Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, February 25, 2021, 11:30 PM – 1:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 987 9967 7951
Passcode: ExecFina21
https://zoom.us/j/98799677951

AGENDA

1.	**Roll Call**	Ms. Alvarado	11:30	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. Alvarado	11:35	5 min
3.	**Approve Consent Calendar and Changes to the Agenda** Items removed from the Consent Calendar will be considered as regular agenda items. **Possible Action:** Approve Consent Calendar **a.** Approve minutes of the January 28, 2020 **Executive/Finance Committee** Meeting **b.** Approve **Claims Policies**: • CL.01 Interest on the Late Payment of Claims • CL.02 Misdirected Claims • CL.03 Notice of Denial of Payment • CL.09 Claims Timeframes Turn-Around-Time • CL.21 Claims Processing & Adjudication **c.** Accept **Network Detection and Prevention Update**	Ms. Alvarado	11:40	5 min
4.	**Strategic Planning Update** Review and discuss draft strategic planning documents. **Possible Action:** Recommend to Governing Board approval of Vision, Mission, Values and Stratgic Plan	Pacific Health Consulting Group	11:45	60 min
5.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	12:45	5 min
6.	**Quality Update** Discuss CMC 2020 CAHPS results and strategy.	Dr. Liu	12:50	10 min

7.	**Government Relations Update** Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.	Mr. Haskell	1:00	10 min
8.	**COVID Vaccine Transportation Assistance** Discuss opportunities to partner with the County to support transportation of the underserved to vaccine distribution sites. **Possible Action:** Approve funding for transportation assistance to enable the underserved to receive COVID vaccines	Ms. Tomcala	1:10	10 min
9.	**December 2020 Financial Statements** Review December 2020 Financial Statements. **Possible Action:** Approve the December 2020 Financial Statements	Mr. Jarecki	1:20	10 min
10.	**Adjournment**		1:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Executive/Finance Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Amy O'Brien 48 hours prior to the meeting at (408) 874-1997.
- To obtain a copy of any supporting document that is available, contact Amy O'Brien at (408) 874-1997. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, January 28, 2020, 11:30 PM – 1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present
Dolores Alvarado, Chair
Bob Brownstein
Dave Cameron
Liz Kniss
Sue Murphy

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Chelsea Byom, Director, Marketing & Communications
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director of Finance Reporting & Budgeting
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present
Mike Daponde, Daponde, Simpson, Rowe PC
Rafael Gomez, Pacific Health Consulting Group
Bobbie Wunsch, Pacific Health Consulting Group

1. Roll Call

Dolores Alvarado, Chair, called the meeting to order at 11:30 am. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Adjourn to Closed Session

a. Pending Litigation

The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding Kindred Hospital - San Francisco Bay Area v. Santa Clara Family Health Plan; Superior Court of the State of California for the County of Alameda Case No.: RG20076644

4. Report from Closed Session

Ms. Alvarado reported the Executive/Finance Committee met in Closed Session to discuss Item 3.a. Pending Litigation.

5. Approve Consent Calendar and Changes to the Agenda

Ms. Alvarado presented the Consent Calendar and indicated all agenda items would be approved in one motion. Sue Murphy, Board Member, requested a correction to the meeting minutes in Item 5.a. Ms. Alvarado removed Item 5.a. from the Consent Calendar.

a. Approve minutes of the November 19, 2020 **Executive/Finance Committee** Meeting
b. Approve Claims Policies:
- CL.07 Emergency Room Services
- CL.13 Processing of Family Planning Claims
- CL.22 Processing of Abortion Claims
- CL.27 Non-Medical Transportation Services

It was moved, seconded, and Item 5.b. of the Consent Calendar was **unanimously approved.**

Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

Ms. Murphy requested that her statement in Item 7. Quality Update of the November 19, 2020 meeting minutes be corrected to state "single standard of care" instead of "good basic care."

It was moved, seconded, and the minutes of the November 19, 2020 Executive/Finance Committee Meeting **were unanimously approved** with the corrected reference to "single standard of care."

Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

6. CEO Update

Christine Tomcala, Chief Executive Officer, presented the SCFHP COVID-19 Summary, noting cumulative members affected as of January 27, 2021.

Ms. Tomcala reported that negotiations with Kaiser Permanente have concluded, with an extension of their lease through December 2023. At that time their subleased space will become available for alternate use.

Ms. Tomcala noted that Valley Health Plan requested an extension of the proposed contract amendment through calendar year 2021. Discussion ensued.

7. Government Relations Update

Tyler Haskell, Director of Government Relations, provided an update on the proposed State Budget for the upcoming fiscal year and the related re-launch of CalAIM. Mr. Haskell described the Governor's proposals to spend the State's one-time surplus, and provided some detail on the proposed Medi-Cal budget and CalAIM implementation timeline.

8. November 2020 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the November 2020 financial statements, which reflected a current month net surplus of $135 thousand ($286 thousand favorable to budget) and a fiscal year to date net surplus of $5.5 million ($3.9 million favorable to budget). Enrollment increased by 2,821 members from the prior month to 268,881 members (2,534 members below budget). Year-to-date membership growth due to COVID-19 has not been as pronounced initially as budgeted, but will be sustained for a longer period of time than planned. Revenue reflected a favorable current month variance of $2.9 million (2.9%) largely due to (1) increased utilization of supplemental behavioral health and maternity services, coupled with (2) higher CY20 full-dual Medi-Cal CMC & MLTSS capitation rates versus budgeted. Medical expense reflected an unfavorable current month variance of $2.0 million largely due to (1) Medi-Cal capitation expenses in excess of budget related to the retroactive capitation rate updates from DHCS, (2) higher payments for utilization of

supplemental behavioral health and maternity services, and (3) certain fee-for-service expenses in excess of budget, some of which are related to COVID. Administrative expense reflected an unfavorable current month variance of $161 thousand (2.9%) due higher personnel expenses offset by the timing of certain non-personnel expenses. The balance sheet reflected a Current Ratio of 1.27:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of $214 million, of which $168 million is unrestricted, represented approximately two months of the Plan's total expenses. Year-to-date capital investments of $2.9 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

It was moved, seconded, and the November 2020 Financial Statements were **unanimously approved.**

Motion: Ms. Kniss
Second: Mr. Cameron
Ayes: Ms. Alvarado, Mr. Brownstein, Mr. Cameron, Ms. Kniss, Ms. Murphy

9. Quality Update

Laurie Nakahira, D.O., Chief Medical Officer, reported on the CMC 2019 Population Health Management (PHM) Impact Analysis. Dr. Nakahira noted that at a previous Board meeting, she was asked to review the interventions that were done during this time. The historical data were discussed, and the Case Management strategy for 2020-2021 was reviewed.

Dr. Nakahira also presented the CY 2019 Medi-Cal HEDIS Network Comparison Rates Update. Discussion ensued regarding the Measure Percentiles by Network (admin rates only), which were color coded by percentile performance. Ms. Murphy inquired if there are actionable remediation plans for each network to improve the performance of measures below the 50th percentile within a specified timeframe. If networks are unable to produce such a plan, are we confident in what we will do to help them get there?

Laurie Nakahira noted we monitor those below the 50th percentile, and discussed actions underway to:

1. To work with Kaiser and other delegates for supplemental data on the CDC H9 measure.
2. Train providers on billing/coding as well as chart documentation.
3. Offer practice transformation to assist clinics/providers with increasing efficiency on coding, billing, and supplemental data.
4. Work on gaps in care with incentives (outreach calls and PPP).

Staff will provide updates at a future meeting. Ms. Alvarado requested that the CEO and Quality Update agenda items be at the beginning of future meeting agendas to allow sufficient time for review.

10. Strategic Planning Update

Rafael Gomez and Bobbie Wunsch, Pacific Health Consulting Group, presented draft options for a Vision Statement, Mission Statement, and Organizational Values. Discussion ensued regarding preferences and suggested edits. Due to time constraints, Mr. Gomez offered to edit the options based on the Committee's feedback, and send a survey for additional input.

11. Adjournment

The meeting was adjourned at 1:28 pm.

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Susan G. Murphy, Secretary

Santa Clara Family Health Plan

POLICY

Policy Title:	**Interest on the Late Payment of Claims**	**Policy No.:**	CL.01 v4
Replaces Policy Title (if applicable):	Interest on the Late Payment of Claims	**Replaces Policy No. (if applicable):**	CL.01 v3
Issuing Department:	Claims Department	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To accurately calculate and apply interest and applicable penalties on late paid claims in accordance with State and Federal regulations.

II. Policy

Interest Payment Requirements
To pay interest and applicable penalties on late paid claims in accordance with the applicable laws and regulations for the State of California and Centers for Medicare and Medicaid Services, (CMS).

Medi-Cal (Contracted & Non-Contracted Providers)
All claims shall be paid within forty-five (45) working days (sixty-two (62) calendar days); otherwise, interest shall begin accruing on the first day following the forty-fifth (45th) working day (sixty-second (62nd) calendar days). The payment of interest applies to both contracted and non-contracted providers for the Medi-Cal line of business. Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Cal Medi-Connect (Non-Contracted Providers)
For Cal Medi-Connect (CMC) primary claims, interest on late payment applies only to non-contracted providers clean claims. All claims from non-contracted providers shall be paid within thirty (30) calendar days; otherwise, interest shall begin accruing on the thirty-first (31st) calendar day after the date of receipt (first date stamp).

Interest is applied to the non-contracted CMC secondary claim if not paid within forty-five (45) working days (sixty two (62) calendar days). Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Cal Medi-Connect (Contracted Providers)

Santa Clara Family Health Plan

POLICY

Interest does not apply to Cal Medi-Connect (CMC) primary claims, however interest is applied to the CMC secondary claim if not paid within forty-five (45) working days (sixty two (62) calendar days). Failure to pay interest due automatically requires a $10.00 late fee to be paid in addition to any interest due.

Interest Rate
Interest, and any applicable fees, shall be paid in accordance with the detailed calculations within CL01.01 Interest on Late Payment of Claims Procedure.

III. Responsibilities

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

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

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

IV. References

Title 22, California Code of Regulations, Section 53622
Title 28, California Code of Regulations, Section 1300.71
California Health and Safety Code Section 1371
California Evidence Code section 641
U.S. Treasury Department - Interest rate on semi-annual basis
Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Section 80.2.2
42 C.F.R. § 422.500; § 422.520(a) (1)
Medicare Managed Care Manual Chapter 11 – Medicare Advantage Application, Providers and Contract Requirements, Section 100.2.

