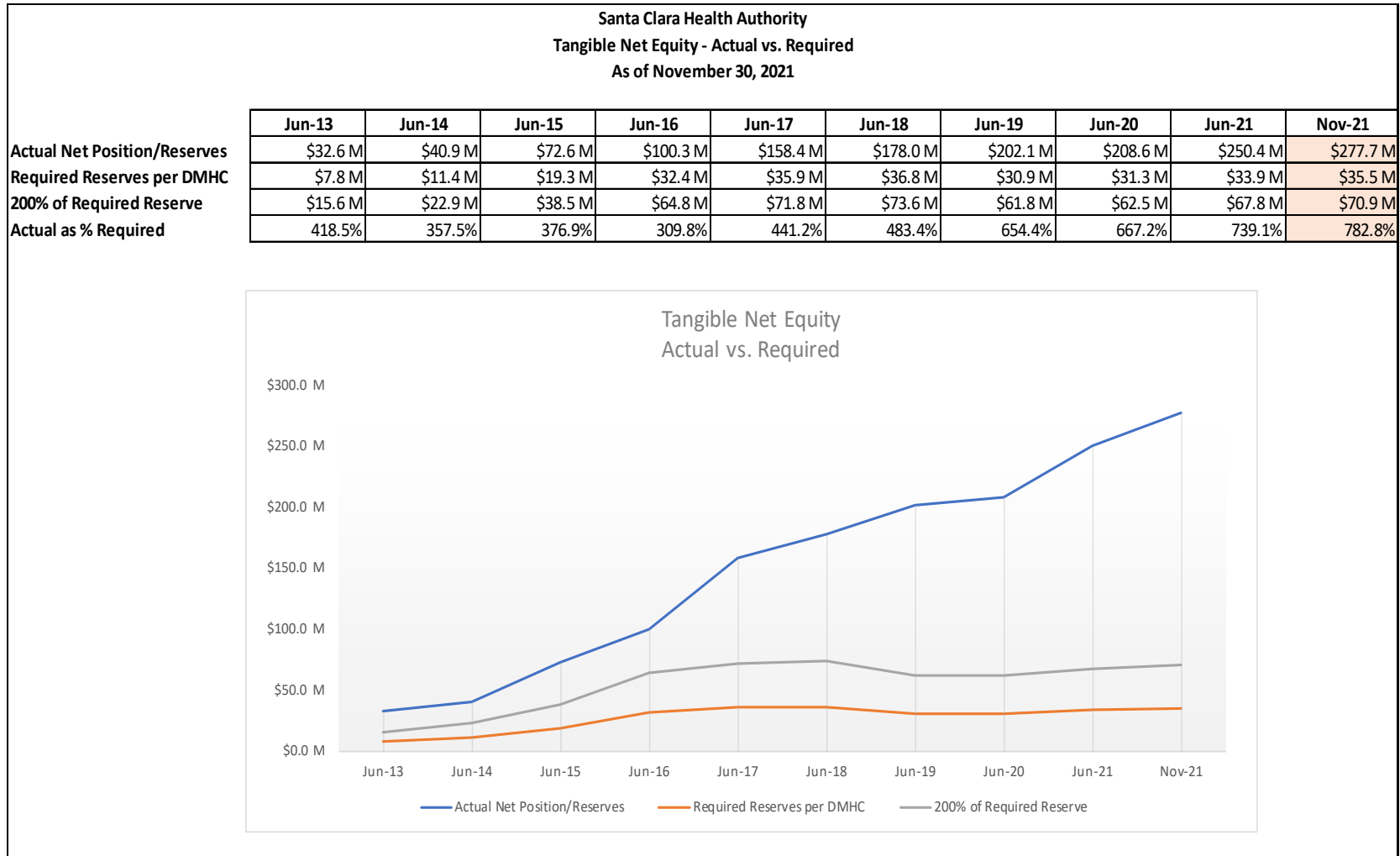
- Current assets totalled \$1.01B compared to current liabilities of \$764.9M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$58.7M compared to the cash balance as of year-end 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	<u>\$127,900,000</u>	0.00%	<u>\$0</u>	<u>\$0</u>
	\$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	<u>\$14,024,115</u>	0.01%	<u>\$274</u>	<u>\$1,698</u>
	\$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	<u><u>\$466,788,242</u></u>		<u><u>\$158,688</u></u>	<u><u>\$589,116</u></u>

- 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.



Reserves Analysis

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

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

	Nov-2021	% of	Nov-2021	% of	Current Month Variance		YTD Nov-2021	% of	YTD Nov-2021	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
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 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



	<u>Nov-2021</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	\$ 140,441,818	\$ 551,151,350
Medical Expenses Paid	(92,523,804)	(496,611,218)
Administrative 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)
Prepays & 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 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 (MLR)	\$429,013,374 90.4%	\$16,388,088 137.6%	\$66,799,997 85.5%	\$83,188,085 92.4%	\$512,201,459 90.7%
GROSS MARGIN	\$45,817,967	(\$4,481,743)	\$11,349,484	\$6,867,741	\$52,685,709
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	\$25,741,003	\$645,453	\$4,236,548	\$4,882,001	\$30,623,004
OPERATING SURPLUS/(LOSS) (% of Revenue Allocation)	\$20,076,965	(\$5,127,196)	\$7,112,936	\$1,985,740	\$22,062,705
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	\$631,828	\$15,843	\$103,989	\$119,832	\$751,659
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 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

