Santa Clara Family Health Plan™

Executive/Finance Committee Meeting

January 28, 2021

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, January 28, 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: 998 1988 5079
Passcode: ExecFina21
https://zoom.us/j/99819885079

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. **Announcement Prior to Recessing into Closed Session** Announcement that the Executive/Finance Committee will recess into closed session to discuss Item No. 3 below:	Ms. Alvarado	11:35	5 min
3.	**Adjourn to Closed Session** **a.** **Pending Litigation** (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 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		11:40	
4.	**Report from Closed Session**	Ms. Alvarado	11:50	5 min
5.	**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 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	Ms. Alvarado	11:55	5 min

6.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	12:00	10 min
7.	**Government Relations Update** Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.	Mr. Haskell	12:10	10 min
8.	**November 2020 Financial Statements** Review November 2020 Financial Statements. **Possible Action:** Approve the November 2020 Financial Statements	Mr. Jarecki	12:20	10 min
9.	**Quality Update** Discuss follow-up on the following topics: **a.** CMC 2019 Population Health Management Impact Analysis **b.** CY'19 Medi-Cal HEDIS Network Comparison Rates	Dr. Nakahira	12:30	15 min
10.	**Strategic Planning Update** Review and discuss draft Vision, Mission and Values.	Pacific Health Consulting Group	12:45	45 min
11.	**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 Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, November 19, 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
Barbara Granieri, Controller
Lori Andersen, Director, Long Term Services & Supports
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

1. Roll Call

Dolores Alvarado, Chair, called the meeting to order at 11:33 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. Alvarado presented the Consent Calendar and indicated all agenda items would be approved in one motion.

a. Approve minutes of the **October 22, 2020 Executive/Finance Committee** meeting
b. Accept the **Network Detection and Prevention Update**

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

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

4. CEO Update

Christine Tomcala, Chief Executive Officer, presented highlights on the updated SCFHP COVID-19 Responses, referencing an outbreak of COVID positive members in skilled nursing facilities (SNFs), specifically at San Tomas Convalescent.

Ms. Tomcala shared a status update on the Blanca Alvarado Community Resource Center (CRC), noting we are in the completion phase and are awaiting final designs for external signage. She indicated a phased opening strategy was being developed. She also reported that Ms. Alvarado and the CHP team were in the process moving into their new space. Ms. Alvarado noted she had received a couple calls, including one from Blanca Alvarado, suggesting they believed the CRC is a clinic.

Ms. Tomcala shared a draft Board Dashboard, noting it was designed to be an easy-to-understand, quick reference for key Plan metrics. She welcomed any edits, suggestions, or thoughts before the rollout with the Board in December. Sue Murphy, Board Member, suggested color-coding the financial highlights to indicate whether a metric is favorable or unfavorable to budget. She also suggested adding a net gain/loss line on the membership graphs. Ms. Tomcala also shared the one-page "At a Glance" information sheet about SCFHP, noting the plan will provide an updated version to the Board quarterly.

There was discussion about data to be used in strategic planning. Ms. Tomcala agreed to bring additional network-specific performance information to a future meeting. Ms. Murphy suggested analyzing the data to see where we can make a difference and improve community health. Ms. Murphy stated we want to utilize such information to paint a picture of our value proposition, what differences we do or do not make, our strengths and weaknesses; Ms. Murphy offered to help create the story.

5. Government Relations Update

Tyler Haskell, Director, Government Relations, provided an update on state and federal issues. He informed the Committee that the State is projecting a $26 billion budget surplus, which will likely result in a reversal of most, if not all, of the current year's budget cuts. Mr. Haskell stated that probably as a result of the favorable budget conditions, DHCS had recently resumed planning for several CalAIM proposals, most notably the transition from county-operated Whole Person Care programs to new managed care programs known as Enhanced Care Management and In-Lieu of Services, which will have an updated implementation date of January 1, 2022. DHCS also recently announced a three-month delay of the transition to a statewide Medi-Cal fee-for-service pharmacy benefit, known as Medi-Cal Rx. Mr. Haskell informed the Committee that powerful interests are lining up behind two pieces of legislation slated for introduction in 2021, specifically relating to telehealth payment parity and health information and data sharing.

Mr. Haskell shared that the Supreme Court's hearing of the Texas v. Azar case challenging the Affordable Care Act seemed to go well for supporters of the law, and that court observers now predict a low probability of the entire law being overturned. Mr. Haskell discussed the presidential transition, including naming several contenders for Secretary of Health and Human Services, as well as the fact that the lack of official recognition of the transition by federal agencies may hamper the effort to distribute COVID vaccines. Finally, Mr. Haskell discussed the prospects of a federal economic stimulus and COVID relief bill in the context of the recent elections, noting that the chances of such legislation likely hinge on the outcomes of two upcoming special elections for both of Georgia's U.S. Senate seats.

6. September 2020 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the September 2020 financial statements, which reflected a current month net surplus of $2M thousand ($1.8 million favorable to budget) and a fiscal year to date net surplus of $5.4 million ($3.6 million favorable to budget). Enrollment increased by 2,410 members from the prior month to 262,680 members (6,298 unfavorable to budget). Membership growth due to COVID-19 has not been as pronounced initially as budgeted but will likely be sustained for a longer period of time than planned. Revenue reflected a favorable current month variance of $11.7 million (11.7%) largely due to higher CY20 full-dual Medi-Cal MLTSS & CMC capitation rates than budgeted. Medical expense reflected an unfavorable current month variance of $9.8 million due to (1) unfavorable Medi-Cal capitation expenses

related to the higher premiums from DHCS, and (2) additional fee-for-service expenses related to COVID. Administrative expense reflected a favorable current month variance of $286 thousand (5.1%) due largely to the timing of headcount and certain other expenses. The balance sheet reflected a Current Ratio of 1.18:1, versus the minimum required by DMHC of 1.00:1. Tangible Net Equity of $214 million represented approximately two months of the Plan's total expenses. Year-to-date capital investments of $2.37 thousand were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

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

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

7. Quality Update

Laurie Nakahira, D.O., Chief Medical Officer, presented the Medi-Cal HEDIS Network Comparison Rates for calendar year 2019. First, she reviewed how an Aggregated Quality Factor Score (AQFS) is calculated. Dr. Nakahira subsequently reviewed the AQFS scores by network, noting they are HEDIS administrative rates including supplemental data from delegates. They are not hybrid rates that include chart reviews, which are not available by network. She pointed out that the score for SCFHP includes hybrid rates.

Discussion ensued regarding challenges in data availability and presentation. There were observations on notable differences in scores for diabetes levels vs. diabetes testing. Dr. Nakahira noted the team is hoping to determine why there is such a difference and agreed to bring it back for review.

Ms. Murphy requested a regular report to assess if there is continuous improvement, in support of the goal to create a delivery system where all members are assured of receiving good basic care.

8. Institute on Aging (IOA) Funding Request

Lori Andersen, Director, Long Term Services and Supports, presented the Institute on Aging (IOA) funding request proposal for Assisted Living Services in the amount of $867,000 for calendar year 2021. Ms. Andersen reported that IOA has been a key program partner for the Whole Person Care (WPC) pilot program in Santa Clara County since 2015. She noted that as part of the WPC pilot, SCFHP member placements in Residential Care Facilities for the Elderly (RCFEs) were made through the financial support of Santa Clara Valley Health & Hospital System (SCVHHS). The proposal would shift the financial responsibility for ongoing placements, and incremental ones, from SCVHHS to SCFHP. Ms. Andersen noted the WPC program is scheduled to end in December, but the expectation is that the State of California and Centers for Medicare and Medicaid Services (CMS) will extend the program through 2021.

The IOA is requesting funding for 25 member placements in RCFEs over the next twelve months. The funding would impact more than 25 individual members over the course of the year due to some members returning to SNFs or deaths, and those RCFE beds would become available to other members.

It is also important to note that without continued funding for RCFE services, almost all of the impacted members would return to long-term care beds where they would experience a lower quality of life and would consume a critical bed resource that would otherwise be available for members more urgently in need of SNF/LTC services.

It was moved, seconded, and the Institute on Aging funding request proposal for Assisted Living Services in the amount of $867,000 was **unanimously approved.**

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

9. Adjournment

The meeting was adjourned at 1:28 pm.

_____

Susan G. Murphy, Secretary

Santa Clara Family Health Plan™

POLICY

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

I. Purpose

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

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

II. Policy

A. Timeframes

1. Contracted Providers

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

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

2. Non-Contracted Providers

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

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

3. Sub-contracted Providers
SCFHP to require the delegated sub-contracted providers be responsible for processing in-area emergency room professional services with the exception of claims by Physician Medical Group of San Jose (PMGSJ) for members participating in their network for the Medi-Cal line of business.

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

SCFHP or its delegated groups is financially responsible for emergency services and urgently needed services:

- Regardless of whether services are obtained within or outside the plan's authorized service area and/or network (if applicable);
- Regardless of whether there is prior authorization for the services;
- If the emergency situation is in accordance with a prudent layperson's definition of "emergency medical condition," regardless of the final medical diagnosis.