V. Approval/Revision History

First Level Approval	Second Level Approval
AB	
Arlene Bell Director, Claims 2.8.21	Neal Jarecki Chief Financial Officer 2.8.21
Date	Date

Version	Change (Original/	Reviewing Committee	Committee Action/Date	Board Action/Date

Santa Clara Family Health Plan

POLICY

Number	Reviewed/ Revised)	(if applicable)	(Recommend or Approve)	(Approve or Ratify)
1	Original – 08/26/16	N/A	N/A	N/A
2	Revised – 12/20/18	N/A	N/A	N/A
3	Revised – 09/05/19	N/A	N/A	N/A
4	Revised	Executive/Finance	Recommended 02/25/21	N/A

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POLICY

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

I. Purpose

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

II. Policy

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

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

III. Responsibilities

The Information Technology Department is responsible to:

- Post the outbound misdirected claims file 5010 "837i / 837p to a secure FTP site for pick-up.
- Validates and confirms that all outbound misdirected claims files are successfully transmitted.

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

- May provide feedback to other departments and/or divisions within SCFHP to ensure that the misdirected claims process is operating effectively and efficiently.
- Monitors that SCFHP is compliant at all times with the ten (10) working day turn-around time requirement.
- Reviews and audits outbound misdirected claims files to ensure correct payer disbursement.

Santa Clara Family Health Plan™

POLICY

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

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

IV. References

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

V. Approval/Revision History

First Level Approval	Second Level Approval
AB	
Arlene Bell Director, Claims	Neal Jarecki Chief Financial Officer
2.8.21	2.8.21
Date	Date

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

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Notice of Denial of Payment**	**Policy No.:**	CL.03 v4
Replaces Policy Title (if applicable):	Notice of Denial of Payment	**Replaces Policy No. (if applicable):**	CL.03 v3
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☒ CMC	

I. Purpose

To ensure that when a claim is denied involving a Santa Clara Family Health Plan (SCFHP) Cal Medi-Connect (CMC) member and results in a member liability, that a Notice of Denial of Payment, which includes the CMC member's right to request an appeal of the denial, is provided to the provider of the services, the SCFHP CMC member, and/or the member's representative.

II. Policy

SCFHP shall issue a Notice of Denial of Payment to the provider of the service, the SCFHP CMC member, and/or the member's representative when SCFHP denies, in whole or in part, a request for a medical service/item, or a request for payment of a medical service/item the member has already received and the member may be responsible for payment.

SCFHP shall determine whether to reimburse or deny a CMC claim within the following timeframes:

- Non-Contracted Providers - within 30 calendar days for clean claims
- Contracted Providers/Non-Contracted Provider, unclean claims - within 60 calendar days

CMS-Integrated Denial Notice (IDN)), or an MA health plan Regional Office-approved modification of the IDN, must be sent to the member. The written denial must clearly state the service denied and the denial reason. Denial letters for Part C organization determinations must include adequate rationales and contain correct/complete information specific to denials, or must be written in a manner easily understandable by members.

If SCFHP denies a request from a non-contracted provider, SCFHP will notify the non-contract provider of the specific reason for the denial and will provide a description of the appeals process.

Santa Clara Family Health Plan

POLICY

Upon determination that a CMC claim is to be denied, The Notice of Denial of Payment shall be sent to the provider of the service, the SCFHP CMC member, and/or the member's representative within five (5) working days.[1]

III. Responsibilities

The Claims Department is responsible for sending a Notice of Denial of Payment of medical coverage to the CMC member and/or the members' representative, and the provider of the service.

The Medical Services Department is responsible for send a Notice of Denial of Coverage letter for of medical coverage to the CMC member and/or the members' representative, and the provider of the service.

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

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

IV. References

42 C.F.R. §§ 422.568(d), 423.568(g)
42 C.F.R. §§ 423.572(c)(2) and 423.590(g)
42 C.F.R. § 422.520 Prompt payment by MA organization

Parts C&D Enrollee Grievances, Organization/Coverage Determinations and Appeals Guidance (February 2019), Section 40.2.2
Medicare Managed Care Manual Chapter 3, Payments to Medicare Advantage Organizations
Notice of Denial of Medical Coverage Form CMS-10003-NDMC (http://www.cms.hhs.gov/bni/07_MADenailNotices.asp)
IOM Pub. 100-16
http://www.cms.gov/Medicare/Appeals-andGrievances/MMCAG/Downloads/Appendix-7-Waiver-of-Liability-Notice.pdf
CMC Medicare Enrollment & Appeal Group Memo – See Attachment
Time Limits and Measurements – Assembly Bill 1455

[1] This timeline is not a requirement. Denied CMC claims will follow this timeline for the issuance of the Notice of Denial of Payment and the notices are processed in line with the checks for approved claims.

Santa Clara Family Health Plan

POLICY

V. Approval/Revision History

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AR	
Arlene Bell Director, Claims 2.8.21	Neal Jarecki Chief Financial Officer 2-8-21
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original – 08/26/2016	N/A	N/A	N/A
V2	Revised – 03/22/2018	N/A	N/A	N/A
V3	Revised – 02/28/2020	N/A	N/A	N/A
V4	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Claims Timeframes Turn-Around-Time**	**Policy No.:**	CL.09 v3
Replaces Policy Title (if applicable):	Claims Timeframes Turn-Around-Time	**Replaces Policy No. (if applicable):**	CL.09 v2
Issuing Department:	Claims	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure that Santa Clara Family Health Plan (SCFHP) processes all claims in accordance with State and Federal regulatory timeframe requirements, as well as in line with its contractual obligations.

II. Policy

A. This policy regarding timely processing of claims is to document SCFHP processes to ensure all claims received are processed timely and according to the appropriate State and Federal turnaround time requirements.

B. The receipt date serves as record of a valid submission. It is used to determine if the claim was filed timely and is the receipt date for the purposes of determining claims processing timeliness.

C. All claims shall be processed on a first-in-first-out basis to maximize the timely and accurate completion of claims, in accordance with statutory, regulatory, and contractual standards.

D. SCFHP shall accept provider claims in both paper and electronic format and shall process claims received within Federal and State timeframe requirements. These requirements are specifically noted, by type of claim, within Procedure CL.09.01.

E. For the Medi-Cal line of business, capitated subcontractors that are delegated for claims payment are required to adhere to the same statutory, regulatory, and contractual timeframe requirements as the Plan. SCFHP's monitoring and annual audit of its capitated subcontractors will ensure that these requirements are being followed.

III. Responsibilities

The Claims Department is responsible to ensure that the inventory of claims is managed with an ongoing emphasis on compliance with timelines for payment of all type of claims in accordance with Federal and State requirements, as well as contractual obligations. The Claims Management is responsible for overseeing

the overall process and evaluating the claims on hand on a daily basis.

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

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

IV. References

Claims Processing Time Limits and Measurements - Assembly Bill -AB1455
California Health and Safety Code Section 1371
Title 28, California Code of Regulations, Section 1300.71
Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Section 80.2.2
CFR 422. 422.100 - General requirements
Social Security Act, Section 1816 – Clean claims
42 C.F.R. § 422.500
§ 422.520(a)(1) & (3) Prompt payment by MA organization

V. Approval/Revision/History

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AB	
Arlene Bell Director, Claims 2.8.21	Neal Jarecki Chief Financial Officer 2.8.21
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 08/26/2016	N/A	N/A	N/A
2	Revised – 02/27/2020	N/A	N/A	N/A
3	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Claims Processing & Adjudication**	**Policy No.:**	CL.21 v4
Replaces Policy Title (if applicable):	Claims Processing & Adjudication	**Replaces Policy No. (if applicable):**	CL.21 v3
Issuing Department:	Claims	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure accurate and timely processing of claims according to benefit structure, provider contract, and State and Federal regulations.

II. Policy

All claims shall be processed so that timeliness and accuracy is maximized and regulatory and contractual standards are met.

III. Responsibilities

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

The Claims Management team is responsible for running daily claims pend reports to monitor and track timely processing compliance for all claims.

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

The Claims Department will retain copies of all claims in accordance with SCFHP's Records Retention Policy.

IV. References

Title 22, California Code of Regulations, Section 51301

Title 22, California Code of Regulations, Section 53622

Title 28, California Code of Regulations, Section 1300.71(d) (1)

Medicare Claims Processing Manual Chapter 1 – General Billing Requirements

Santa Clara Family Health Plan

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Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original – 08/26/2016	N/A	N/A	N/A
2	Revised – 12/21/2018	N/A	N/A	N/A
3	Revised – 09/06/2019	N/A	N/A	N/A
4	Revised	Executive/Finance	Recommend 02/25/2021	N/A

Santa Clara Family Health Plan™

Network Detection and Prevention Report

February 2021

Executive/Finance Committee Meeting

Firewall Background

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

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

The attempts have been categorized in three severity levels:

Critical/High

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

Medium

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

Low/Informational

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

Attack Statistics Combined

Oct/Nov/Dec/Jan

Santa Clara Family Health Plan

	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
Severity Level	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
Critical	30	23	24	21	3,193	428	545	328	0.27	0.07	0.04	0.01
High	28	21	28	24	7,252	1,598	7,369	912,695	0.59	0.04	0.13	22.89
Medium	69	27	26	28	165,989	173770	158,950	181,951	13.55	1.95	15.35	4.56
Low	14	8	9	10	1,770	689	116,811	270,256	0.14	0.04	0.19	6.78
Informational	29	28	30	33	1,046,648	2,107,295	2,298,665	2,622,462	85.45	97.90	84.29	65.76

Summary – Compare Jan 2021 to previous month of Dec 2020

- Critical Severity Level – number of threat attempts is **39.87%** higher
- High Severity Level - number of threat attempts is **12286**% higher
- Medium Severity Level - number of threat attempts **14.47%** higher
- Low Severity Level - number of threat attempts is **131.36%** higher

- Due to new firewalls being placed at DR and CRC site, there is increase in the number of Informational threat category.
- The increase in number of High threat category happened on single day due to blocking the port and taking firewall offline for SD WAN and ISP swap.