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%
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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%
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Santa Clara Family Health Plan™

Fiscal Year 2021-2022 Forecast
Executive/Finance Committee
January 27, 2022

Agenda

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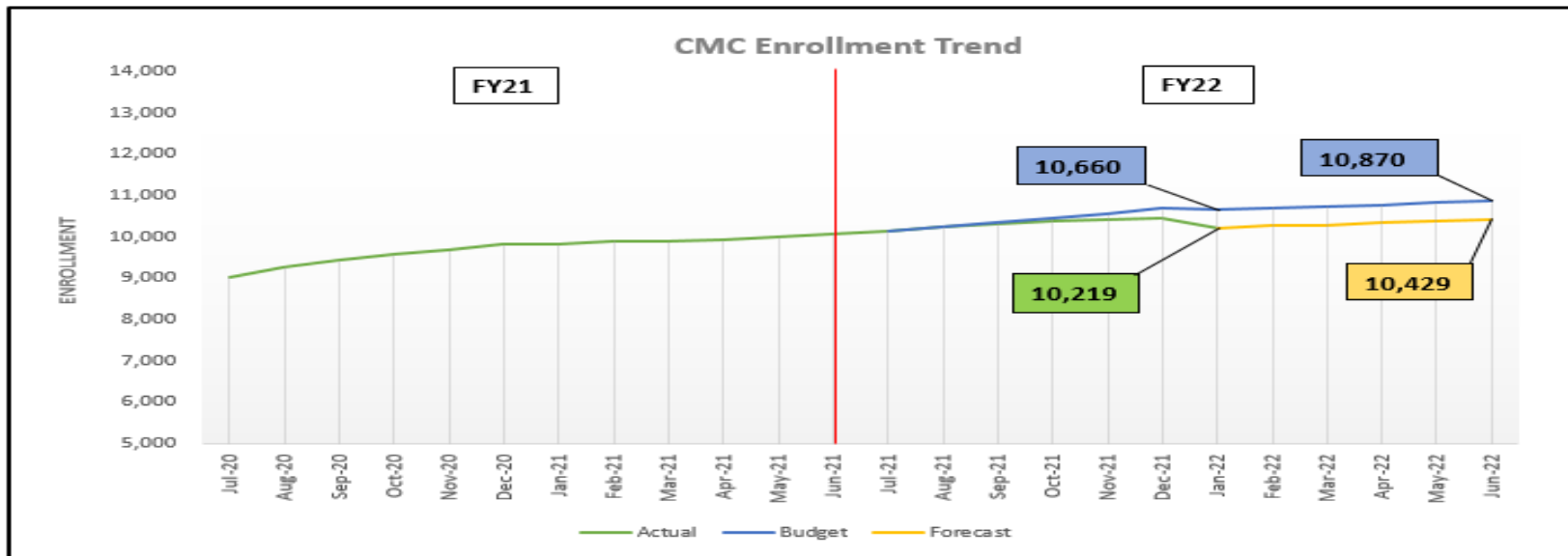
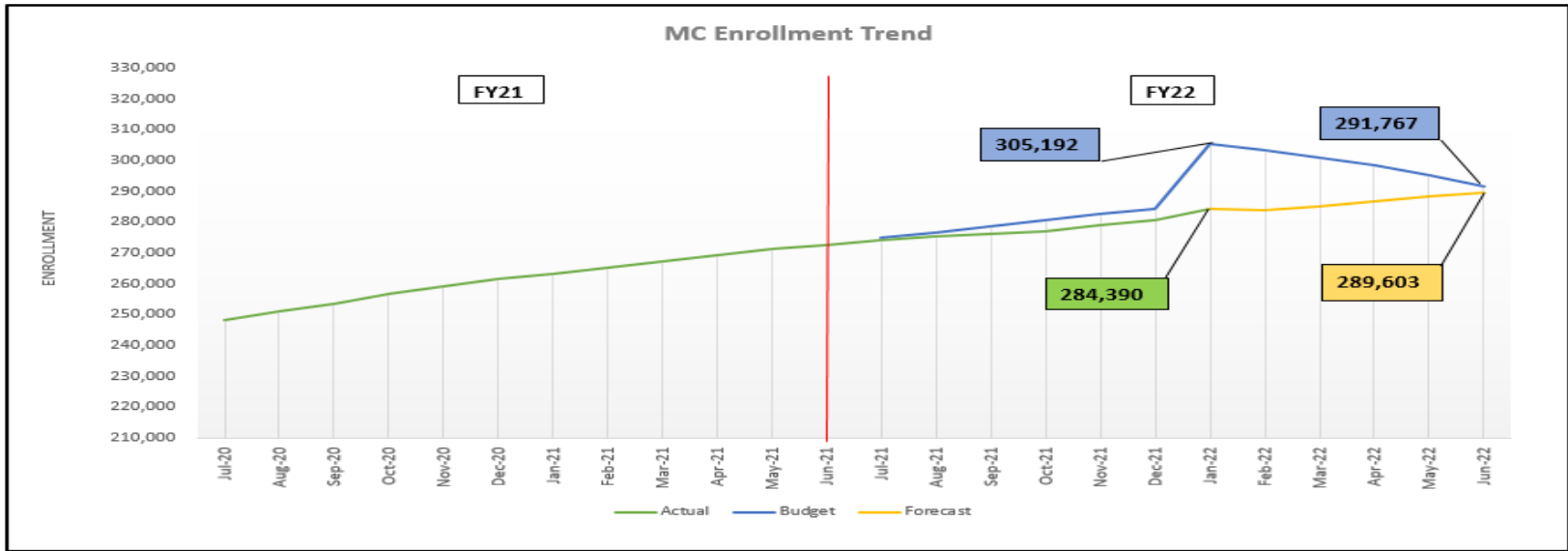
Budget – Key Assumptions