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

D. Date of Payment
The date of payment shall be the date of the check.

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

F. Reimbursement Rates

Santa Clara Family Health Plan™

POLICY

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

2. Non-Contracted Providers

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

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

III. Responsibilities

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

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

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

IV. References

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

Title 22, California Code of Regulations, Section 53622
Title 28, California Code of Regulations, Section 1300.71
Title 28, California Code of Regulations, Section 1300.67.2© and 1300.67(g)(1)
CA Health and Safety Code section 1371.4(a)(b)
Medicare Managed Care Manual, Chapter 4 section 20.3

V. Approval/Revision History

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval
AB	
Arlene Bell Director, Claims **12/28/2020** Date	Neal Jarecki Chief Financial Officer **01/21/21** 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 - 08/26/16	NA	NA	NA
2	Revised - 02/28/18	NA	NA	NA
3	Revised - 2019	NA	NA	NA
4	Revised – 02/19/2020	NA	NA	NA
5	Revised	Executive/Finance	Recommended 01/28/21	NA

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Processing of Family Planning Claims**	**Policy No.:**	CL.13 v4
Replaces Policy Title (if applicable):	Processing of Family Planning Claims	**Replaces Policy No. (if applicable):**	CL005 01
Issuing Department:	Claims	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

It is the policy of Santa Clara Family Health Plan (SCFHP) that all members have the right to self-refer to a qualified family planning provider for family planning services or STD-related services. SCFHP members may self-refer to in-network or out-of-network qualified family planning providers for family planning services.

Members, when appropriate, are to be provided with sufficient information to allow them to make informed choices regarding the types of family planning services available, to have access to these services in a timely and confidential manner, and if part of a family planning visit, receive diagnosis and initial treatment of Sexually Transmitted Diseases (STDs) and/or HIV counseling and testing.

II. Policy

A. Timeframes

1. Contracted Providers

   a. Medi-Cal: For Medi-Cal claims regarding family planning from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

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

2. Non-Contracted Providers

   a. Medi-Cal: For Medi-Cal claims regarding family planning from non-contracted providers, SCFHP shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

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

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

4. Date of Payment
The date of payment shall be the date of the check.

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

B. Reimbursement Rates

1. Contracted Providers

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

2. Non-Contracted Providers

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

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

III. Responsibilities

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

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

Santa Clara Family Health Plan™

POLICY

Senate Bill 94 – Family Planning Services
42 CFR Ch. IV (10-1-08 Edition § 441.18
2088.5 Freedom of Choice for Family Planning Services.--Sections 1902(a)(23)(B) and 1905(a)(4)(C) of the Act and 42 CFR 431.51(b)
APL 10-014 Correction to All Plan Letter 10-003 Regarding Augmented Reimbursement for Family Planning Services

V. Approval/Revision History

First Level Approval	Second Level Approval
AB Arlene Bell Director, Claims 1/6/2021 Date	Neal Jarecki Chief Financial Officer 01/21/21 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 – 08/06/16	NA	NA	NA
2	Revised – 02/28/18	NA	NA	NA
3	Revised – 01/06/20	NA	NA	NA
4	Revised	Executive Finance	Recommended 01/28/21	NA

Santa Clara Family Health Plan™

POLICY

Policy Title:	Processing of Abortion Claims	Policy No.:	CL.22 v4
Replaces Policy Title (if applicable):	Processing of Abortion Claims	Replaces Policy No. (if applicable):	CL025
Issuing Department:	Claims	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

It is the policy of Santa Clara Family Health Plan (SCFHP) covers abortions as a physician service regardless of the gestational age of the fetus. If SCFHP does not have contracted providers who perform abortions, SCFHP arranges and pays for abortions from a non-contracted provider. SCFHP also holds its sub-contractors accountable for ensuring that Medi-Cal policy on abortion is honored.

SCFHP's members may go to any provider of their choice for abortion services, at any time for any reason, regardless of network affiliation. However, no physician or other health care provider who objects to performing abortion services is required to do so, and no person refusing to perform an abortion is to be subject to retaliation in any form for such a choice.

Policy

A. Timeframes

1. Contracted Providers

   a. Medi-Cal: For Medi-Cal claims regarding abortion from contracted providers, Santa Clara Family Health Plan (SCFHP) shall pay ninety-five percent (95%) of all clean claims within forty-five (45) working days of the date of receipt.

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

2. Non-Contracted Providers

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

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

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

C. Date of Payment
The date of payment shall be the date of the check.

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

E. Reimbursement Rates

1. Contracted Providers

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

2. Non-Contracted Providers

   a. Medi-Cal: Non-Contracted providers are paid for covered services at not less than 100% of the Medi-Cal FFS rates
   b. CMC: Non-contracted providers will be reimbursed at rates in accordance with the applicable Medicare fee schedule.

II. Responsibilities

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

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.

Santa Clara Family Health Plan™

POLICY

III. References

Title 22, California Code of Regulations, Section 1300.71

Health and Safety [H&S] Code, Section 123420

The Reproductive Privacy Act (H&S Code, Section 123460, et seq.

Title 22, California Code of Regulations, Section 51327

www.Medi-Cal.ca.gov – Abortion Services

Medicare Claims Processing Manual Chapter 3 – Inpatient Hospital Billing, 100.1 - Billing for Abortion Services- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03aug_inpatient_hospital_09-3-3.pdf

IV. Approval/Revision History

First Level Approval	Second Level Approval
AB Arlene Bell Director, Claims 1/6/2021 Date	Neal Jarecki Chief Financial Officer 01/21/21 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 -08/26/16	NA	NA	NA
2	Revised – 02/28/18	NA	NA	NA
3	Revised - 01-06/20	NA	NA	NA
4	Revised	Executive/Finance	Recommended 01/28/21	NA

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Non-Medical Transportation Services**	**Policy No.:**	CL.27
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Claims	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish the policy for payment of Non-Medical Transportation services in accordance with State and Federal regulatory requirements.

II. Policy

A. Non-Medical Transportation (NMT) is payable at contracted rates or not less than the Medi-Cal FFS rate for non-contracted providers. No authorization is required for this service.
   1. Indian Health Care Providers (IHCP) that provide NMT services follow the same requirements as other contracted or non-contracted providers, as applicable.
      a. An Indian Health Care Provider (IHCP) is a health care program operated by the Indian Health Services (IHS), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. § 1603).
      b. IHCPs are not required to be contracted with MCPs in order to be reimbursed for services provided to American Indians.

III. Responsibilities

A. The Claims department is responsible for timely processing NMT claims, ensuring that all applicable rates and interest payments are calculated accurately and applied correctly.
B. Customer Service will coordinate NMT services.
C. Provider Network Management will coordinate contracting, as applicable, provide education regarding requirements and benefits for NMT providers.

IV. References

APL 17-010
W&I Code, Section 14132(ad)(1); Section 14132(ad)(2)(A)(i)
PPL No. 18-019
PPL No. 20-005
25 U.S. Code § 1603

Santa Clara Family Health Plan™

POLICY

42 CFR 438.14(b)(2)

V. Approval/Revision History

First Level Approval	Second Level Approval
AB Arlene Bell Director, Claims Date 7/22/2020	Neal Jarecki Chief Financial Officer 01/21/21 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	Executive/Finance	Recommended 01/28/21	NA

Santa Clara Family Health Plan™

CEO Update

January 28, 2021

SCFHP's COVID-19 Summary – January 27, 2021

<table>
<tr><th>Group</th><th>Focus Area</th><th>Activities and Metrics</th></tr>
<tr><td rowspan="2">Members</td><td>Statistics</td><td>Data as of 1/27
4,499 members positive
Cumulatively 1,679 members hospitalized
173 deceased (90 SNF and 83 non-SNF), representing 13% of County-reported total (total membership equals about 12% of the County population)</td></tr>
<tr><td>Skilled Nursing Facilities</td><td>SCFHP has requested that hospitals divert non-LTC and non-COVID-positive members away from facilities with three or more COVID positives.
<table>
<tr><th>LTC</th><th># Positive</th><th>Expired</th><th>Total Beds</th><th>STAR Rating</th></tr>
<tr><td>A Grace Subacute & Skilled</td><td>0</td><td>3</td><td>166</td><td>2</td></tr>
<tr><td>Cupertino HCC</td><td>1</td><td>1</td><td>170</td><td>1</td></tr>
<tr><td>Grant Cuesta</td><td>0</td><td>2</td><td>102</td><td>5</td></tr>
<tr><td>Lincoln Glen</td><td>7</td><td>0</td><td>59</td><td>5</td></tr>
<tr><td>Mission Skilled</td><td>2</td><td>3</td><td>133</td><td>5</td></tr>
<tr><td>Mission De La Casa</td><td>3</td><td>0</td><td>163</td><td>4</td></tr>
<tr><td>Mountain View</td><td>0</td><td>7</td><td>138</td><td>2</td></tr>
<tr><td>Pacific Hills Manor</td><td>19</td><td>0</td><td>99</td><td>4</td></tr>
<tr><td>Skyline</td><td>0</td><td>2</td><td>253</td><td>1</td></tr>
<tr><td>Sunnyvale Post Acute</td><td>7</td><td>3</td><td>99</td><td>4</td></tr>
<tr><td>The Redwoods</td><td>1</td><td>7</td><td>152</td><td>2</td></tr>
<tr><td>The Villas</td><td>6</td><td>5</td><td>85</td><td>4</td></tr>
</table>
*SNF with 5 or greater active positive cases or previously presented
#Positive = Reported cases within 10 days with more than 10 SCFHP members and previous significant changes
Expired = Cumulative</td></tr>
</table>