2/22/2021

Top 5 Events for November - January

Critical Events – total 1301 events

Top 5 Critical vulnerability events
- 199 events for “phpunit Remote Code Execution Vulnerability” (**Code-Execution**)
- 194 events for “ThinkPHP Remote Code Execution Vulnerability” (**Code-Execution**)
- 132 events for “vBulletin Remote Code Execution Vulnerability” **(Code-Execution)**
- 111 events for “Mirai and Reaper Exploitation Traffic” (**Code-Execution**)
- 90 events for “Zeroshell Remote Command Execution Vulnerability” (**Code-Execution**)

High Events – total 921,661 events

Top 5 High vulnerability events
- 912,081 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 4312 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 1714 events for “SIP Bye Message Brute Force Attack” (**Brute Force**)
- 1584 events for “ThinkPHP Remote Command Execution Vulnerability” (**Code-Execution**)
- 379 events for “Microsoft Windows SMB Remote Code Execution Vulnerability” (**Code-Execution**)

Medium Events – total 514,671 events

Top 5 Medium vulnerability events
- 422,331 events for “SCAN: Host Sweep” (**Info-Leak**)
- 80,699 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 5424 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 1777 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)
- 1603 events for “PHP DIESCAN Information Disclosure Vulnerability” (**Info-Leak**)

Definitions:

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

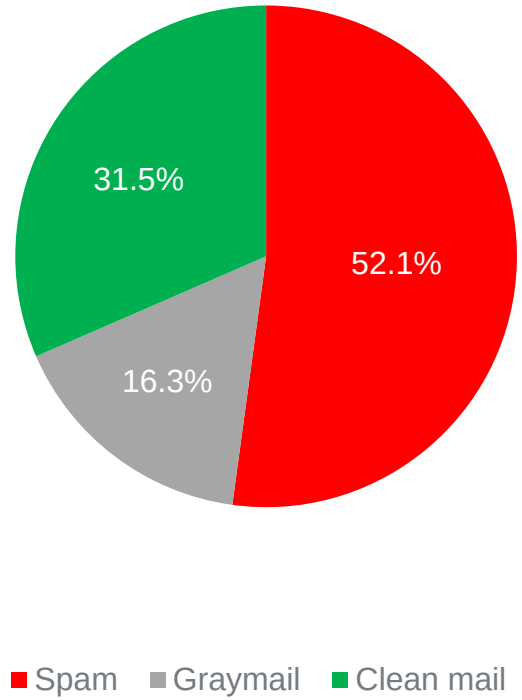
2/22/2021

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by Reputation Filtering	45.2%	100.0k
Stopped as Invalid Recipients	0.0%	7
Spam Detected	6.8%	15.1k
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.1%	134
Stopped by Content Filter	0.1%	329
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**52.1%**	**115.5k**
Marketing Messages	10.0%	22.3k
Social Networking Messages	0.2%	439
Bulk Messages	6.1%	13.5k
Total Graymails:	**16.3%**	**36.2k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	31.5%	69.8k
Total Attempted Messages:		**221.5k**



January

During the month.

- 52.1% of threat messages had been blocked.
- 16.3% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 31.5% were clean messages that delivered.

2/22/2021

Santa Clara Family Health Plan™

Vision --- *Our Desired Future*

- Look beyond the life of the Long-Term Plan, often 20-30 years out
- Audacious aspirations or dreams that may never be achieved
- Success often dependent upon the actions of multiple organizations

Examples:	
LA Care	A healthy community in which all have access to the health care they need.
Central California Alliance for Health	Healthy people. Healthy communities.
Health Plan of San Mateo	We believe that *Healthy is for Everyone* — and we fight to make that possible.
San Francisco Health Plan	San Francisco is a healthy community for all.

Mission --- *What We Do*

- Typically describes the business we are in
- Provides a brief statement of our purpose

Values --- *Who We Are*

- Core ethics that define what we stand for
- Guide how we operate as an organization and serve our community

Strategic Plan --- *Framework for future annual plans & budgets*

- A high-level plan to help focus and prioritize the Plan's efforts over the next three years
- It sets direction, but does not provide the detail of annual Plan objectives and budget

Vision

Option 1: Health equity for all—where everyone has the opportunity to maximize their potential for a healthy life
Option 2: Health equity for all—where everyone in the communities we serve has the opportunity to maximize their potential for a healthy life
Option 3: Health equity for all—where everyone has the opportunity to live a healthy life

Mission

To improve the well-being of our members and community by providing equitable access to holistic and quality health care, engaging members, and partnering with providers and the community.

Values

- **Members First**: Our actions, behaviors, and attitudes always focus first on the health and welfare of our members.
- **Better Together**: We listen to, invest in, and collaborate with our partners and each other to benefit the community and its residents.
- **Accountability**: We take personal responsibility for actions and outcomes.
- **Integrity**: We do the right things for the right reasons to earn and keep our members' and partners' trust.
- **Inclusion and Compassion**: We value diverse perspectives, treating one another, all members and partners with compassion and respect.
- **Culture of Caring**: We work together to create a culture of caring that supports, develops, and recognizes team members.
- **Stewardship**: We are prudent financial stewards of our resources and are accountable to the communities we serve.
- **Excellence**: We strive to deliver the highest quality experience to our members and partners.

Santa Clara Family Health Plan™

2021-2023 STRATEGIC PLAN

DRAFT

Goals	Strategies	Success Measures
Community Health Leadership *Be a recognized local leader and partner in improving the health of vulnerable communities*	• **Lead** improvement in the health of vulnerable communities • Raise Plan **visibility** among members and the community • Deepen **partnerships** with local officials and agencies, health systems, and Community Based Organizations	• Lead a major community health initiative • Increase brand awareness among the targeted demographic from 54% to 65% who are at least moderately familiar with SCFHP • Partner with CBOs on programming for the Blanca Alvarado CRC
Quality, Access, & Equity *Deliver exceptional quality outcomes and health equity for all Plan members*	• Increase overall Plan **quality** across all networks • Meet **NCQA Medicaid Module** standards • Seek **NCQA Distinction in Multicultural Health Care** • Reduce **health and access disparities** among Plan membership, including strategies that address **social determinants of health** • Implement programs and benefits to serve populations with **complex care** medical and social needs	• Increase HEDIS average performance score for CMC & Medi-Cal across all networks and ethnic groups • Achieve Medi-Cal NCQA Accreditation • Develop a roadmap for NCQA Distinction in Multicultural Health Care • Implement CalAIM population health management (PHM) programs, including Enhanced Care Management (ECM) and In Lieu of Services (ILOS).
Organizational Excellence *Consistently demonstrate administrative and service excellence*	• Enhance and streamline the **member experience** • Develop a **DSNP** Medicare product • Deliver a responsive and timely **provider relations experience** • Promote **staff development** and a **cohesive organizational identity** • Foster a **culture of compliance** across the Plan and delegated entities • Ensure sustainable **financial health**	• Increase Medi-Cal & CMC market share • Improve provider and delegate net promoter score between 2022 and 2023 • Achieve overall ratings on employee satisfaction survey that exceed the norm of California health plans surveyed • Successfully launch a Dual Eligible Special Needs Plan (DSNP) effective Jan. 2023 • > 95% of dashboard metrics in compliance • Achieve positive net income and maintain at least two months of expenses in reserve

SANTA CLARA FAMILY HEALTH PLAN
Governing Board Strategic Planning Retreat
Thursday, March 11, 2021
12:00 – 2:00pm

AGENDA

DRAFT – FOR DISCUSSION ONLY

12:00 – 12:15 **Welcome, Meeting Goals and Setting the Stage**
Christine Tomcala, CEO, Santa Clara Family Health Plan
Bobbie Wunsch, Pacific Health Consulting Group

12:15 – 12:40 **Presentation of the Vision, Mission and Value Statements**
Christine Tomcala, CEO, Santa Clara Family Health Plan

12:40 – 1:15 **Review of Strategic Planning Themes / Environmental Context**
Rafael Gomez, Bobbie Wunsch, Pacific Health Consulting Group

1:15 – 1:55 **Discussion: Board Questions, Reflections and Feedback on Strategic Plan**
Bobbie Wunsch, Pacific Health Consulting Group

1:55 – 2:00 **Next Steps**
- Implementation, Reporting and Communication
- Bold Initiative

2:00 **Adjourn**

Meeting Packet

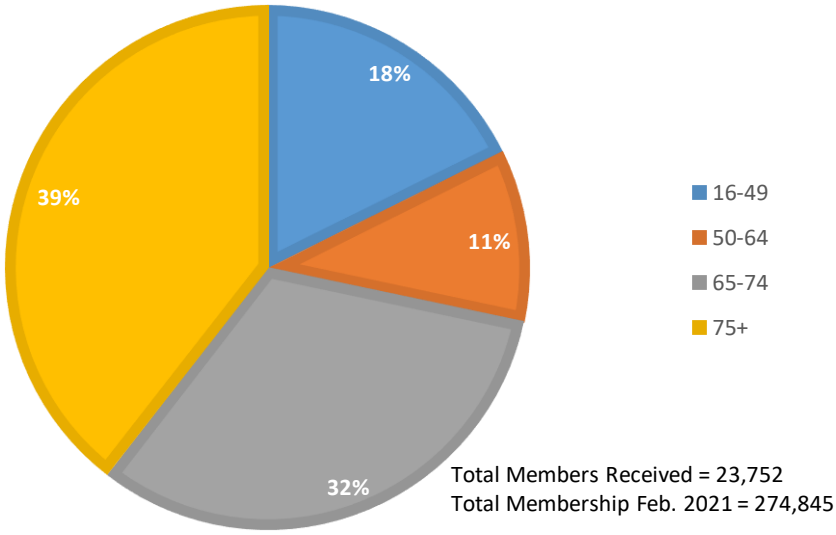
- Summary of Strategic Planning Themes and Process Findings
- Strategic Plan: Recent and Draft
- Organizational Vision, Mission and Values
- Bold Initiative

SCFHP COVID-19 Summary – February 23, 2021

<table>
<tr><th>Group</th><th>Focus Area</th><th>Activities and Metrics</th></tr>
<tr><td rowspan="3">Members</td><td>Statistics</td><td>• 4,945 members positive
• Cumulatively 1,736 members hospitalized
• 181 deceased (94 SNF and 87 non-SNF), representing 10% of County-reported total (total membership equals about 12% of the County population)</td></tr>
<tr><td>Vaccinations</td><td>• 23,752 members received first dose; 4,158 received second dose
• Sending flier cobranded with County Public Health Department to members 65+ with information about how to get vaccinated, including how to access transportation
• Will soon conduct outreach calls to 6,300 high risk members 65+ to assist with appointment scheduling</td></tr>
<tr><td>Skilled Nursing Facilities</td><td>
<table>
<tr><th>SNF</th><th># Positive</th><th>Expired</th><th>Total Beds</th><th>STAR Rating</th></tr>
<tr><td>Courtyard Care</td><td>0</td><td>2</td><td>76</td><td>4</td></tr>
<tr><td>Herman Health Care</td><td>0</td><td>1</td><td>99</td><td>3</td></tr>
<tr><td>Sunnyvale Post Acute</td><td>0</td><td>3</td><td>99</td><td>4</td></tr>
<tr><td>The Ridge (Mt. Pleasant)</td><td>7</td><td>2</td><td>54</td><td>5</td></tr>
<tr><td>Amberwood</td><td>1</td><td>8</td><td>258</td><td>2</td></tr>
</table>
</td></tr>
</table>