- Included actual enrollment through May 2021
- Public Health Emergency (PHE) presumed to end Dec-21.
- Disenrollments were expected to resume in Jan-22.
- Significant new Medi-Cal managed care mandatory members effective Jan-22.
- New Medi-Cal Cal AIM programs: Enhanced Case Management (ECM), Community Supports (formerly In Lieu of Services (ILOS)) & major organ transplants commence in Jan-22.
- CA state budget reinstated Prop 56 funds permanently.
- Preparations begin toward transition of CMC to D-SNP in Jan-23.
- Pharmacy presumed to continue in managed care for the entire fiscal year.
- Implementation of strategic initiatives and other projects.

Forecast – Key Assumptions

- **Enrollment:**
 - Reflects actual enrollment through Dec-21.
 - Suspended disenrollment to continue through Jun-22 due to extended Public Health Emergency (PHE).
 - Slower Medi-Cal monthly growth; no change in CMC monthly growth
 - Smaller new Medi-Cal managed care mandatory members effective Jan-22.
- **Revenue:**
 - Revised CY22 capitation rates
 - Accrued CY21 MLR payable to DHCS
 - Vaccine incentive program
- **Medical Expense:**
 - Medi-Cal Pharmacy carved-out effective Dec-21
 - Includes ECM, Community Supports (formerly In Lieu of Services), Major Organ Transplants programs.
 - Budgeted FFS costs and trends generally retained
 - Reduced Pharmacy cost trends incorporated
 - Additional costs COVID testing & vaccine incentive programs.
- **Administrative Expense:**
 - No material assumption changes.

Enrollment Trend



Enrollment Summary

Fiscal Year-End (June 2022) Enrollment:

Budget 302,637
Forecast 302,032

	Actual Member Months				Approved	FORECAST	Budget	Change
	FY18	FY19	FY20	FY21	FY22 Budget	FY22 Budget	Change	%
Medi-Cal	3,073,184	2,904,840	2,840,219	3,138,399	3,472,434	3,389,726	(82,708)	-2.4%
<i>Annual Growth</i>	5.9%	-5.5%	-2.2%	10.5%	10.6%	8.0%	-2.6%	-24.8%
Cal MediConnect	88,970	92,838	101,391	116,365	126,920	123,836	(3,084)	-2.4%
<i>Annual Growth</i>	-9.4%	4.3%	9.2%	14.8%	9.1%	6.4%	-2.7%	-29.2%
Healthy Kids	34,294	40,083	-	-	-	-	-	0.0%
Total	3,196,448	3,037,761	2,941,610	3,254,764	3,599,354	3,513,562	(85,792)	-2.4%
<i>Annual Growth</i>	-4.5%	-5.0%	-3.2%	10.6%	10.6%	8.0%	-2.4%	-22.5%
Average Covered Lives	266,371	253,147	245,134	271,230	299,946	292,797	(7,149)	-2.4%

Budget & Forecast Comparison

	APPROVED BUDGET	w/ Nov FYTD		-10%	+10%	-10%	+10%	
		FORECAST BUDGET	Variance	Var %	LOW FORECAST	HIGH FORECAST	LOW APPROVED BUDGET	HIGH APPROVED BUDGET
MC - ND	3,146,229	3,061,786	(84,443)	-2.7%	2,755,607.40	3,367,965	2,831,606.10	3,460,852
MC - DUAL	326,205	327,940	1,735	0.5%	295,146	360,734	293,584.50	358,826
TOTAL MC	3,472,434	3,389,726	(82,708)	-2.4%	3,050,753	3,728,699	3,125,191	3,819,677
CMC	126,920	123,836	(3,084)	-2.4%	111,452.40	136,220	114,228.00	139,612
ALL LOB ENROLLMENT	3,599,354	3,513,562	(85,792)	-2.4%	3,162,206	3,864,918	3,239,419	3,959,289
REVENUE	\$ 1,403,506,647	\$ 1,329,415,097	\$ (74,091,550)	-5.3%	\$ 1,196,473,587.00	\$ 1,462,356,606	\$ 1,263,155,982	\$ 1,543,857,312
MEDICAL EXPENSE	\$ 1,318,259,025	\$ 1,218,156,175	\$ (100,102,850)	-7.6%	\$ 1,096,340,557	\$ 1,339,971,792	\$ 1,186,433,122	\$ 1,450,084,927
MLR %	93.9%	91.6%			91.6%	91.6%	93.9%	93.9%
MEDICAL OPERATING MARGIN	\$ 85,247,623	\$ 111,258,922	\$ 26,011,299	30.5%	\$ 100,133,030	\$ 122,384,814	\$ 76,722,860	\$ 93,772,385
ADMINISTRATIVE EXPENSES	\$ 81,264,205	\$ 80,577,600	\$ (686,606)	-0.8%	\$ 80,577,600	\$ 80,577,600	\$ 73,137,785	\$ 89,390,626
ACR %	5.8%	6.1%			6.7%	5.5%	5.8%	5.8%
Net Non-Operating Income	\$ 4,642,366	\$ 1,839,300	\$ (2,803,065)	-60.4%	\$ 1,839,300	\$ 1,839,300	\$ 4,178,129	\$ 5,106,602
NET SURPLUS (LOSS)	\$ 8,625,783	\$ 32,520,623	\$ 23,894,840	277.0%	\$ 21,394,731	\$ 43,646,515	\$ 7,763,205	\$ 9,488,362
NET SURPLUS (LOSS) %	0.6%	2.4%			1.6%	3.3%	0.6%	0.7%
Budget change					-34.2%	34.2%	-10.0%	10.0%