Santa Clara Family Health Plan™

Government Relations Update

January 28, 2021

State Budget

Big Picture

- Uses one-time surplus to replenish reserves and restore cuts
- No new cuts
- Structural deficits remain forecasted in out-years

State Budget

Medi-Cal

- $122B total funding
- Assumes 12% caseload growth
- Restores CalAIM funding proposals from Jan ‘20 budget—$1.1B in FY21-22
- No proposal to provide full scope coverage to undocumented
- Large behavioral health investments
  - $400M to implement new managed care program involving schools and counties
  - $750M in grants to counties to invest in service capacity

Updated CalAIM Timeline

2021
- Submit transition plan for WPC/HHP and ECM model of care (July)

2022
- Implement ECM and ILOS
- Mandatory enrollment of all nondual populations in managed care
- Cal MediConnect ends December 31

2023
- Implement population health management plan
- D-SNP coverage begins for duals in CCI counties
- SPD/LTC blended rate
- Implement retrospective shared savings/risk methodology

2024
- Statewide implementation of regional rates

2025
- NCQA accreditation for plans and delegates
- Full integration pilots
- Implement prospective shared savings/risk methodology

2026

2027
- Full implementation of integrated, managed long-term services and supports program

Santa Clara Family Health Plan™

Unaudited Financial Statements
For The Five Months Ended November 30, 2020

Agenda

Santa Clara Family Health Plan

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$104 M		$515 M	
Medical Expense (MLR)	$98 M	94.2%	$482 M	93.5%
Administrative Expense (% Rev)	$5.7 M	5.5%	$27.6 M	5.4%
Other Income/(Expense)	($219K)		($337K)	
Net Surplus (Net Loss)	**$134.5K**		**$5.5 M**	
Cash and Investments			$328 M	
Receivables			$519 M	
Total Current Assets			$856 M	
Current Liabilities			$676 M	
Current Ratio			1.27	
Tangible Net Equity			$214 M	
% of DMHC Requirement			**622.8%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $134.5K is $285.6K or 189.0% favorable to budget of ($151.1K). YTD: Surplus of $5.5M is $3.9M or 231.3% favorable to budget of $1.7M.
Enrollment	Month: Membership was 268,881 (2,534 or 0.9% lower than budget of 271,415). YTD: Member Months YTD was 1,314,927 (24,940 or 1.9% lower than budget of 1,339,867).
Revenue	Month: $103.9M ($2.9M or 2.9% favorable to budget of $101.0M). YTD: $515.2M ($15.4M or 3.1% favorable to budget of $499.8M).
Medical Expenses	Month: $97.9M ($2.0M or 2.1% unfavorable to budget of $95.8M). YTD: $481.7M ($10.2M or 2.2% unfavorable to budget of $471.6M).
Administrative Expenses	Month: $5.7M ($161K or 2.9% unfavorable to budget of $5.5M). YTD: $27.6M ($169K or 0.6% favorable to budget of $27.7M).
Tangible Net Equity	TNE was $214.2M (represents approximately two months of total expenses).
Capital Expenditures	YTD Capital Investments of $2.9M vs. $6.9M annual budget, primarily Community Resource Center.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 268,881 members is 2,534 0.9% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 15,006 members or 5.9%.
- Medi-Cal enrollment has been increasing since January 2020, reflecting newly-eligible and 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 6.3%, Medi-Cal Dual enrollment has increased 2.0%, and CMC enrollment has grown 7.7% also due largely to the suspension of disenrollments.

	For the Month November 2020				For Five Months Ending November 30, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY20 vs. FY21
Medi-Cal	259,202	262,181	(2,979)	(1.1%)	1,267,955	1,294,407	(26,452)	(2.0%)	2,840,218	(55.4%)
Cal Medi-Connect	9,679	9,234	445	4.8%	46,972	45,460	1,512	3.3%	101,391	(53.7%)
Total	**268,881**	**271,415**	**(2,534)**	**(0.9%)**	**1,314,927**	**1,339,867**	**(24,940)**	**(1.9%)**	**2,941,609**	**(55.3%)**

Santa Clara Family Health Plan Enrollment By Network
November 2020

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	32,659	13%	9,679	100%	42,338	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	130,068	50%	-	0%	130,068	48%
Palo Alto Medical Foundation	6,985	3%	-	0%	6,985	3%
Physicians Medical Group	44,560	17%	-	0%	44,560	17%
Premier Care	15,593	6%	-	0%	15,593	6%
Kaiser	29,337	11%	-	0%	29,337	11%
Total	**259,202**	**100%**	**9,679**	**100%**	**268,881**	**100%**
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	5.8%		7.7%		5.9%	

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

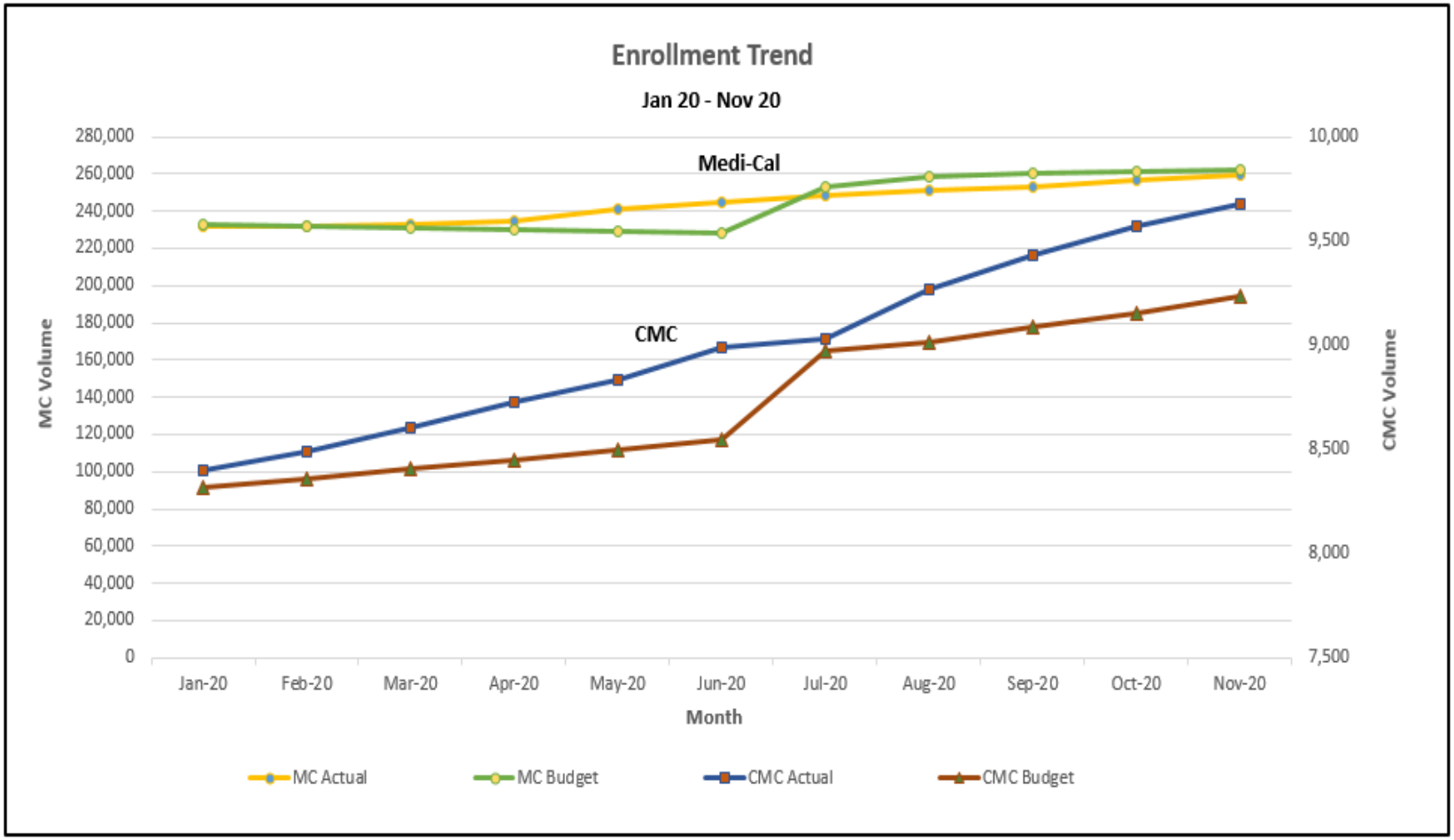
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD NOVEMBER-2020

		2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	FYTD var	%
NON DUAL	Adult (over 19)	24,207	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	3,536	13.4%
	Child (under 19)	93,829	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	2,757	2.9%
	Aged - Medi-Cal Only	10,897	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	121	1.1%
	Disabled - Medi-Cal Only	10,865	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	(92)	(0.8%)
	Adult Expansion	69,889	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	7,507	10.1%
	BCCTP	12	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	371	373	379	373	367	380	398	405	402	406	407	409	389	(16)	(4.0%)
	Total Non-Duals	**210,070**	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**215,299**	**219,570**	**222,517**	**225,442**	**227,647**	**230,802**	**233,383**	**13,813**	**6.3%**
DUAL	Adult (21 Over)	350	341	330	328	320	311	320	321	327	320	337	354	353	32	10.0%
	SPD (21 Over)	23,577	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	252	1.1%
	Adult Expansion	82	177	139	130	136	134	190	241	261	289	358	410	498	257	106.6%
	Long Term Care	1,271	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	(40)	(3.2%)
	Total Duals	**25,280**	**25,324**	**25,207**	**25,255**	**25,228**	**25,123**	**25,357**	**25,318**	**25,490**	**25,562**	**25,605**	**25,688**	**25,819**	**501**	**2.0%**
	Total Medi-Cal	**235,350**	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**	**251,004**	**253,252**	**256,490**	**259,202**	**14,314**	**5.8%**
	Healthy Kids	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0.0%**
CMC	CMC Non-Long Term Care	8,069	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	695	7.9%
	CMC - Long Term Care	220	222	224	225	213	214	212	212	215	211	216	210	209	(3)	(1.4%)
	Total CMC	**8,289**	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**	**9,266**	**9,428**	**9,570**	**9,679**	**692**	**7.7%**
	Total Enrollment	**243,641**	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**	**260,270**	**262,680**	**266,060**	**268,881**	**15,006**	**5.9%**