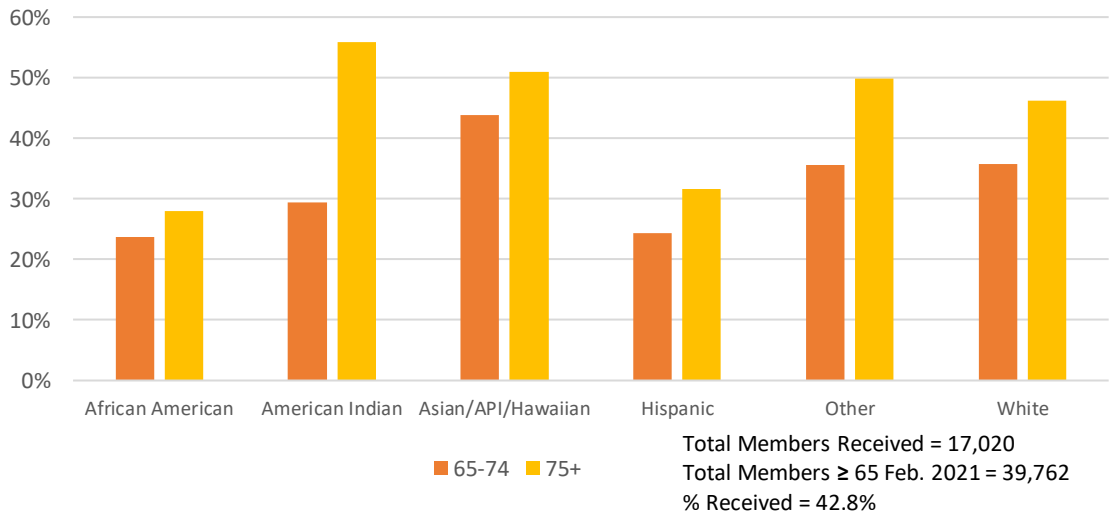
Santa Clara Family Health Plan™

Distribution of Members Who Received ≥1 COVAX Dose by Age Group, as of 2/12/2021



Total Members Received = 23,752
Total Membership Feb. 2021 = 274,845

Percent of Members in Age Group and Ethnicity Who Received ≥ 1 COVAX Dose, as of 2/12/2021



Total Members Received = 17,020
Total Members ≥ 65 Feb. 2021 = 39,762
% Received = 42.8%

Santa Clara Family Health Plan™

CMC Consumer Assessment of Healthcare Providers and Systems (CAHPS): 2020 Results & 2021 Strategy

February 2021

CMC CAHPS 2020

Overview

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a required member satisfaction survey by the Centers for Medicare and Medicaid Services (CMS)
- Administered annually to Cal MediConnect (CMC) members
- Results impact NCQA accreditation and health plan ratings
- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2020

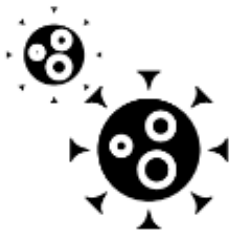
2020 CAHPS Timeline

SCFHP Postcard #1

JANUARY 31, 2020

Pre-Notification Letter Mailed

MARCH 5, 2020



CMS Eliminated 2020 Survey Submission

MARCH 30, 2020

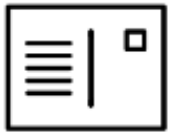
Recommended to cease telephone outreach due to Covid-19

Last Day to Accept Completed Surveys

JUNE 14, 2020

SCFHP Postcard #2

FEBRUARY 28, 2020



First Survey Mailed

MARCH 11, 2020

Second Survey Mailed

APRIL 11, 2020

SPH CAHPS Report Available

AUGUST 26, 2020

CMC CAHPS 2020

SCFHP's Overall Performance

Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE	GAP	SPH BoB PERCENTILE RANKING
		2019	2020						
Rating of Drug Plan	439	85.7	89.5	3.8	86.1 ▲	3.4	87.0	2.5	81st
Rating of Health Plan	438	84.6	88.1	3.5	87.3	0.8	88.0	0.1	54th
Rating of Specialist	244	85.3	89.8	4.5	90.0	-0.2	90.3	-0.5	44th

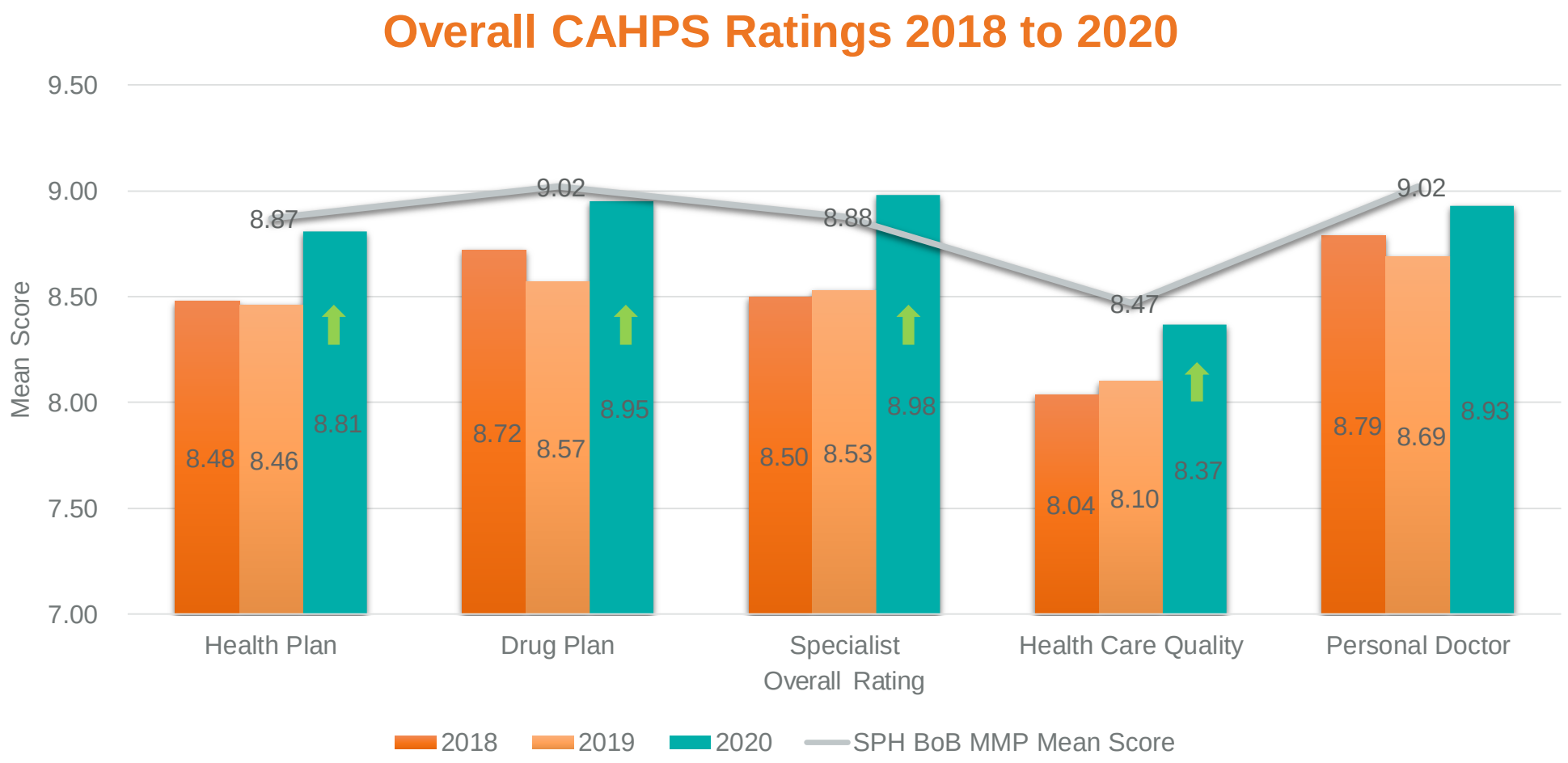
Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE	GAP	SPH BoB PERCENTILE RANKING
		2019	2020						
Customer Service	435	82.3	85.2	2.9	90.3 ▼	-5.1	91.3 ▼	-6.1	<5th
Getting Needed Care	452	72.0	72.7	0.7	83.7 ▼	-11.0	83.6 ▼	-10.9	<5th
How Well Doctors Communicate	352	85.6	87.0	1.4	91.7 ▼	-4.7	92.3 ▼	-5.3	<5th

**SPH BoB includes all MA contracts that conducted surveys with SPH analytics (412 contracts, 176,020 respondents)*

CMC CAHPS 2020



↑ = *statistically significant increase over prior year(s)*

CMC CAHPS 2020

Estimated 2021 CMS Medicare Star Ratings

MEASURE NAME	ESTIMATED CASE-MIX ADJUSTED SCORE*	ESTIMATED 2021 FINAL STAR RATING
C26 Rating of Health Plan	88	★★★★
C25 Rating of Health Care Quality	87	★★★★
C22 Getting Needed Care	79	★
C23 Getting Appointments and Care Quickly	74	★★
C24 Customer Service	88	★★
C27 Care Coordination	84	★★
D07 Rating of Drug Plan	88	★★★★
D08 Getting Needed Prescription Drugs	90	★★★★
C03 Annual Flu Vaccine^	83	★★★★★

*Scaled Mean Score ^Annual Flu Vaccine is not case-mix adjusted

*In response to the **COVID-19** pandemic, CMS is not using MA & PDP CAHPS results in the 2021 Star Ratings. These estimates are for informational purposes only.*

Overlap with low performing measures from NCQA health plan ratings

CMC CAHPS 2020

Demographic Segments

Scaled Means Scores	White (H)	Race: Black/African-American (I)	Race: Other (J)	Ethnicity: Hispanic/Latino (K)
Total respondents	*129*	*16^*	*257*	*112*
DOMAIN: MEMBER EXPERIENCE WITH HEALTH PLAN				
Q38. Rating of Health Plan	**88.6**	**86.0**	**87.0**	**90.2**
Q9. Rating of Health Care Quality	**84.1**	**84.7**	**82.7**	**87.6**
Getting Needed Care	**78.6**	**76.7**	**68.1**	**80.1**
Q10. Getting care, tests or treatment necessary	80.3	86.7	70.8	80.8
Q29. Ease of getting appointment with a specialist	76.9	66.7	65.5	79.4
Getting Appointments and Care Quickly	**74.8**	**73.1**	**62.0**	**75.7**
Q4. Obtaining needed care right away	82.2	88.9	67.7	87.3
Q6. Obtaining care when needed, not when needed right away	82.9	66.7	64.0	83.1
Q8. Saw person came to see within 15 minutes of appointment time	59.3	63.6	54.4	56.8
Customer Service	**88.0**	**87.8**	**82.9**	**87.1**
Q34. Getting information/help from customer service	80.8	77.8	73.3	79.4
Q35. Treated with courtesy and respect by customer service staff	92.4	94.4	88.7	92.5
Q37. Health plan forms easy to fill out	90.9	91.1	86.9	89.4
Care Coordination	**85.7**	**68.7**	**78.1**	**84.4**
Q20. Personal doctor's office followed up to give you test results	77.0	71.4	71.7	74.5
Q21. Got test results as soon as you needed	81.0	76.2	73.0	76.5
Combined Item – Test Results	79.0	73.8	72.3	75.5
Q18. Doctor had medical records or other information about your care	92.8	85.7	87.0	91.1
Q23. Doctor talked about prescription medicines	85.4	61.1	76.1	85.5
Q26. Got help managing care	88.0	50.0	81.3	86.4
Q32. Doctor informed and up-to-date about specialty care	84.1	66.7	74.7	84.0

Note: The Care Coordination composite is the average of the Combined Item and the remaining shaded measures. The Combined Item is the average of Q20 and Q21. See the Technical Notes for more information.