Risks & Opportunities

- Discussion



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 CAHPS 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
 - Fulfill 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.



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.



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.

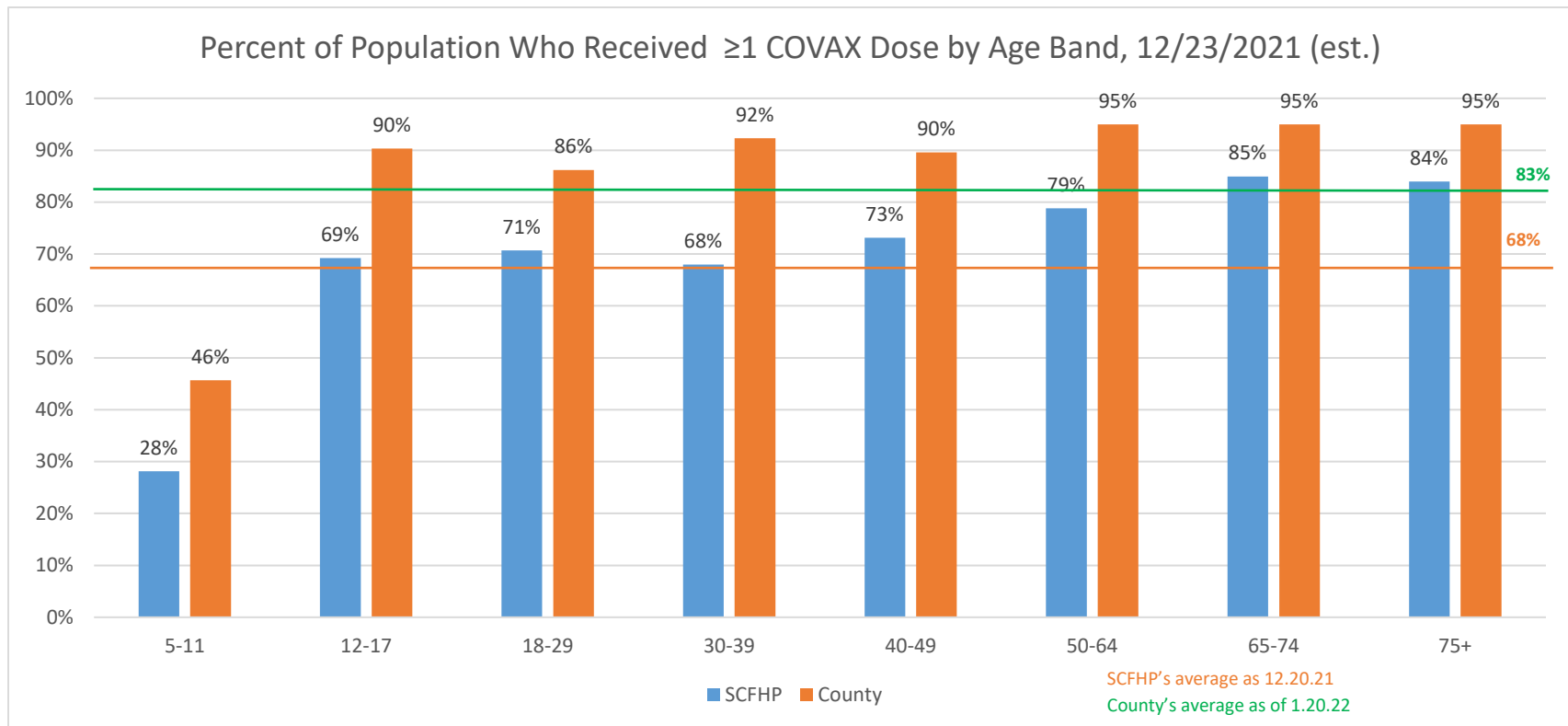
Thank you very much for your consideration. I welcome the chance to discuss further with you at your convenience.