Enrollment Trend

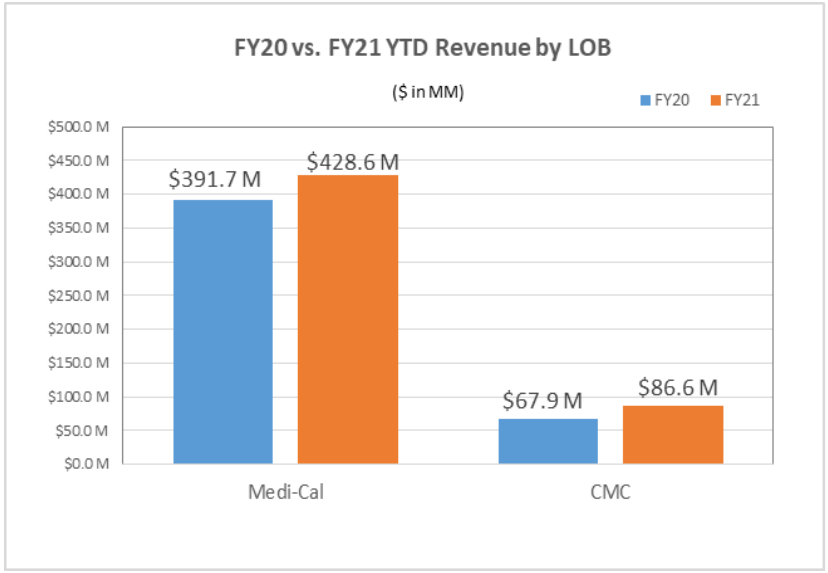


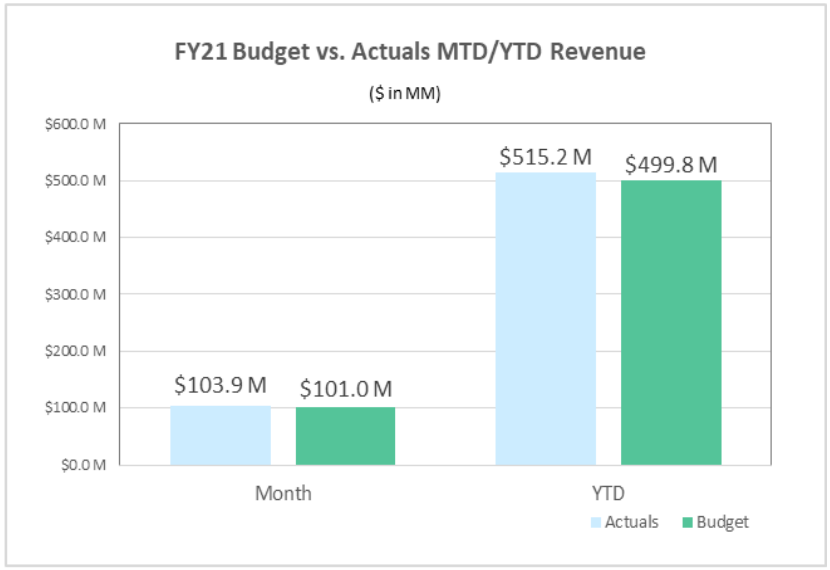
- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of $103.9M is $2.9M or 2.9% favorable to budget of $101.0M. The current month variance was primarily due to the following:

- Supplemental Kick revenue is $985K favorable to budget due primarily to increased utilization of BHT & Maternity.
- Medi-Cal Dual revenue is $843K favorable to budget due to a higher CY20 Medi-Cal MLTSS rate and higher enrollment than budgeted.
- MC Non-Dual revenue is $817K favorable to budget due to a higher SPD rate than expected and favorable LTC, Adult and Adult Expansion enrollment.
- CMC revenue is $304K favorable to budget due to a higher CY20 CMC Medi-Cal rate and favorable enrollment versus budget.

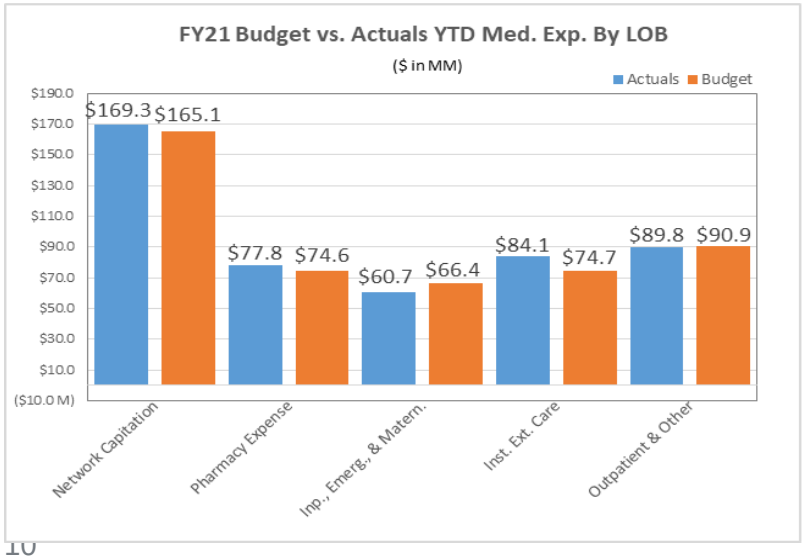


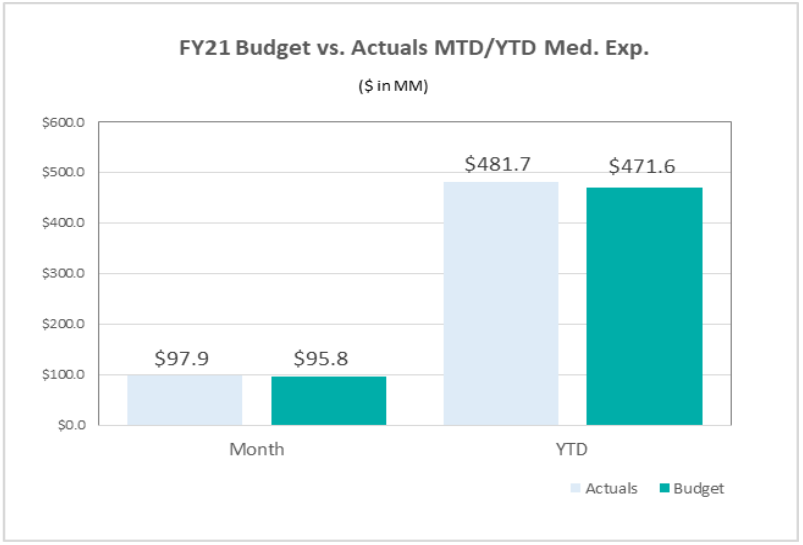


Medical Expense

Current month medical expense of $97.9M is $2.0M or 2.1% unfavorable to budget of $95.8M. The current month variance was due largely to:

- Capitation expense is an $618K unfavorable variance due to capitation rates paid (offsetting favorable revenue variance).
- Fee-For-Service expense is a $1.2M favorable variance due to lower utilization in Inpatient and Outpatient services, netted with a mandated LTC rate increase for COVID.
- Supplemental Kick payments are $1.2M unfavorable to budget due to increase BHT and Health Homes utilization (offsetting favorable revenue variance).
- Pharmacy expense is $1.4M unfavorable to budget due to higher average per script cost ($1.1M) and lower manufacturer rebates ($300K). Cost increase reflects increase in 90-day supply utilization (25%), higher utilization (17%), and drug mix.