Results in SPH reporting are unofficial and do not represent official results provided by CMS. 2020 MA & PDP CAHPS Survey - 53

Demographic Details:

- **White** survey respondents rate statistically significantly higher satisfaction in key measures than survey respondents in the **Other** race category (95% **Asian**)

CMC CAHPS 2021 Strategy

Focus Areas

- **Opportunities to improve (lowest scores + highest impact on Medicare Stars & NCQA):**
  1. Getting Needed Care & Care Quickly
  2. Care Coordination
  3. Customer Service
- **Other considerations:**
  - Member experience disparities between White and Asian health plan members

CMC CAHPS 2021 Strategy

General Interventions

- Kick-off an internal Member Experience (ME) workgroup:
  - Continuously monitor and analyze ME data to understand the impact
  - Identify barriers to member satisfaction
  - Establish measurable goals
  - Develop work plan to meet goals
- Budget and conduct an off-cycle member experience survey in CY2021
- Explore Multicultural Health Care (MHC) Distinction from NCQA

CMC CAHPS 2021 Strategy

1

Getting Appointments & Care Quickly

- Communicate best practices on wait times and urgent/routine care access standards to providers

  - Refer to practice transformation consultants to support adoption of best practices

2

Service Recovery

- Pilot calls to members targeting those with balance billing grievances

3

Customer Service

- Address member dissatisfaction with complex health care forms

  - Simplify AOR/ARF* forms

- Implement Service Excellence training for SCFHP employees

* AOR/ARF = authorization of representative form

Santa Clara Family Health Plan™

Questions?

Santa Clara Family Health Plan™

Unaudited Financial Statements
For The Six Months Ended December 31, 2020

Agenda

Santa Clara Family Health Plan

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Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$104 M		$619 M	
Medical Expense (MLR)	$99 M	95.2%	$581 M	93.8%
Administrative Expense (% Rev)	$5.6 M	5.4%	$33.2 M	5.4%
Other Income/(Expense)	($121K)		($458K)	
Net Surplus (Net Loss)	**($750K)**		**$4.8 M**	
Cash and Investments			$335 M	
Receivables			$562 M	
Total Current Assets			$908 M	
Current Liabilities			$727 M	
Current Ratio			1.25	
Tangible Net Equity			$213 M	
% of DMHC Requirement			**620.7%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Loss of $750K is $24.7K or 3.2% favorable to budget of $774.9K loss. YTD: Surplus of $4.8M is $3.9M or 435.3% favorable to budget of $891.0K.
Enrollment	Month: Membership was 271,107 (1,539 or 0.6% lower than budget of 272,646). YTD: Member Months YTD was 1,586,034 (26,479 or 1.6% lower than budget of 1,612,513).
Revenue	Month: $104.0M ($2.6M or 2.5% favorable to budget of $101.4M). YTD: $619.2M ($18.0M or 3.0% favorable to budget of $601.2M).
Medical Expenses	Month: $99.0M ($2.4M or 2.5% unfavorable to budget of $96.6M). YTD: $580.8M ($12.6M or 2.2% unfavorable to budget of $568.1M).
Administrative Expenses	Month: $5.6M ($264K or 4.5% favorable to budget of $5.9M). YTD: $33.2M ($433K or 1.3% favorable to budget of $33.6M).
Tangible Net Equity	TNE was $213.4M (represents approximately two months of total expenses).
Capital Expenditures	YTD Capital Investments of $3.2M vs. $6.9M annual budget, primarily Community Resource Center.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 271,107 members is 1,539 or 0.6% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 17,232 members or 6.8%.
- Medi-Cal enrollment has been increasing since January 2020, largely COVID enrollment (beginning in March 2020 annual eligibility redeterminations were suspended).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 7.1%, Medi-Cal Dual enrollment has increased 2.9%, and CMC enrollment has grown 9.3% also due largely to the suspension of disenrollments.

	For the Month December 2020				For Six Months Ending December 31, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY20 vs. FY21
Medi-Cal	261,287	263,332	(2,045)	(0.8%)	1,529,242	1,557,739	(28,497)	(1.8%)	2,840,218	(46.2%)
Cal Medi-Connect	9,820	9,314	506	5.4%	56,792	54,774	2,018	3.7%	101,391	(44.0%)
Total	**271,107**	**272,646**	**(1,539)**	**(0.6%)**	**1,586,034**	**1,612,513**	**(26,479)**	**(1.6%)**	**2,941,609**	**(46.1%)**

Santa Clara Family Health Plan Enrollment By Network
December 2020

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	32,940	13%	9,820	100%	42,760	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	131,124	50%	-	0%	131,124	48%
Palo Alto Medical Foundation	7,010	3%	-	0%	7,010	3%
Physicians Medical Group	44,861	17%	-	0%	44,861	17%
Premier Care	15,646	6%	-	0%	15,646	6%
Kaiser	29,706	11%	-	0%	29,706	11%
Total	**261,287**	**100%**	**9,820**	**100%**	**271,107**	**100%**
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	6.7%		9.3%		6.8%	

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

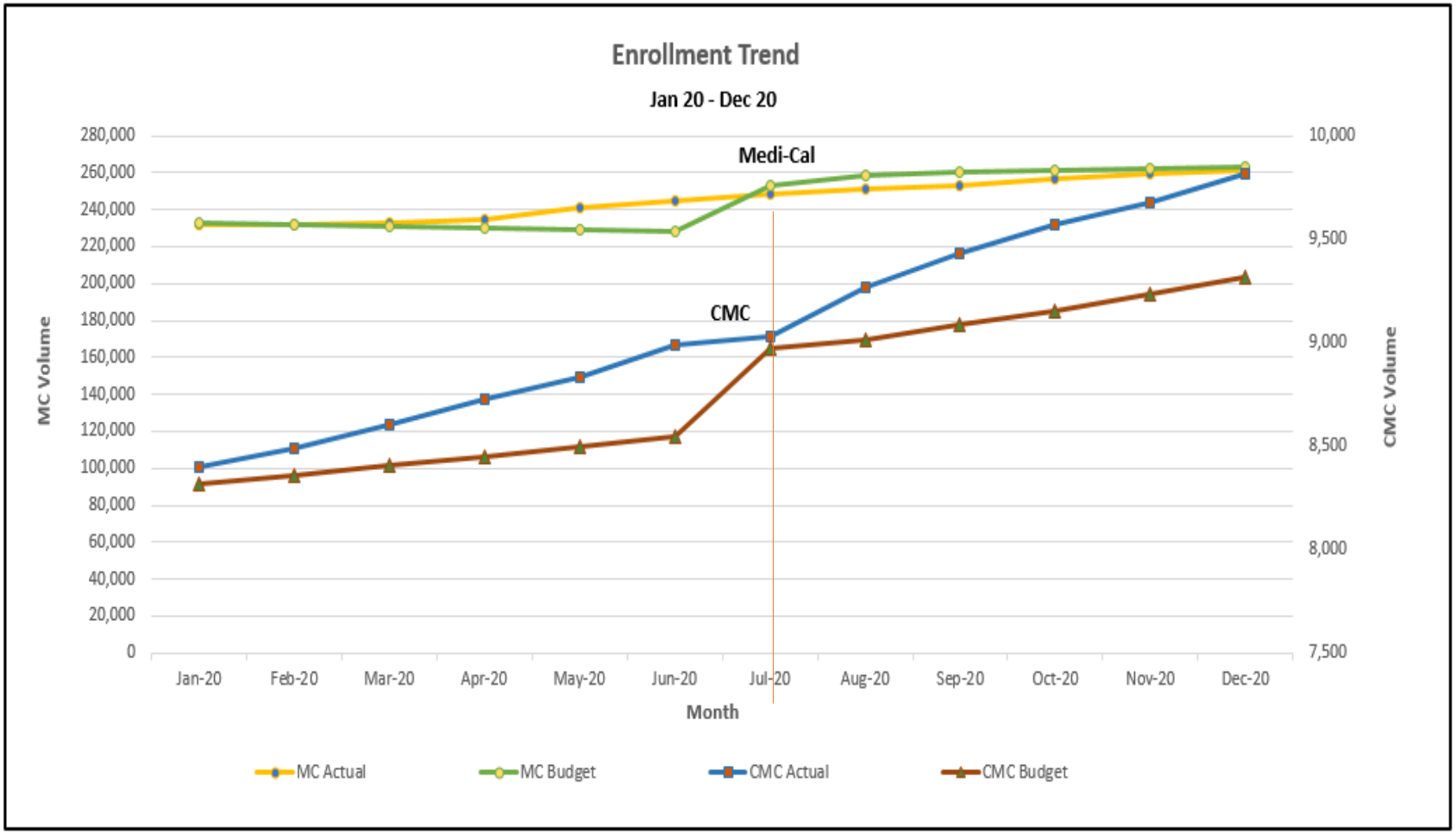
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER-2020

		2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	FYTD var	%
NON DUAL	Adult (over 19)	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	4,028	15.3%
	Child (under 19)	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	2,839	3.0%
	Aged - Medi-Cal Only	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	178	1.6%
	Disabled - Medi-Cal Only	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	-73	(0.7%)
	Adult Expansion	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	8,697	11.7%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	373	379	373	367	380	398	405	402	406	407	409	389	393	-12	(3.0%)
	Total Non-Duals	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**15,657**	**7.1%**
DUAL	Adult (21 Over)	341	330	328	320	311	320	321	327	320	337	354	353	353	32	10.0%
	SPD (21 Over)	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	480	2.0%
	Adult Expansion	177	139	130	136	134	190	241	261	289	358	410	498	537	296	122.8%
	BCCTP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	-66	(5.3%)
	Total Duals	**25,324**	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**742**	**2.9%**
	Total Medi-Cal	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**16,399**	**6.7%**
	Healthy Kids	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**
CMC	CMC Non-Long Term Care	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	838	9.5%
	CMC - Long Term Care	222	224	225	213	214	212	212	215	211	216	210	209	207	-5	(2.4%)
	Total CMC	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**833**	**9.3%**
	Total Enrollment	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**17,232**	**6.8%**