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

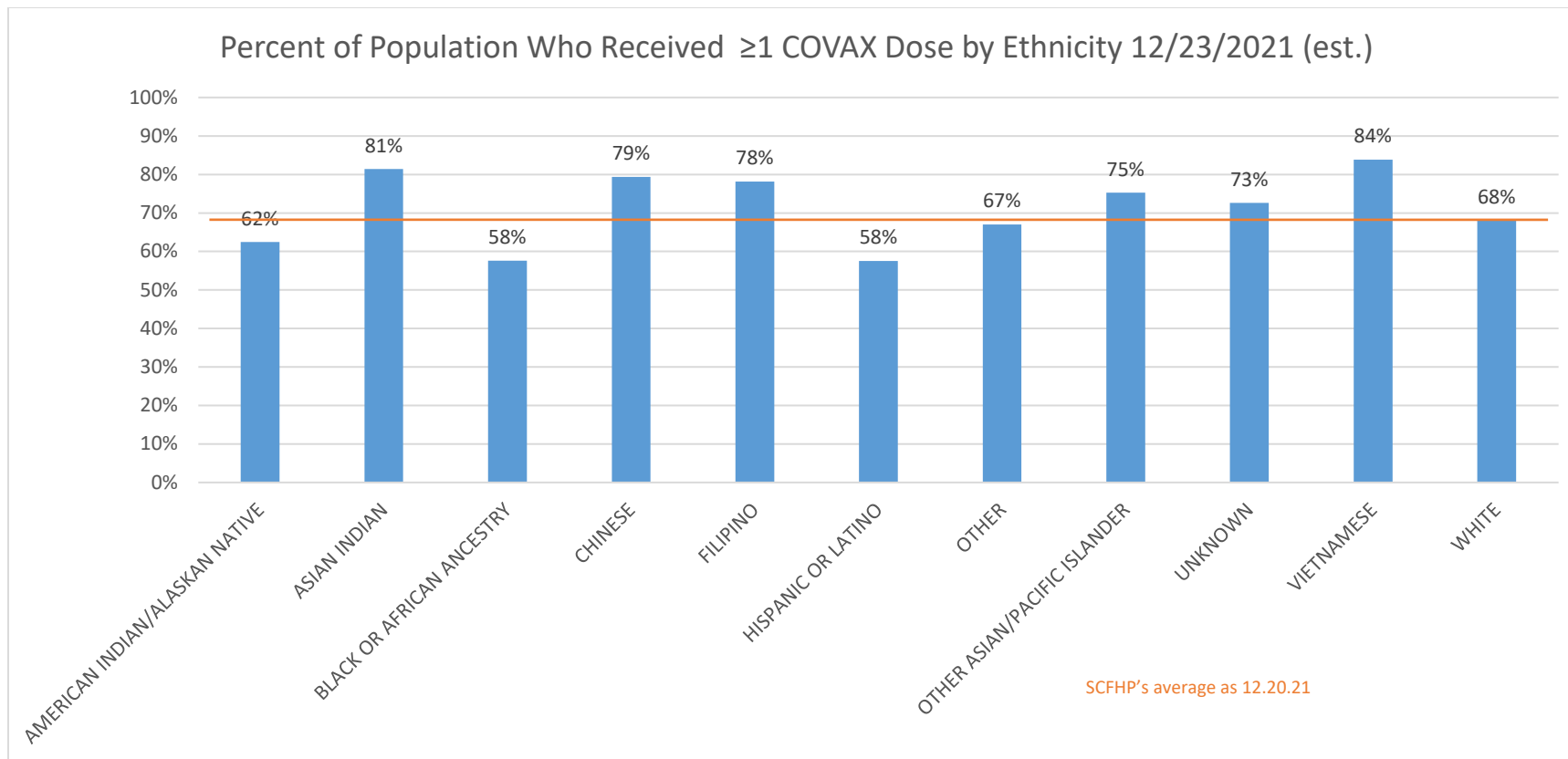
Connections California first year budget