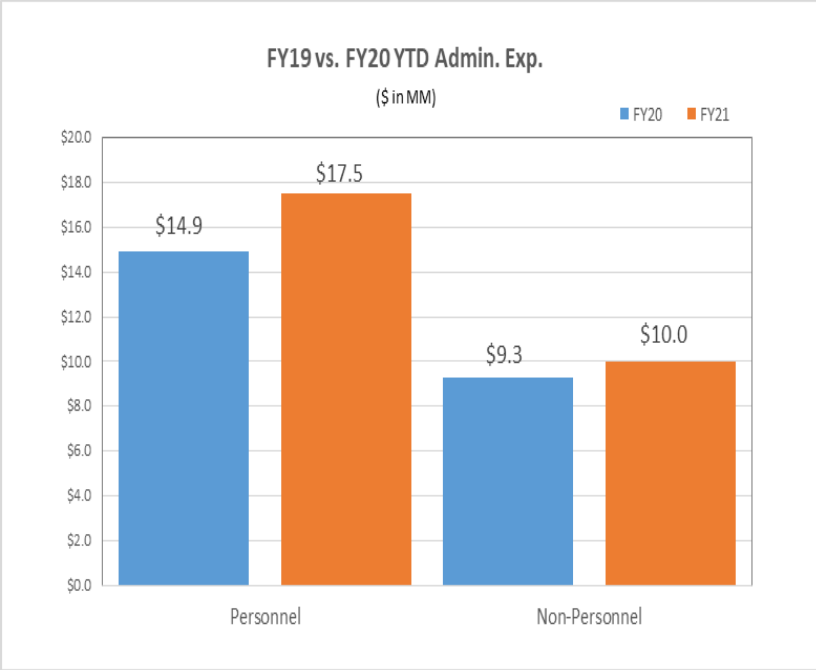


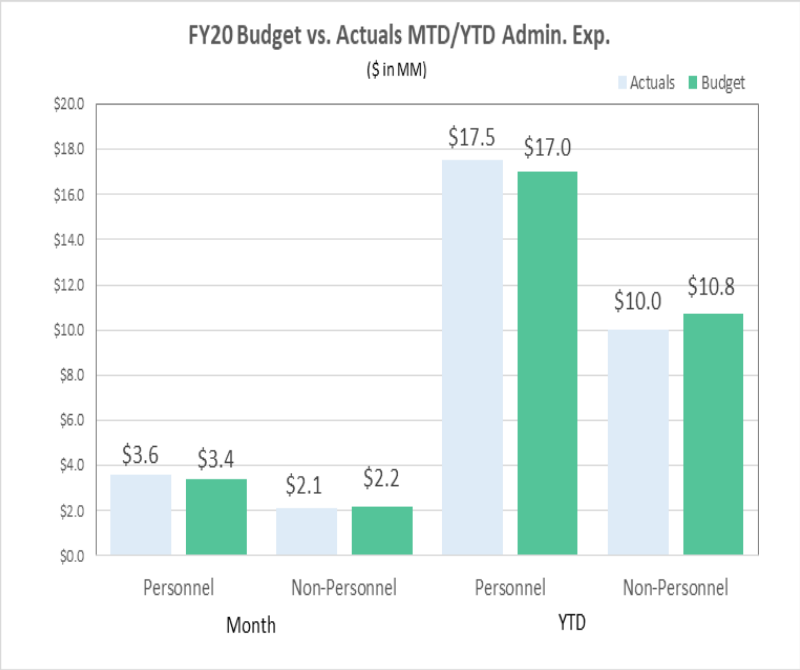


Administrative Expense

Current month admin expense of $5.7M is $161K or 2.9% unfavorable to budget of $5.5M. The current month variances were primarily due to the following:

- Personnel expenses were $234K or 7.0% unfavorable to budget due to lower headcount than expected offset with lower utilization of PTO and increased CalPERS Retirement expense versus budget.
- Non-Personnel expenses were $73K or 3.4% favorable to budget due to timing of budget spending in printing & advertising, software license & support, and savings on training / conference related expenses.





Balance Sheet

- Current assets totaled $856.4M compared to current liabilities of $675.7M, yielding a current ratio (Current Assets/Current Liabilities) of 1.27:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash balance decreased by $6.0M 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	$156,463,444	1.29%	$100,000	$500,000
Wells Fargo Investments	$140,493,643	0.15%	$20,319	$171,240
	$296,957,087		$120,319	$671,240
Cash & Equivalents				
Bank of the West Money Market	$145,590	0.13%	$365	$8,483
Wells Fargo Bank Accounts	$30,565,726	0.01%	$317	$3,334
	$30,711,316		$682	$11,817
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$107
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$327,974,253**		**$121,107**	**$683,165**

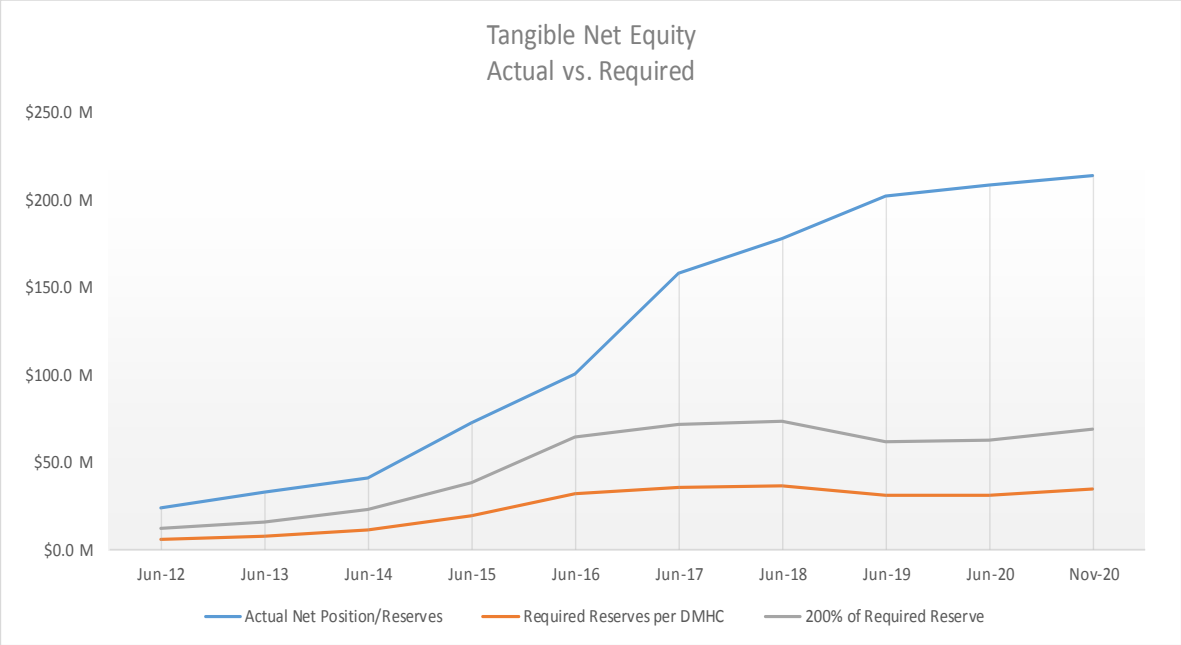
- County of Santa Clara Comingled Pool funds have longer-term investments currently with a higher yield than WFB investments.
- Overall cash and investment yield is lower than budget (0.68% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $214.2M - representing approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of November 30, 2020

	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Nov-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	$214.2 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%	622.8%



Reserves Analysis

SCFHP RESERVES ANALYSIS NOVEMBER 2020

Financial Reserve Target #1: Tangible Net Equity	Approved	Expended	Balance	
Unrestricted Net Assets			**$168,387,352**	*
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$560,727	$3,439,274	
Innovation & COVID-19 Fund	$16,000,000	$2,169,999	$13,830,001	
Subtotal	$20,000,000	$2,730,726	$17,269,275	
Net Book Value of Fixed Assets			$28,198,178	
Restricted Under Knox-Keene Agreement			$305,350	
Total Tangible Net Equity (TNE)			$214,160,155	
Current Required TNE			$34,385,330	
TNE %			622.8%	
SCFHP Target TNE Range:				
350% of Required TNE (Low)			$120,348,654	
500% of Required TNE (High)			$171,926,649	
Total TNE Above/(Below) SCFHP Low Target			**$93,811,500**	
Total TNE Above/(Below) High Target			**$42,233,506**	
Financial Reserve Target #2: Liquidity				
Cash & Investments			$327,974,253	
Less Pass-Through Liabilities:				
Hospital Directed Payments			(738,407)	
MCO Tax Payable to State of CA			(18,230,783)	
Whole Person Care / Prop 56			(45,872,521)	
Other Pass-Through Liabilities (Note 2)			(47,016,394)	
Total Pass-Through Liabilities			**(111,858,104)**	
Net Cash Available to SCFHP			216,116,148	
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense			(152,072,570)	
60 Days of Total Operating Expense			(202,763,427)	
Liquidity Above/(Below) SCFHP Low Target			**64,043,578**	
Liquidity Above/(Below) High Target			**$13,352,721**	

- **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, and DHCS overpayment payables.