Enrollment Trend

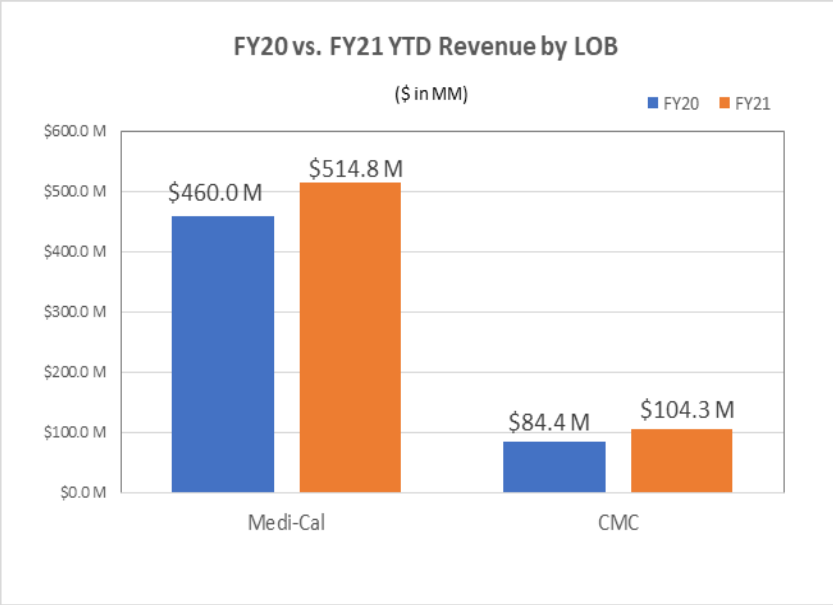


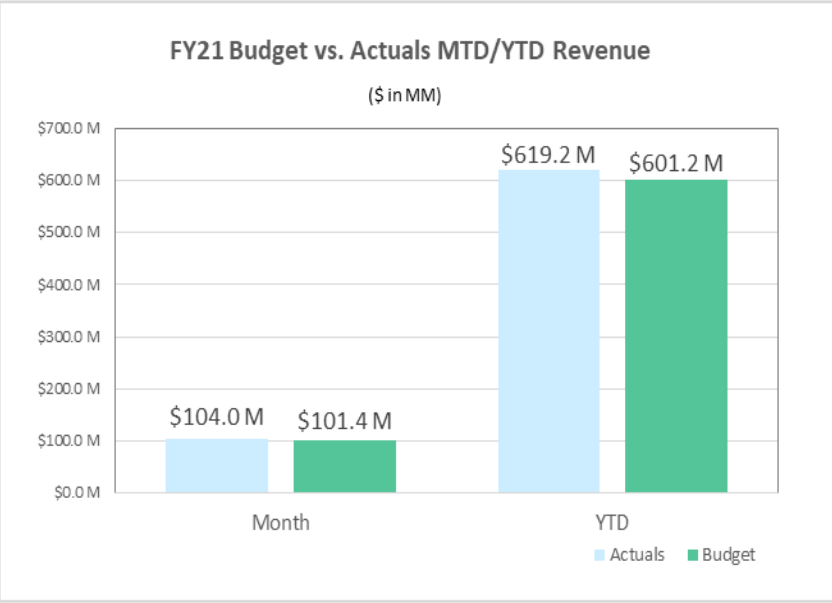
- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of $104.0M is $2.6M or 2.5% favorable to budget of $101.4M. The current month variance was primarily due to the following:

- CMC revenue is $1.4M favorable to budget due to a higher CY20 CMC Medi-Cal rate and favorable enrollment versus budget.
- Medi-Cal Dual revenue is $780K favorable to budget due to a higher CY20 Medi-Cal MLTSS rate and higher enrollment than budgeted.
- MC Non-Dual revenue is $733K favorable to budget due to higher SPD and Adult rates than expected and favorable Adult and Optional Expansion enrollment.
- Supplemental Kick revenue is $329K unfavorable to budget due to lower utilization of BHT and Hep-C and lower maternity deliveries.

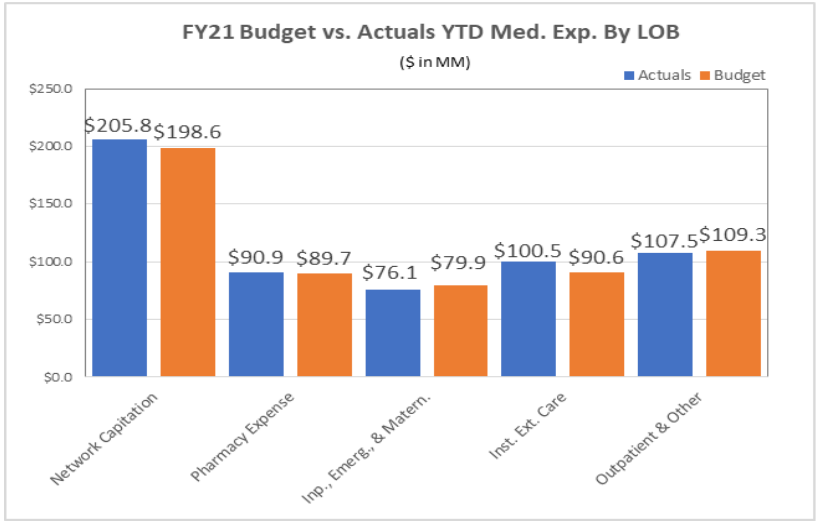


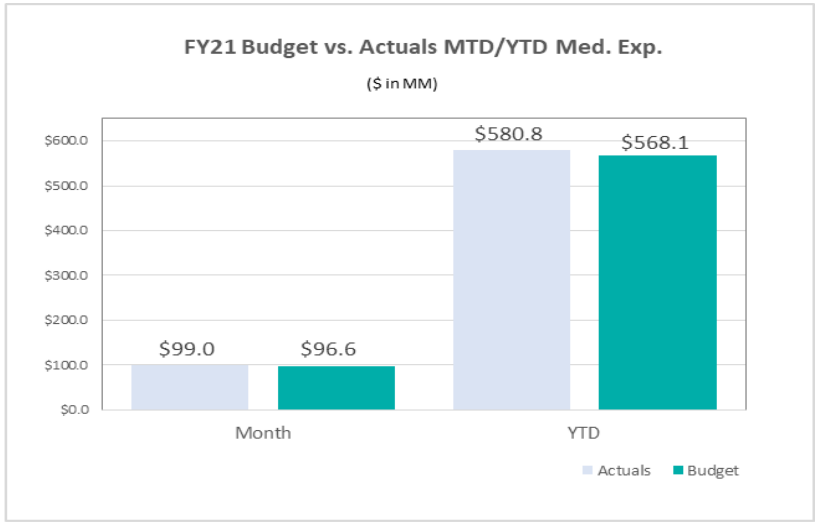


Medical Expense

Current month medical expense of $99.0M is $2.4M or 2.5% unfavorable to budget of $96.6M. The current month variance was due largely to:

- Capitation expense is an $3.0M or 8.8% unfavorable variance due to retro capitation rates paid from Jul 20 – Dec 20 (partly offsetting favorable revenue variance).
- Fee-For-Service expense reflects a $1.5M unfavorable variance due to increase utilization in Inpatient Hospital services and a mandated LTC COID rate increase.
- Supplemental Kick payments are $154K favorable to budget due to a decrease in BHT & Hep-C utilizations and lower maternity deliveries (offsetting unfavorable revenue variance).
- Pharmacy expense is $2.0M or 13.4% favorable to budget due to the timing of rebates received versus estimated. Excluding rebates, pharmacy expenses were $397K unfavorable to budget due to increase in CMC prescriptions and higher average cost.

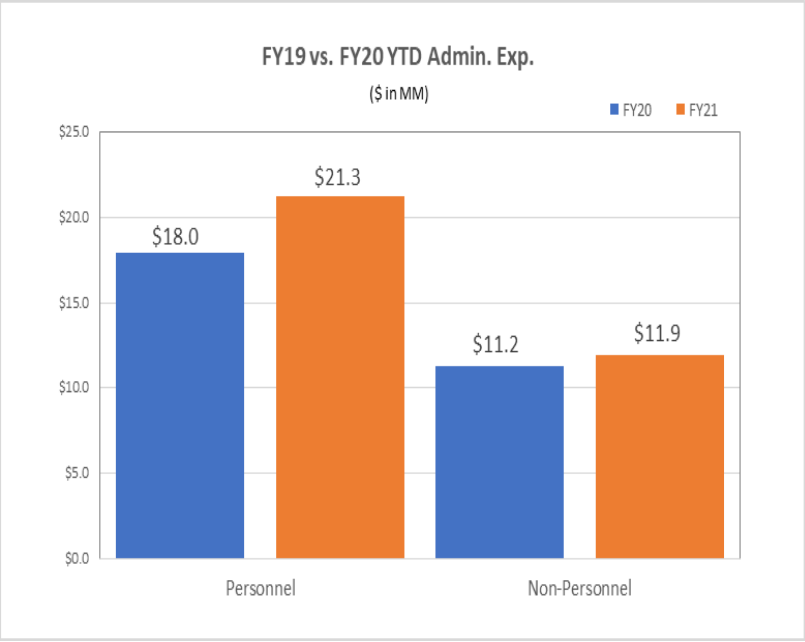


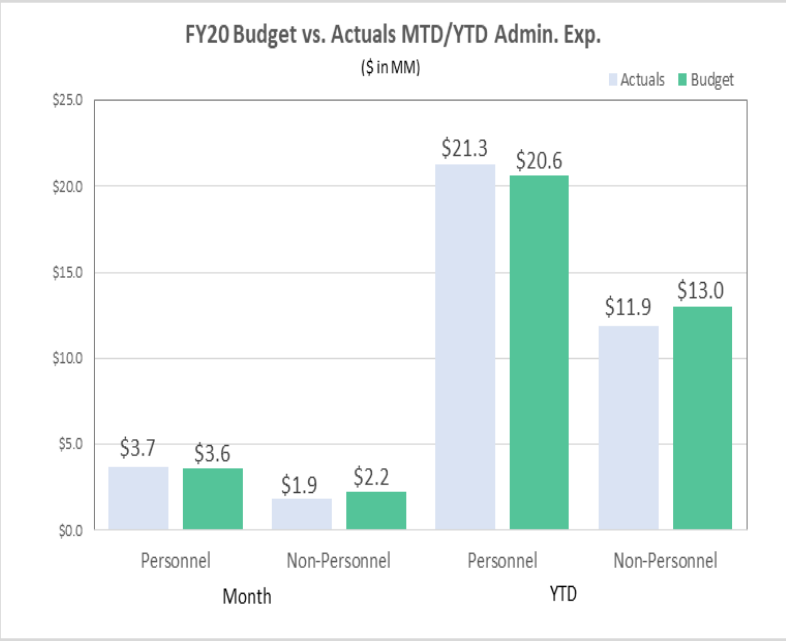


Administrative Expense

Current month admin expense of $5.6M is $264K or 4.5% favorable to budget of $5.9M. The current month variances were primarily due to the following:

- Personnel expenses were $103K or 2.8% unfavorable to budget due to increased PTO CalPERS retirement expense versus budget, partially offset by lower headcount.
- Non-Personnel expenses were $367K or 16.4% favorable to budget due to timing of budgeted spending in printing & advertising, software licenses & maintenance, and professional services.