Program Expenses

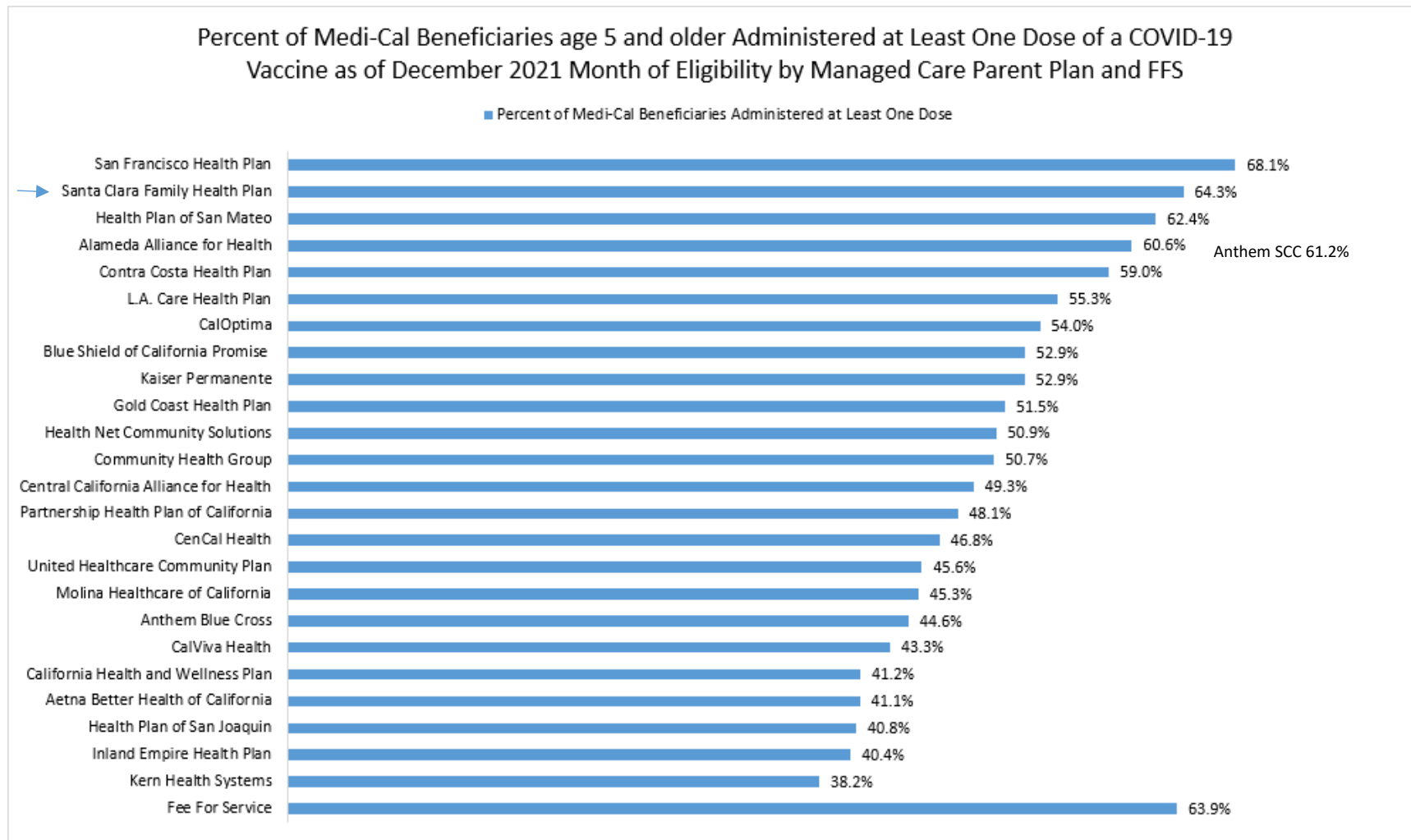
		Hours per week	Salaries	
PHP Personnel				
Program Coordinator	(Hired 1/13/22) Temporarily funded by other grant+unrestricted funding	18	\$ 32,933	
Program support specialist	To be hired after funding secured	18	\$ 25,876	
Marketing Manager	Increase hours from 20 to 25 per week after funding secured to promote Connections CA and	5	\$ 8,985	
Webmaster	Responsible for building Connections CA microsite	5	\$ 9,148	
Other Program staff	Additional new hire hours on program team to conduct client 1:1s & webinars on transition topics	25	\$ 38,798	
Total PHP personnel expenses		71	\$ 115,740	
Non PHP personnel program expenses				
Boosted social media posts	Increase awareness of Connections CA		\$ 2,000	
Outside speakers	Expert Speaker honorariums for finance, legal, housing, health & safety, etc		\$ 5,000	
Translators for simultaneous translation at workshops	Provide in Spanish and Vietnamese		\$ 3,000	
Search engine consultant	Insure people unaware of PHP will find Connections CA through search engine optimization		\$ 10,000	
Total non PHP personnel program expenses			\$ 20,000	
Total Program Expenses			\$ 135,740	85% of total budget
Overhead				
Program Director	Overall program oversight	3	\$ 8,521	
Executive Director	Overall agency oversight	2	\$ 7,690	
Share of total agency spend on communications, equipment, technology infrastructure, etc			\$ 7,134	
Total other expenses			\$ 23,345	15% of total budget
Grand total			\$ 159,085	



Age Band	5-11	12-17	18-29	30-39	40-49	50-64	65-74	75+	Total
Vaccinated	10,704	25,969	40,254	19,819	16,742	33,553	18,953	19,019	185,013
Unvaccinated	27,328	11,553	16,710	9,348	6,154	9,010	3,362	3,630	87,095
Boosted	14	1,339	10,081	6,312	6,409	16,614	11,566	12,063	64,398
Membership	38,032	37,522	56,964	29,167	22,896	42,563	22,315	22,649	272,108
% boosted	0%	4%	18%	22%	28%	39%	52%	53%	24%



Ethnicity/Age Band	% of membership				% vaccinated			
	5-11	12-17	18+	Overall % of SCFHP	5-11	12-17	18+	Overall
BLACK OR AFRICAN ANCESTRY	12%	13%	75%	3%	19%	56%	64%	58%
HISPANIC OR LATINO	23%	23%	54%	37%	23%	65%	69%	58%
Remaining Ethnicities	8%	8%	84%	59%	37%	77%	79%	75%



As of December 20, 2021

SCC 83%



**Santa Clara Family
Health Plan™**

COVID-19 Vaccine Communications & Outreach

Chelsea Byom, Vice President, Marketing, Communications & Outreach

Evolution of Vaccine Messaging

Q1
2021

- Vaccine eligibility and availability expands slowly
- Robocall and live call outreach campaigns launch