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	$2,320,690	$3,507,100
Hardware	$172,560	$1,282,500
Software	$31,703	$1,194,374
Building Improvements	$418,777	$866,500
Furniture & Equipment	$0	$28,000
TOTAL	**$2,943,730**	**$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 Five Months Ending November 30, 2020

	Nov-2020 Actuals	% of Rev	Nov-2020 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Nov-2020 Actuals	% of Rev	YTD Nov-2020 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 87,410,202	84.1%	$ 84,765,471	83.9%	$ 2,644,731	3.1%	$ 428,616,468	83.2%	$ 419,915,435	84.0%	$ 8,701,033	2.1%
CMC MEDI-CAL	3,455,159	3.3%	2,980,720	3.0%	474,439	15.9%	18,643,335	3.6%	14,674,757	2.9%	3,968,578	27.0%
CMC MEDICARE	13,065,774	12.6%	13,235,739	13.1%	(169,964)	-1.3%	67,917,390	13.2%	65,161,000	13.0%	2,756,390	4.2%
TOTAL CMC	16,520,933	15.9%	16,216,459	16.1%	304,474	1.9%	86,560,725	16.8%	79,835,758	16.0%	6,724,968	8.4%
TOTAL REVENUE	**$ 103,931,135**	**100.0%**	**$ 100,981,930**	**100.0%**	**$ 2,949,206**	**2.9%**	**$ 515,177,193**	**100.0%**	**$ 499,751,193**	**100.0%**	**$ 15,426,001**	**3.1%**
MEDICAL EXPENSES												
MEDI-CAL	$ 81,322,086	78.2%	$ 80,463,721	79.7%	$ (858,365)	-1.1%	$ 405,391,589	78.7%	$ 395,854,932	79.2%	$ (9,536,657)	-2.4%
CMC MEDI-CAL	2,968,131	2.9%	3,052,780	3.0%	84,650	2.8%	14,791,271	2.9%	15,034,196	3.0%	242,925	1.6%
CMC MEDICARE	13,593,109	13.1%	12,332,289	12.2%	(1,260,820)	-10.2%	61,558,043	11.9%	60,695,126	12.1%	(862,917)	-1.4%
TOTAL CMC	16,561,239	15.9%	15,385,069	15.2%	(1,176,170)	-7.6%	76,349,314	14.8%	75,729,322	15.2%	(619,992)	-0.8%
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	**$ 97,883,326**	**94.2%**	**$ 95,848,790**	**94.9%**	**$ (2,034,536)**	**-2.1%**	**$ 481,748,207**	**93.5%**	**$ 471,584,254**	**94.4%**	**$ (10,163,952)**	**-2.2%**
MEDICAL OPERATING MARGIN	**$ 6,047,810**	**5.8%**	**$ 5,133,140**	**5.1%**	**$ 914,670**	**17.8%**	**$ 33,428,987**	**6.5%**	**$ 28,166,938**	**5.6%**	**$ 5,262,048**	**18.7%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,604,158	3.5%	$ 3,369,654	3.3%	$ (234,504)	-7.0%	$ 17,547,263	3.4%	$ 16,991,264	3.4%	$ (555,999)	-3.3%
RENTS AND UTILITIES	12,856	0.0%	43,275	0.0%	30,418	70.3%	156,281	0.0%	163,460	0.0%	7,179	4.4%
PRINTING AND ADVERTISING	28,718	0.0%	75,429	0.1%	46,712	61.9%	118,721	0.0%	360,371	0.1%	241,650	67.1%
INFORMATION SYSTEMS	255,555	0.2%	333,322	0.3%	77,767	23.3%	1,325,866	0.3%	1,670,611	0.3%	344,745	20.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,091,602	1.1%	951,155	0.9%	(140,446)	-14.8%	4,821,389	0.9%	4,834,317	1.0%	12,928	0.3%
DEPRECIATION/INSURANCE/EQUIPMENT	370,221	0.4%	361,549	0.4%	(8,673)	-2.4%	1,648,008	0.3%	1,727,689	0.3%	79,680	4.6%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	32,723	0.0%	59,074	0.1%	26,352	44.6%	312,114	0.1%	285,099	0.1%	(27,016)	-9.5%
MEETINGS/TRAVEL/DUES	65,698	0.1%	110,048	0.1%	44,350	40.3%	385,500	0.1%	556,817	0.1%	171,317	30.8%
OTHER	232,741	0.2%	229,417	0.2%	(3,324)	-1.4%	1,257,501	0.2%	1,151,685	0.2%	(105,816)	-9.2%
TOTAL ADMINISTRATIVE EXPENSES	**$ 5,694,271**	**5.5%**	**$ 5,532,924**	**5.5%**	**$ (161,347)**	**-2.9%**	**$ 27,572,643**	**5.4%**	**$ 27,741,311**	**5.6%**	**$ 168,668**	**0.6%**
OPERATING SURPLUS (LOSS)	**$ 353,539**	**0.3%**	**$ (399,784)**	**-0.4%**	**$ 753,323**	**-188.4%**	**$ 5,856,344**	**1.1%**	**$ 425,627**	**0.1%**	**$ 5,430,716**	**1275.9%**
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	$ 84,067	0.1%	$ 60,000	0.1%	$ (24,067)	-40.1%	$ 420,336	0.1%	$ 300,000	0.1%	$ (120,336)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	284,152	0.3%	75,000	0.1%	(209,152)	-278.9%	1,420,760	0.3%	375,000	0.1%	(1,045,760)	-278.9%
NON-OPERATING EXPENSES	**$ 368,219**	**0.4%**	**$ 135,000**	**0.1%**	**$ (233,219)**	**-172.8%**	**$ 1,841,096**	**0.4%**	**$ 675,000**	**0.1%**	**$ (1,166,096)**	**-172.8%**
INTEREST & INVESTMENT INCOME	$ 121,001	0.1%	$ 350,000	0.3%	$ (228,999)	-65.4%	$ 683,058	0.1%	$ 1,750,000	0.4%	$ (1,066,942)	-61.0%
OTHER INCOME	28,134	0.0%	33,668	0.0%	(5,535)	-16.4%	821,063	0.2%	165,250	0.0%	655,812	396.9%
NON-OPERATING INCOME	**$ 149,134**	**0.1%**	**$ 383,668**	**0.4%**	**$ (234,534)**	**-61.1%**	**$ 1,504,120**	**0.3%**	**$ 1,915,250**	**0.4%**	**$ (411,130)**	**-21.5%**
NET NON-OPERATING ACTIVITIES	**$ (219,085)**	**-0.2%**	**$ 248,668**	**0.2%**	**$ (467,754)**	**-188.1%**	**$ (336,976)**	**-0.1%**	**$ 1,240,250**	**0.2%**	**$ (1,577,226)**	**-127.2%**
NET SURPLUS (LOSS)	**$ 134,454**	**0.1%**	**$ (151,115)**	**-0.1%**	**$ 285,569**	**-189.0%**	**$ 5,519,368**	**1.1%**	**$ 1,665,877**	**0.3%**	**$ 3,853,490**	**231.3%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of November 30, 2020

	Nov-2020	Oct-2020	Sep-2020	Nov-2019
Assets				
Current Assets				
Cash and Investments	327,974,253	352,583,853	624,723,291	323,681,801
Receivables	519,117,475	523,710,482	520,171,179	545,738,541
Prepaid Expenses and Other Current Assets	9,277,640	9,350,628	10,630,246	11,776,164
Total Current Assets	**856,369,368**	**885,644,963**	**1,155,524,716**	**881,196,507**
Long Term Assets				
Property and Equipment	50,329,615	50,220,519	49,650,861	45,935,579
Accumulated Depreciation	(22,131,437)	(21,806,251)	(21,539,191)	(18,867,161)
Total Long Term Assets	28,198,178	28,414,268	28,111,670	27,068,418
Total Assets	**884,567,546**	**914,059,230**	**1,183,636,385**	**908,264,924**
Deferred Outflow of Resources	**8,402,260**	**8,402,260**	**8,402,260**	**9,237,609**
Total Assets & Deferred Outflows	**892,969,806**	**922,461,490**	**1,192,038,645**	**917,502,533**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	8,674,019	7,120,503	8,837,491	8,257,553
Deferred Rent	48,071	47,900	47,728	0
Employee Benefits	2,793,372	2,585,153	2,430,308	1,983,388
Retirement Obligation per GASB 75	2,534,233	2,450,166	2,366,099	4,242,184
Deferred Revenue - Medicare	0	20,476,272	0	10,204,914
Whole Person Care / Prop 56	45,872,521	42,736,765	39,655,575	27,601,237
Payable to Hospitals (SB90)	534,979	531,963	529,171	0
Payable to Hospitals (SB208)	203,428	206,574	274,742,278	0
Pass-Throughs Payable	26,787	26,787	26,877	6,533,345
Due to Santa Clara County Valley Health Plan and Kaiser	19,192,019	18,589,122	18,334,201	35,291,694
MCO Tax Payable - State Board of Equalization	18,230,783	36,461,565	51,653,884	51,762,850
Due to DHCS	46,989,606	47,266,463	49,264,236	31,562,982
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	103,064,639	99,575,513	100,043,325	106,775,698
Total Current Liabilities	**675,727,065**	**705,637,355**	**975,493,781**	**708,602,395**
Non-Current Liabilities				
Net Pension Liability GASB 68	1,420,760	1,136,607.68	852,456	358,966
Total Non-Current Liabilities	**1,420,760**	**1,136,607.68**	**852,456**	**358,966**
Total Liabilities	**677,147,825**	**706,773,962**	**976,346,237**	**708,961,361**
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	3,439,274	3,439,274	3,459,274	2,040,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,880,001	0
Invested in Capital Assets (NBV)	28,198,178	28,414,268	28,111,670	27,068,418
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	162,867,984	162,651,895	162,884,493	172,551,985
Current YTD Income (Loss)	5,519,368	5,384,914	5,389,795	3,580,872
Total Net Assets / Reserves	**214,160,155**	**214,025,701**	**214,030,582**	**205,546,625**
Total Liabilities, Deferred Inflows and Net Assets	**892,969,806**	**922,461,490**	**1,192,038,645**	**917,502,533**