Balance Sheet

- Current assets totaled $907.6M compared to current liabilities of $727.4M, yielding a current ratio (Current Assets/Current Liabilities) of 1.25:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $1.5M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$156,597,196	1.29%	$204,904	$704,904
Wells Fargo Investments	$149,782,161	0.15%	$9,167	$180,407
	$306,379,356		$214,071	$885,312
Cash & Equivalents				
Bank of the West Money Market	$463,780	0.13%	$716	$9,200
Wells Fargo Bank Accounts	$28,331,793	0.01%	$477	$3,812
	$28,795,573		$1,194	$13,011
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$107
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$335,480,779**		**$215,372**	**$898,429**

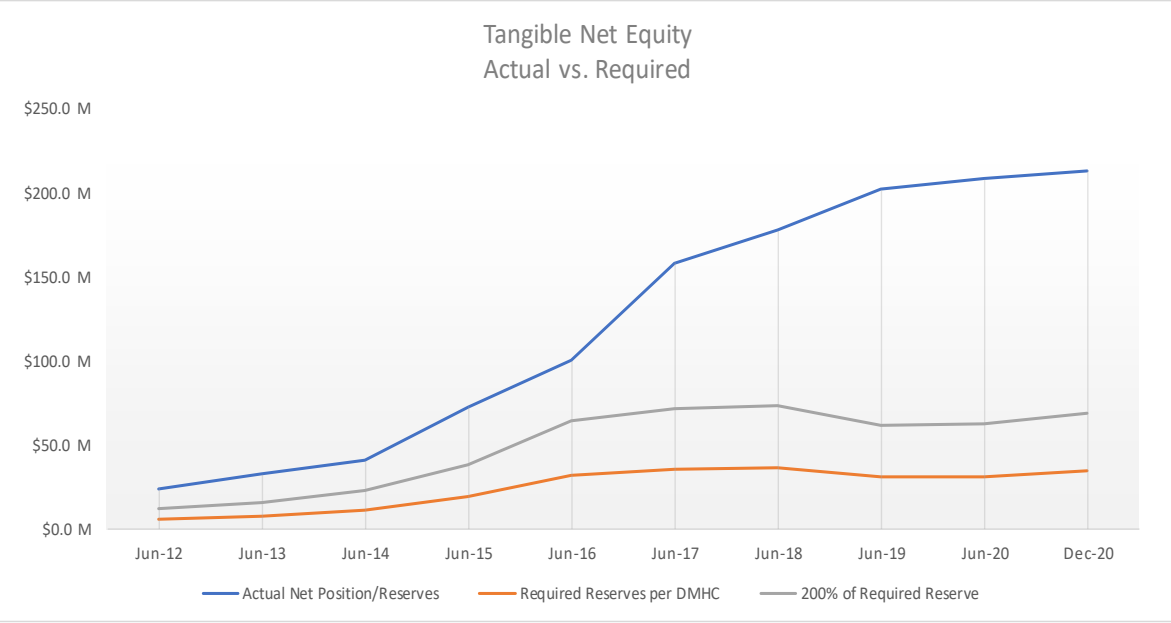
- County of Santa Clara Comingled Pool funds have longer-term investments currently with a higher yield than WFB investments.
- Overall cash and investment yield is lower than budget (0.67% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $213.4M - representing approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of December 31, 2020

	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Dec-20
Actual Net Position/Reserves	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$213.4 M
Required Reserves per DMHC	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$34.4 M
200% of Required Reserve	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$68.8 M
Actual as % Required	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	620.7%



Reserves Analysis

SCFHP RESERVES ANALYSIS DECEMBER 2020

Financial Reserve Target #1: Tangible Net Equity	Approved	Expended	Balance	
Unrestricted Net Assets			**$167,689,693**	*
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$580,727	$3,419,274	
Innovation & COVID-19 Fund	$16,000,000	$2,169,999	$13,830,001	
Subtotal	$20,000,000	$2,750,726	$17,249,275	
Net Book Value of Fixed Assets			$28,165,634	
Restricted Under Knox-Keene Agreement			$305,350	
Total Tangible Net Equity (TNE)			$213,409,952	
Current Required TNE			$34,384,840	
TNE %			620.7%	
SCFHP Target TNE Range:				
350% of Required TNE (Low)			$120,346,940	
500% of Required TNE (High)			$171,924,200	
Total TNE Above/(Below) SCFHP Low Target			**$93,063,012**	
Total TNE Above/(Below) High Target			**$41,485,751**	
Financial Reserve Target #2: Liquidity				
Cash & Investments			$335,480,779	
Less Pass-Through Liabilities:				
Hospital Directed Payments			(38,532,355)	
MCO Tax Payable to State of CA			(27,346,174)	
Whole Person Care / Prop 56			(44,179,230)	
Other Pass-Through Liabilities (Note 2)			(45,623,659)	
Total Pass-Through Liabilities			**(155,681,418)**	
Net Cash Available to SCFHP			179,799,361	
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense			(153,641,582)	
60 Days of Total Operating Expense			(204,855,442)	
Liquidity Above/(Below) SCFHP Low Target			**26,157,780**	
Liquidity Above/(Below) High Target			**-$25,056,081**	

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

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

- Majority of the capital variances are Community Resource Center, hardware, software, and building improvements due to timing of certain projects.

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$2,469,131	$3,507,100
Hardware	$215,246	$1,282,500
Software	$131,703	$1,194,374
Building Improvements	$425,237	$866,500
Furniture & Equipment	$0	$28,000
TOTAL	**$3,241,317**	**$6,878,474**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan™

Santa Clara County Health Authority
INCOME STATEMENT
For Six Months Ending December 31, 2020

	Dec-2020 Actuals	% of Rev	Dec-2020 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Dec-2020 Actuals	% of Rev	YTD Dec-2020 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 86,230,521	82.9%	$ 85,047,032	83.9%	$ 1,183,489	1.4%	$ 514,846,990	83.2%	$ 504,962,467	84.0%	$ 9,884,523	2.0%
CMC MEDI-CAL	4,390,185	4.2%	3,006,748	3.0%	1,383,437	46.0%	23,033,521	3.7%	17,681,506	2.9%	5,352,015	30.3%
CMC MEDICARE	13,356,830	12.8%	13,350,408	13.2%	6,422	0.0%	81,274,219	13.1%	78,511,408	13.1%	2,762,811	3.5%
TOTAL CMC	17,747,015	17.1%	16,357,157	16.1%	1,389,858	8.5%	104,307,740	16.8%	96,192,914	16.0%	8,114,826	8.4%
TOTAL REVENUE	**$ 103,977,536**	**100.0%**	**$ 101,404,189**	**100.0%**	**$ 2,573,348**	**2.5%**	**$ 619,154,730**	**100.0%**	**$ 601,155,381**	**100.0%**	**$ 17,999,349**	**3.0%**
MEDICAL EXPENSES												
MEDI-CAL	$ 83,673,851	80.5%	$ 81,039,692	79.9%	$ (2,634,159)	-3.3%	$ 489,065,440	79.0%	$ 476,894,624	79.3%	$ (12,170,816)	-2.6%
CMC MEDI-CAL	2,774,091	2.7%	3,078,907	3.0%	304,815	9.9%	17,565,363	2.8%	18,113,102	3.0%	547,740	3.0%
CMC MEDICARE	12,558,350	12.1%	12,444,724	12.3%	(113,626)	-0.9%	74,116,393	12.0%	73,139,850	12.2%	(976,543)	-1.3%
TOTAL CMC	15,332,441	14.7%	15,523,630	15.3%	191,189	1.2%	91,681,755	14.8%	91,252,952	15.2%	(428,803)	-0.5%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
TOTAL MEDICAL EXPENSES	**$ 99,006,292**	**95.2%**	**$ 96,563,322**	**95.2%**	**$ (2,442,970)**	**-2.5%**	**$ 580,754,499**	**93.8%**	**$ 568,147,576**	**94.5%**	**$ (12,606,922)**	**-2.2%**
MEDICAL OPERATING MARGIN	**$ 4,971,244**	**4.8%**	**$ 4,840,867**	**4.8%**	**$ 130,378**	**2.7%**	**$ 38,400,231**	**6.2%**	**$ 33,007,805**	**5.5%**	**$ 5,392,426**	**16.3%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,728,087	3.6%	$ 3,625,147	3.6%	$ (102,940)	-2.8%	$ 21,275,350	3.4%	$ 20,616,410	3.4%	$ (658,940)	-3.2%
RENTS AND UTILITIES	84,384	0.1%	43,275	0.0%	(41,110)	-95.0%	240,665	0.0%	206,735	0.0%	(33,930)	-16.4%
PRINTING AND ADVERTISING	0	0.0%	75,429	0.1%	75,429	100.0%	118,721	0.0%	435,800	0.1%	317,079	72.8%
INFORMATION SYSTEMS	269,369	0.3%	343,322	0.3%	73,953	21.5%	1,595,235	0.3%	2,013,933	0.3%	418,698	20.8%
PROF FEES/CONSULTING/TEMP STAFFING	721,515	0.7%	986,155	1.0%	264,640	26.8%	5,542,904	0.9%	5,820,472	1.0%	277,568	4.8%
DEPRECIATION/INSURANCE/EQUIPMENT	392,112	0.4%	369,671	0.4%	(22,441)	-6.1%	2,040,120	0.3%	2,097,360	0.3%	57,239	2.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	76,478	0.1%	78,474	0.1%	1,996	2.5%	388,593	0.1%	363,573	0.1%	(25,020)	-6.9%
MEETINGS/TRAVEL/DUES	87,545	0.1%	112,258	0.1%	24,713	22.0%	473,045	0.1%	669,075	0.1%	196,030	29.3%
OTHER	240,475	0.2%	230,667	0.2%	(9,808)	-4.3%	1,497,976	0.2%	1,382,352	0.2%	(115,624)	-8.4%
TOTAL ADMINISTRATIVE EXPENSES	**$ 5,599,966**	**5.4%**	**$ 5,864,399**	**5.8%**	**$ 264,433**	**4.5%**	**$ 33,172,609**	**5.4%**	**$ 33,605,711**	**5.6%**	**$ 433,101**	**1.3%**
OPERATING SURPLUS (LOSS)	**$ (628,722)**	**-0.6%**	**$ (1,023,532)**	**-1.0%**	**$ 394,811**	**-38.6%**	**$ 5,227,622**	**0.8%**	**$ (597,906)**	**-0.1%**	**$ 5,825,528**	**-974.3%**
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	$ 84,067	0.1%	$ 60,000	0.1%	$ (24,067)	-40.1%	$ 504,404	0.1%	$ 360,000	0.1%	$ (144,404)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	284,152	0.3%	75,000	0.1%	(209,152)	-278.9%	1,704,912	0.3%	450,000	0.1%	(1,254,912)	-278.9%
NON-OPERATING EXPENSES	**$ 368,219**	**0.4%**	**$ 135,000**	**0.1%**	**$ (233,219)**	**-172.8%**	**$ 2,209,316**	**0.4%**	**$ 810,000**	**0.1%**	**$ (1,399,316)**	**-172.8%**
INTEREST & INVESTMENT INCOME	$ 215,265	0.2%	$ 350,000	0.3%	$ (134,735)	-38.5%	$ 898,323	0.1%	$ 2,100,000	0.3%	$ (1,201,677)	-57.2%
OTHER INCOME	31,473	0.0%	33,668	0.0%	(2,195)	-6.5%	852,536	0.1%	198,919	0.0%	653,617	328.6%
NON-OPERATING INCOME	**$ 246,738**	**0.2%**	**$ 383,668**	**0.4%**	**$ (136,930)**	**-35.7%**	**$ 1,750,858**	**0.3%**	**$ 2,298,919**	**0.4%**	**$ (548,060)**	**-23.8%**
NET NON-OPERATING ACTIVITIES	**$ (121,481)**	**-0.1%**	**$ 248,668**	**0.2%**	**$ (370,150)**	**-148.9%**	**$ (458,457)**	**-0.1%**	**$ 1,488,919**	**0.2%**	**$ (1,947,376)**	**-130.8%**
NET SURPLUS (LOSS)	**$ (750,203)**	**-0.7%**	**$ (774,864)**	**-0.8%**	**$ 24,661**	**3.2%**	**$ 4,769,165**	**0.8%**	**$ 891,013**	**0.1%**	**$ 3,878,152**	**435.3%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of December 31, 2020