Q2
2021

- Vaccines widely available
- “Roll up your sleeve” digital and social media advertising launches

Q3
2021

- DHCS Vaccine Incentive Program begins
- \$50 member incentive announced

Q4
2021

- Relaunch digital and social media ads with updated zip code and language targeting

Q1
2022

- Expand messaging to include boosters and 5-11 year olds

COVID-19 Vaccine Incentive Communications Plan

Campaign Goals:

- Increase COVID-19 vaccination rates among SCFHP members between now and March 2022
 - Address the gap in vaccination rate between Medi-Cal members and general population in Santa Clara County
- Inform members age 12+ of free \$50 gift card for receiving the first dose COVID-19 vaccine
 - Cobranded materials with Anthem Blue Cross promote \$50 gift for all Medi-Cal members in the County
- Continue campaign messaging that the COVID-19 vaccines are safe, effective and free



COVID-19 Vaccine Incentive Communications Plan

Vehicle	Target Audience	Distribution	Language
Member newsletter: Winter 2022	Members 12+ not yet vaccinated	294,000 mailed	EN, ES, VI, CH, TG
FAQ flyers	Members 12+ not yet vaccinated Undecided/hesitant members	3,000+ mailed	EN, ES, VI, CH, TG
Promotional flyers	Members 12+ not yet vaccinated	3,000+ mailed Email In person	EN, ES, VI, CH, TG
Blanca Alvarado CRC Lobby poster/banner	CRC patrons	In person	TBD
Toolkit for system partners	Members 12+ not yet vaccinated	Email	EN, ES, VI, CH, TG

COVID-19 Vaccine Incentive Communications Plan

Vehicle	Target Audience	Distribution	Language
SCFHP website	All members 5+, including booster	1,000 pageviews/month	EN, ES
Valassis – Weekly mailer	SCFHP/Anthem members 12+ not yet vaccinated in South County and East San Jose	250,000+ households	EN, ES, VI
EI Observador	SCFHP/Anthem members 12+ not yet vaccinated	70,000+	ES
Facebook	All members 5+, including booster	250,000+/month	EN
Instagram	All members 5+, including booster	50,000+/month	EN
On hold message	Members 12+ not yet vaccinated	~17,000 calls/month	EN, ES, VI

COVID-19 Vaccine Incentive Communications Plan

Vehicle	Target Audience	Language
Provider Memo	SCFHP contracted providers	EN
Provider JOCs	SCFHP contracted providers	EN
Provider eNewsletter	SCFHP contracted providers	EN

COVID-19 Vaccine Incentive Communications Plan

Campaign Creative



COVID-19 Va

Is it safe to get a COVID-19 vaccine?
Yes, COVID-19 vaccines are safe. No matter which vaccine you get, the Food and Drug Administration (FDA) has approved them after testing them with safety standards that are the highest in the world.

Is it necessary for you to get vaccinated?
The CDC recommends that you get vaccinated, and also protecting your friends, family, and coworkers.

What are the side effects of a COVID-19 vaccine?
It is possible you will experience some side effects, but they are usually mild and go away on their own. The vaccines do not contain any live virus, so you cannot get COVID-19 from the vaccine.

Does the COVID-19 vaccine affect my fertility?
The vaccines do not contain any live virus, so you cannot get COVID-19 from the vaccine. There is no evidence that the vaccine affects fertility.

I already had COVID-19. Do I still need a vaccine?
Yes, you should be vaccinated. Research has not yet shown that you can't get COVID-19 again, and getting vaccinated helps protect you and others.

Is it safe for me to get pregnant?
Yes, the vaccines are safe. If you are pregnant, breastfeeding, or trying to get pregnant, you should get vaccinated.



COVID-19 Vaccine Reward Program FAQs

Who is eligible for the Santa Clara Family Health Plan (SCFHP) COVID-19 vaccine reward?

SCFHP members ages 12 years or older are eligible. Each member can only get one gift card, up to \$50, for the first dose of a COVID-19 vaccine received between September 1, 2021 and March 6, 2022. Second and third doses, booster shots, and 5-11 year olds are not eligible for a reward at this time. Eligibility rules are subject to change.

How do I get the SCFHP COVID-19 vaccine reward?

If you are eligible, SCFHP will automatically send your \$50 gift card to the mailing address we have on file for you. Please check that we have your correct mailing address on file by calling Customer Service at 1-800-260-2055 (TTY: 711). You can also check your address on the mySCFHP member portal at www.member.scfhp.com.

When will I receive the COVID-19 vaccine reward?

It may take SCFHP up to 10 weeks to get confirmation from the California Immunization Registry that you got your shot and send you a reward.

What if my gift card reward is lost or stolen?

SCFHP will not resend a card if it is sent to the wrong address, is lost, or stolen. Be sure to check that we have your correct mailing address on file by calling Customer Service at 1-800-260-2055 (TTY: 711) or by checking your address on the mySCFHP member portal at www.member.scfhp.com.

Is there anything else I should know about the COVID-19 vaccine reward program?