Cash Flow Statement

Santa Clara Family Health Plan

	Nov-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	90,016,503	767,226,888
Medical Expenses Paid	(93,791,303)	(481,541,774)
Adminstrative Expenses Paid	(20,874,839)	(290,230,721)
Net Cash from Operating Activities	**(24,649,638)**	**(4,545,608)**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(109,096)	(2,943,730)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	149,134	1,504,120
Net Increase/(Decrease) in Cash & Cash Equivalents	**(24,609,600)**	**(5,985,217)**
Cash & Investments (Beginning)	352,583,853	333,959,470
Cash & Investments (Ending)	**327,974,253**	**327,974,253**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	(14,680)	4,015,247
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	325,186	1,394,639
Changes in Operating Assets/Liabilities		
Premiums Receivable	4,593,006	291,889,241
Prepaids & Other Assets	72,988	586,059
Accounts Payable & Accrued Liabilities	(15,494,674)	(264,218,439)
State Payable	(18,507,639)	(39,839,546)
IGT, HQAF & Other Provider Payables	602,898	(15,753,056)
Net Pension Liability	284,152	1,420,760
Medical Cost Reserves & PDR	3,489,125	15,959,488
Total Adjustments	**(24,634,958)**	**(8,560,855)**
Net Cash from Operating Activities	**(24,649,638)**	**(4,545,608)**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Five Months Ending November 30, 2020

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$428,616,468	$18,643,335	$67,917,390	$86,560,725	**$515,177,193**
MEDICAL EXPENSE	$405,391,589	$14,791,271	$61,558,043	$76,349,314	**$481,748,207**
(MLR)	94.6%	79.3%	90.6%	88.2%	93.5%
GROSS MARGIN	$23,224,879	$3,852,064	$6,359,347	$10,211,411	**$33,428,987**
ADMINISTRATIVE EXPENSE	$22,939,853	$997,804	$3,634,986	$4,632,790	**$27,572,643**
(% of Revenue Allocation)					
OPERATING INCOME/(LOSS)	$285,027	$2,854,260	$2,724,361	$5,578,621	**$5,856,344**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	($280,357)	($12,195)	($44,425)	($56,619)	**($336,976)**
(% of Revenue Allocation)					
NET INCOME/(LOSS)	$4,670	$2,842,065	$2,679,936	$5,522,001	**$5,519,368**
PMPM (ALLOCATED BASIS)					
REVENUE	$338.04	$396.90	$1,445.91	$1,842.82	**$391.79**
MEDICAL EXPENSES	$319.72	$314.90	$1,310.53	$1,625.42	**$366.37**
GROSS MARGIN	$18.32	$82.01	$135.39	$217.39	**$25.42**
ADMINISTRATIVE EXPENSES	$18.09	$21.24	$77.39	$98.63	**$20.97**
OPERATING INCOME/(LOSS)	$0.22	$60.77	$58.00	$118.76	**$4.45**
OTHER INCOME/(EXPENSE)	($0.22)	($0.26)	($0.95)	($1.21)	**($0.26)**
NET INCOME/(LOSS)	$0.00	$60.51	$57.05	$117.56	**$4.20**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	1,267,955	46,972	46,972	46,972	1,314,927
REVENUE BY LOB	83.2%	3.6%	13.2%	16.8%	100.0%

Santa Clara Family Health Plan™

Appendix

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%
	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%**

Santa Clara Family Health Plan™

CMC 2019 Population Health Management (PHM) Impact Analysis

January 28, 2021

CMC 2019 PHM Impact Analysis

What activities were done for CMC complex & moderate case management members from 2017 to 2019?

Review:

- CMC Complex & Moderate Case Management Tiers
- Regulatory Case Management activities for CMC
    - Health Risk Assessment
    - Individual Care Plans
    - Interdisciplinary Care Team
- Population Health Management CMC 2019 Impact Analysis review
- Case Management strategy 2020-2021

CMC Complex & Moderate Case Management Tiers

Tier 1 Criteria for Complex Cases	Tier 2 Criteria for Moderate Cases
• 3 or more hospitalization in past year and one other below criteria: Or • 3 or more below criteria: - Age greater than 75 with 3 Activities of Daily Living (ADLs) limitations - Greater than 3 ED visits in past year - Hospitalized in past 180 days - 3 or more Chronic Conditions with one condition being uncontrolled*	• Newly enrolled members with no claims or utilization history Or • Members with at least one criteria below and one uncontrolled chronic condition: - Age greater than 75 with 3 ADLs limitations - Greater than 3 ED visits in the past year - Hospitalized in past 180 days - 3 or more hospitalizations in past year - 1 or more Social Determinants of Health (i.e. homelessness) Or • Member is enrolled in either: - Multipurpose Senior Services Program - Serious Mental Illness (uncontrolled symptoms)

**Uncontrolled is defined as 1 ED Visit or Inpatient stay within the past year, with a primary diagnosis of the member's chronic condition*

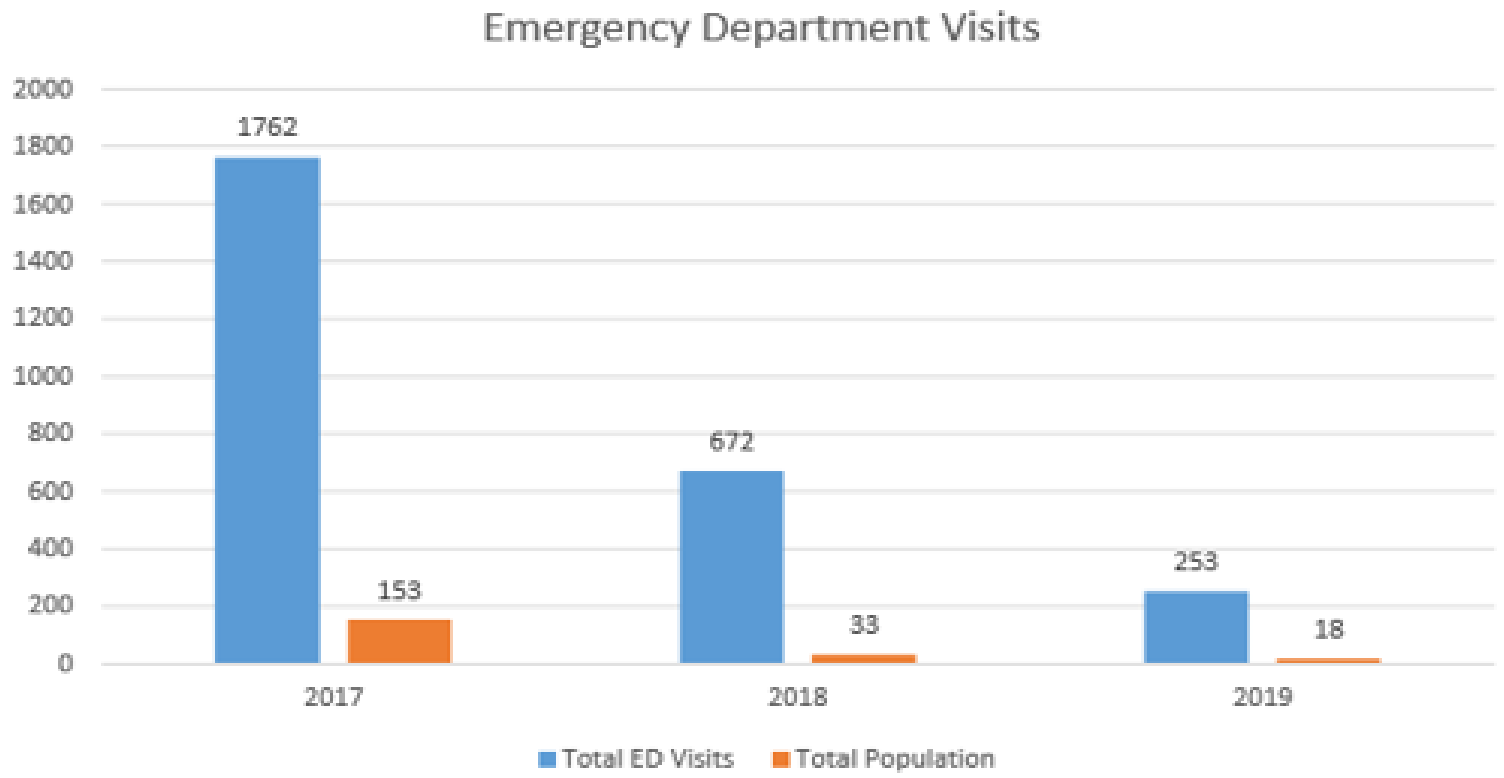
CMC Case Management Required Activities

Activities	
Health Risk Assessment (HRA)	• Outreach is done for all CMC members for HRAs • HRAs completion are completed by mail, phone or face-to-face • Members can opt out of completing the HRA
Individualized Care Plan (ICP)	• ICPs are completed by phone or face-to-face • ICPs are also completed for members who were unable to be reached (based on claims diagnosis, medications and past medical history) • ICPs are sent to the members and providers for completed & the unable to reach
Interdisciplinary Care Team (ICT)	• Outreach is done for all CMC members to coordinate an interdisciplinary care team meeting with the member, provider(s) and other care team members

	2017	2018	2019	2020 (YTD)^
Initial HRA Completion	552	1,218	1,147	1,405
Initial ICP Completion	N/A*	613	591	949

*Data not available. ^YTD as of 11/25/20 CY

CMC Complex & Moderate Case Management Members with 3 or more ED visit



CMC Complex & Moderate Case Management

Members (cohort) enrolled with 3 or more ED visits in 2017 with utilization through 2019

Year Enrolled	Members Enrolled	ED Visits Per Member Month
2017	153	0.41
2018	133	0.33
2019	93	0.36
2019*	91	0.23