	Dec-2020	Nov-2020	Oct-2020	Dec-2019
Assets				
Current Assets				
Cash and Investments	335,480,779	327,974,253	352,583,853	302,290,000
Receivables	561,944,558	519,117,475	523,710,482	564,782,828
Prepaid Expenses and Other Current Assets	10,139,670	9,277,640	9,350,628	9,966,417
Total Current Assets	**907,565,007**	**856,369,368**	**885,644,963**	**877,039,245**
Long Term Assets				
Property and Equipment	50,627,203	50,329,615	50,220,519	46,127,393
Accumulated Depreciation	(22,461,569)	(22,131,437)	(21,806,251)	(19,198,652)
Total Long Term Assets	28,165,634	28,198,178	28,414,268	26,928,742
Total Assets	**935,730,641**	**884,567,546**	**914,059,230**	**903,967,987**
Deferred Outflow of Resources	**8,402,260**	**8,402,260**	**8,402,260**	**9,237,609**
Total Assets & Deferred Outflows	**944,132,901**	**892,969,806**	**922,461,490**	**913,205,596**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,192,320	8,674,019	7,120,503	6,110,110
Deferred Rent	48,243	48,071	47,900	0
Employee Benefits	2,858,642	2,793,372	2,585,153	1,944,170
Retirement Obligation per GASB 75	2,618,301	2,534,233	2,450,166	3,049,114
Deferred Revenue - Medicare	0	0	20,476,272	0
Whole Person Care / Prop 56	44,179,230	45,872,521	42,736,765	28,925,879
Payable to Hospitals (SB90)	37,699,413	534,979	531,963	0
Payable to Hospitals (SB208)	832,942	203,428	206,574	0
Pass-Throughs Payable	26,787	26,787	26,787	2,755,503
Due to Santa Clara County Valley Health Plan and Kaiser	22,553,954	19,192,019	18,589,122	32,490,778
MCO Tax Payable - State Board of Equalization	27,346,174	18,230,783	36,461,565	62,115,420
Due to DHCS	45,596,872	46,989,606	47,266,463	42,054,661
Liability for In Home Support Services (IHSS)	419,268,582	419,268,582	419,268,582	416,092,527
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	107,840,726	103,064,639	99,575,513	102,726,060
Total Current Liabilities	**727,356,210**	**675,727,065**	**705,637,355**	**706,558,246**
Non-Current Liabilities				
Net Pension Liability GASB 68	1,704,912	1,420,759.68	1,136,608	429,957
Total Non-Current Liabilities	**1,704,912**	**1,420,759.68**	**1,136,608**	**429,957**
Total Liabilities	**729,061,122**	**677,147,825**	**706,773,962**	**706,988,203**
Deferred Inflow of Resources	**1,661,827**	**1,661,827**	**1,661,827**	**2,994,548**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,419,274	3,439,274	3,439,274	3,840,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,830,001	16,000,000
Invested in Capital Assets (NBV)	28,165,634	28,198,178	28,414,268	26,928,742
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	162,920,529	162,867,984	162,651,895	155,051,661
Current YTD Income (Loss)	4,769,165	5,519,368	5,384,914	1,097,091
Total Net Assets / Reserves	**213,409,952**	**214,160,155**	**214,025,701**	**203,222,844**
Total Liabilities, Deferred Inflows and Net Assets	**944,132,901**	**892,969,806**	**922,461,490**	**913,205,596**

Cash Flow Statement

Santa Clara Family Health Plan

	Dec-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	68,873,110	836,099,998
Medical Expenses Paid	(90,868,270)	(572,410,044)
Adminstrative Expenses Paid	29,552,536	(260,678,185)
Net Cash from Operating Activities	**7,557,376**	**3,011,768**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(297,588)	(3,241,317)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	246,738	1,750,858
Net Increase/(Decrease) in Cash & Cash Equivalents	**7,506,526**	**1,521,309**
Cash & Investments (Beginning)	327,974,253	333,959,470
Cash & Investments (Ending)	**335,480,779**	**335,480,779**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	(996,941)	3,018,306
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	330,132	1,724,771
Changes in Operating Assets/Liabilities		
Premiums Receivable	(42,827,083)	249,062,158
Prepaids & Other Assets	(862,030)	(275,971)
Accounts Payable & Accrued Liabilities	35,768,467	(228,449,972)
State Payable	7,722,656	(32,116,890)
IGT, HQAF & Other Provider Payables	3,361,935	(12,391,121)
Net Pension Liability	284,152	1,704,912
Medical Cost Reserves & PDR	4,776,087	20,735,575
Total Adjustments	**8,554,317**	**(6,538)**
Net Cash from Operating Activities	**7,557,376**	**3,011,768**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Six Months Ending December 31, 2020

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$514,846,990	$23,033,521	$81,274,219	$104,307,740	**$619,154,730**
MEDICAL EXPENSE	$489,065,440	$17,565,363	$74,116,393	$91,681,755	**$580,754,499**
(MLR)	95.0%	76.3%	91.2%	87.9%	93.8%
GROSS MARGIN	$25,781,550	$5,468,158	$7,157,827	$12,625,985	**$38,400,231**
ADMINISTRATIVE EXPENSE	$27,584,087	$1,234,073	$4,354,449	$5,588,522	**$33,172,609**
(% of Revenue Allocation)					
OPERATING INCOME/(LOSS)	($1,802,537)	$4,234,085	$2,803,377	$7,037,463	**$5,227,622**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	($381,222)	($17,055)	($60,180)	($77,235)	**($458,457)**
(% of Revenue Allocation)					
NET INCOME/(LOSS)	($2,183,759)	$4,217,030	$2,743,197	$6,960,227	**$4,769,165**
PMPM (ALLOCATED BASIS)					
REVENUE	$336.67	$405.58	$1,431.09	$1,836.66	**$390.38**
MEDICAL EXPENSES	$319.81	$309.29	$1,305.05	$1,614.34	**$366.17**
GROSS MARGIN	$16.86	$96.28	$126.04	$222.32	**$24.21**
ADMINISTRATIVE EXPENSES	$18.04	$21.73	$76.67	$98.40	**$20.92**
OPERATING INCOME/(LOSS)	($1.18)	$74.55	$49.36	$123.92	**$3.30**
OTHER INCOME/(EXPENSE)	($0.25)	($0.30)	($1.06)	($1.36)	**($0.29)**
NET INCOME/(LOSS)	($1.43)	$74.25	$48.30	$122.56	**$3.01**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,529,242	56,792	56,792	56,792	1,586,034
REVENUE BY LOB	83.2%	3.7%	13.1%	16.8%	100.0%

Santa Clara Family Health Plan™

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JANUARY-2021

		2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	FYTD var	%
NON DUAL	Adult (over 19)	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	4,451	16.9%
	Child (under 19)	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	2,999	3.1%
	Aged - Medi-Cal Only	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	256	2.3%
	Disabled - Medi-Cal Only	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	-45	(0.4%)
	Adult Expansion	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	9,924	13.3%
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	10	-1	(9.1%)
	Long Term Care	379	373	367	380	398	405	402	406	407	409	389	393	388	-17	(4.2%)
	Total Non-Duals	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**235,227**	**237,137**	**17,567**	**8.0%**
DUAL	Adult (21 Over)	330	328	320	311	320	321	327	320	337	354	353	353	352	31	9.7%
	SPD (21 Over)	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	391	1.7%
	Adult Expansion	139	130	136	134	190	241	261	289	358	410	498	537	590	349	144.8%
	BCCTP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	-133	(10.7%)
	Total Duals	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**26,060**	**25,956**	**638**	**2.5%**
	Total Medi-Cal	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**261,287**	**263,093**	**18,205**	**7.4%**
CMC	CMC Non-Long Term Care	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	839	9.6%
	CMC - Long Term Care	224	225	213	214	212	212	215	211	216	210	209	207	193	-19	(9.0%)
	Total CMC	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**9,820**	**9,807**	**820**	**9.1%**
	Total Enrollment	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**271,107**	**272,900**	**19,025**	**7.5%**