• Gift cards cannot be used to purchase alcohol, firearms, and tobacco.
• If you have any questions about your gift card or this program, please call SCFHP Medi-Cal Customer Service at 1-800-260-2055, Monday through Friday, 8:30 a.m. to 5:00 p.m. TTY/TDD users should call 711. The call is free.

Spread the news!

You can make a bigger impact in the health of our community by encouraging friends, family members, coworkers, and others to get vaccinated. Use the hashtag #SCFHPFightsCOVID to spread the word that you did your part and earned a \$50 reward from SCFHP! The COVID-19 vaccine is safe, effective, free, and it's the right way forward for our community.



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Find a doctor | Member portal | Provider portal | Contact us

About us | Healthcare plans | For members | For providers | Employment

You can earn a \$50 gift card for receiving your COVID-19 vaccine!

[Learn How](#)

¡Vacúnese, y reciba una recompensa!

Los miembros de Medi-Cal inscritos en Santa Clara Family Health Plan o Anthem Blue Cross pueden recibir un **regalo de \$50** si se vacunan contra el COVID-19 antes del 6 de marzo de 2022.

La vacuna contra COVID-19 es segura, efectiva y gratis! Busque un centro de vacuna en el condado de Santa Clara en www.sccfreevax.org.



1-800-260-2055 (TTY: 711)
Monday - Friday
8:30am - 5pm



1-800-407-4627 (TTY: 711)
Monday - Friday
7am - 7pm

*Anthem Blue Cross es el nombre comercial de Blue Cross of California, Anthem Blue Cross y Blue Cross of California Partnership Plan, Inc. son licenciatarios independientes de Blue Cross Association. Anthem es una marca registrada de Anthem Insurance Companies, Inc.

Get vaccinated, get rewarded!

Get vaccinated and you may receive a **\$50 gift*** from your Medi-Cal Managed Health Care Plan if you:

- Are a Medi-Cal member enrolled with Santa Clara Family Health Plan or Anthem Blue Cross when you get your shot
- Are 12 years and up
- And get your first dose of a COVID-19 vaccine from a California provider between **September 1, 2021 and March 6, 2022.**



Questions? Call your Health Care Plan at the Customer Service number below:



1-800-260-2055 (TTY: 711)
Monday - Friday, 8:30am - 5pm
www.scfhp.com/covidvax



1-800-407-4627 (TTY: 711)
Monday - Friday, 7am - 7pm

Book your appointment or find a drop-in location in Santa Clara County at www.sccfreevax.org. FREE rides are available!

*Eligibility rules are subject to change.

Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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COVID-19 Vaccination Member Outreach

Pharmacies and Providers

- Leverage and incentivize pharmacies and providers to call unvaccinated members to disseminate information and encourage vaccination
- Provider letters to unvaccinated patients to encourage vaccination
- Gap in vaccination displayed via SCFHP Provider Portal

SCFHP Staff

- COVID Vaccine Telephone Outreach Team to conduct outbound calls to unvaccinated members to offer assistance in COVID vaccine appointment scheduling
 - Homebound
 - CDC underlying conditions
 - Unvaccinated 12+
 - 65+ missing booster
- Incentivize all member-facing staff to remind unvaccinated members during inbound calls to get their COVID vaccine
- Robocall campaigns in development

COVID-19 Vaccination Events

SCFHP Blanca Alvarado CRC Vaccination Clinics

January 22, 2022 | 10:00 AM – 2:00 PM

- SCFHP is offering a \$50 gift card at point-of-care to anyone receiving a first, second, or booster dose at the CRC vaccination events. This is in addition to member incentives.

Children's Discovery Museum of San Jose

January 23, 2022 | 9:30 AM – 4:30 PM

- SCFHP is sponsoring admissions to visitors of the Children's Discovery Museum if they get vaccinated during the vaccination clinic. First, second, and booster doses available for all ages.
- Target direct mailing to unvaccinated members who live near the museum and have a family member is 5–11 years old.

One-Stop-Shop

SCFHP Blanca Alvarado Community Resource Center

- Five vaccination clinics scheduled with BACH, starting 1/22
- New \$50 incentive being offered at point of care for first, second and booster doses administered at CRC for all residents
- Hiring two temp Community Health Workers to engage residents, address vaccine hesitancy, and connect them to COVID-19 resources and vaccination
- Partnering with other CHW/promotes in the community to reach members impacted by disparities

Community Partnerships

Closing disparity gaps within communities with low vaccination rates

- Outreach and partner with grassroots community organizations to be trusted messengers
 - Catholic Charities
 - COVID-19 Black
 - Santa Clara County Office of Education
 - County Emergency Operations Center
 - Asian American Community Center of Santa Clara County
 - Community Health Partnership
 - Clinician Bureau- Ask a Provider- at community events



Santa Clara Family Health Plan™

Questions?

Chelsea Byom, cbyom@scfhp.com



Santa Clara Family Health Plan™

Government Relations Update

January 27, 2021

Federal Issues

Administration

- Employer vaccination mandate struck down
- Public health emergency extended

State Issues

Proposed FY22-23 Budget

- Medi-Cal eligibility
- Prop 56 payments
- Quality/equity provider payments

Legislation

- AB 1400 (Kalra) – single payer

State Issues

CalAIM Implementation

- Enhanced Care Management and Community Supports
- Medi-Cal Rx
- Major organ transplants