*Excluded 2 members with high ED visits (outliers) in 2019 with ED visits greater than 50 each
No outliers for 2017 and 2018

Case Management Activities

2018-2019

- Interdisciplinary approach
  - Individualized Care Plan (ICP) sent to members/providers
  - Telephonic outreach to all CMC members
  - Interdisciplinary Care Team meeting
- Specialty CM for Serious Mental Illness (SMI) & Long-Term Care (LTC) members
- Partnership with internal stakeholders:
  - UM – Transition of Care (TOC)
  - Quality – Reduce HEDIS gaps in care
  - Health Education
  - Information Technology (IT) – Reporting
  - Provider Network Operations (PNO)
  - Customer Service – Developed CM phone queue
  - Marketing/Communication – Scripts, letters, and educational materials created
- Partnership with external stakeholders:
  - Community Based Organizations (CBOs)

Case Management Strategy

2020-2021

- Comprehensive Transitions of Care (TOC) approach with an evidence-based model
  - UM/CM collaboration to target high risk members to reduce readmissions
- Piloting an interdisciplinary, pod structure that allows a team to be accountable for a population
  - Manage cost and utilization
  - Improve quality and outcomes
  - Pod will have a SW, RN, and 3 Personal Care Coordinators (PCCs) who will work collaboratively
    - Focus on quality – close HEDIS gaps in care
- Bringing in-house case management functions such as Annual HRA Reassessments for our CMC and MC Seniors and Persons with Disabilities (SPD) populations
  - Create efficiencies in process and enhance member engagement
- PHM strategy development in early 2021
  - Implement health equity and health disparities initiatives, social determinants of health and targeted interventions for certain subgroup populations (i.e. CHF, Diabetes, Asthma, COPD, and CAD, depending on member need).
- Developing executive & case manager specific dashboards showing outcome the value add of the CM program for our members and the organization
- Community Resource Center to provide greater access to the members for case management & health education

Santa Clara Family Health Plan

Santa Clara Family Health Plan™

CY 2019 Medi-Cal HEDIS Network Comparison Rates - Update

January 2021

Aggregated Quality Factor Score (AQFS) Calculation

- Plans are assigned a score from 1-10 for each measure based on which percentile they fall into for each measure
- Total Points Earned is the sum of all points earned for all eligible measures
- Total Possible Points is the sum of all possible points for all eligible measures
- AQFS = Total Points Earned/Total Possible Points

Example:

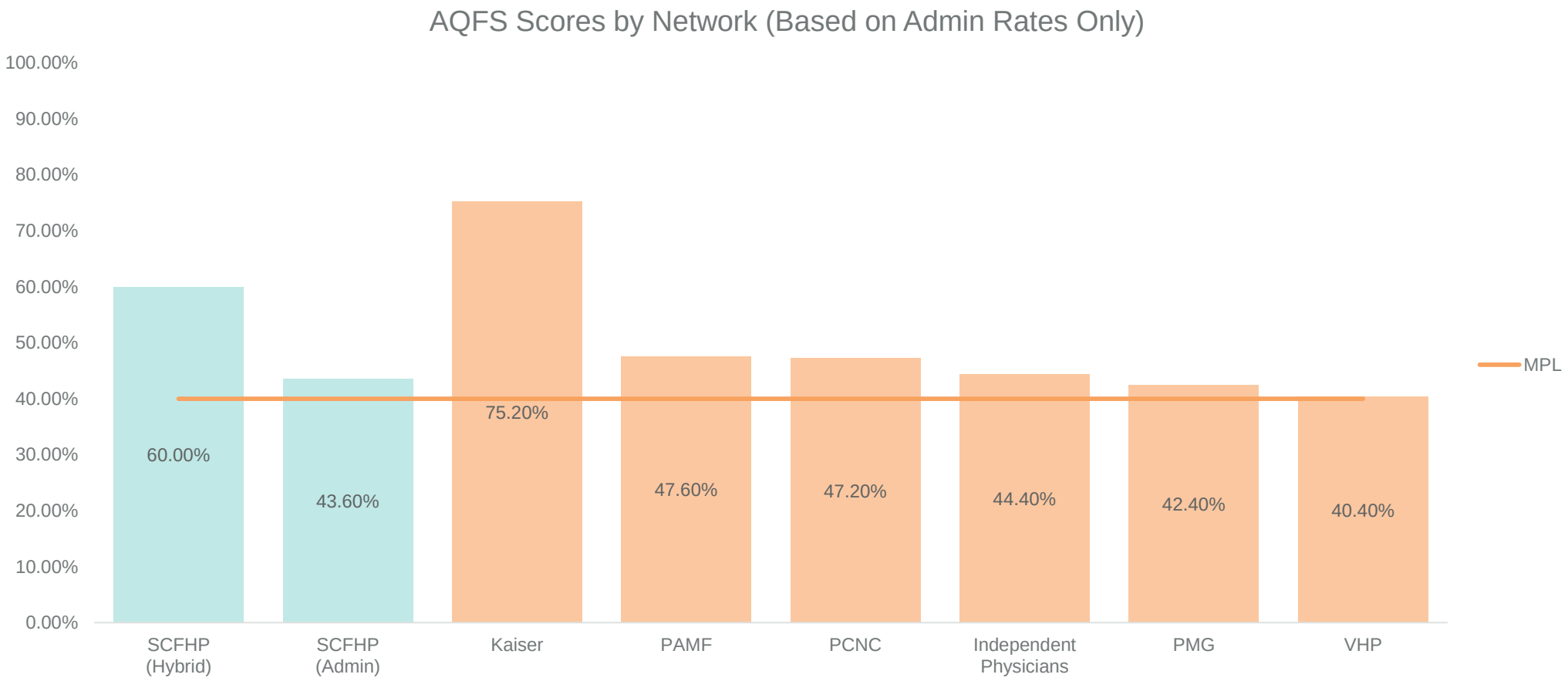
Group Name	Measure A Points	Measure B Points	Measure C Points	Total Points Earned	Total Points Possible	AQFS
Group A	5	7	10	5 + 7 + 10 = 23	10 + 10 + 10 = 30	23/30 = 76.67%
Group B	3	10	4	3 + 10 + 4 = 17	10 + 10 + 10 = 30	17/30 = 56.67%

DHCS AQFS Calculation - Scoring

NCQA Percentile Performance	Assigned Score
Below 10%	1
10%<= and <17.5%	2
17.5% <=and <25%	3
25%<= and <37.5%	4
37.5%<= and <50%	5
50%<= and <62.5%	6
62.5%<= and <75%	7
75% <=and <82.5%	8
82.5%<= and <90%	9
90% and above	10

https://www.dhcs.ca.gov/services/Documents/MMCD/Jan09-2020-Glossary.pdf

Aggregated Quality Factor Score (AQFS) by Network CY 2019 (based on Admin Rates* only)



*Admin Rates include supplemental data received from delegates/providers. Hybrid data is not used due to unequal distribution between groups
^SCFHP rate is the estimated AQFS including hybrid rates

Measure Percentiles by Network (Admin rates only)

Santa Clara Family Health Plan

MCP Name	30 - Kaiser	40 - PAMF	60 - PCNC	10 - Independent Physicians	50 - PMG	20 - VHP
Adult BMI Assessment (ABA)[1]	94.82%	7.44%	46.72%	86.36%	32.69%	51.81%
Follow-Up Care for Children Prescribed ADHD Medication (ADD–Init)	50.91%*	28.57%*	25.00%*	47.83%*	27.69%*	35.86%*
Follow-Up Care for Children Prescribed ADHD Medication (ADD–C&M)	52.00%	0.00%*	0.00%*	71.43%*	0.00%	41.67%
Antidepressant Medication Management (AMM–Acute)	75.18%	66.07%	62.50%	63.44%	61.15%	58.86%
Antidepressant Medication Management (AMM–Cont)	57.91%	53.37%	53.13%	48.90%	46.50%	46.05%
Asthma Medication Ratio (AMR)	88.46%	52.70%	53.63%	59.35%	63.97%	56.82%
Adolescent Well Care (AWC)[2]	55.53%	49.55%	59.01%	46.12%	54.09%	47.96%
Breast Cancer Screening (BCS)	84.64%	70.63%	68.79%	54.06%	69.22%	64.05%
Children's Access to Primary Care (CAP–1224)	97.74%	98.36%	95.42%	90.63%	92.38%	95.16%
Children's Access to Primary Care (CAP–256)	91.35%	94.29%	92.87%	89.05%	89.98%	89.09%
Children's Access to Primary Care (CAP–711)	90.09%	91.10%	92.34%	88.41%	90.34%	89.34%
Children's Access to Primary Care (CAP–1219)	91.11%	90.82%	89.21%	90.32%	89.31%	88.94%
Controlling Blood Pressure (CBP)	82.48%	0.00%	1.99%	0.00%	15.71%	1.03%
Cervical Cancer Screening (CCS)	71.51%	60.06%	68.15%	59.77%	62.54%	49.68%
Comprehensive Diabetes Care (CDC–H9)[3]	99.72%	97.55%	41.59%	66.50%	36.59%	33.92%
Comprehensive Diabetes Care (CDC–HT)	95.37%	90.80%	87.90%	87.82%	86.92%	86.68%
Chlamydia Screening in Women (CHL)	72.84%	42.50%	60.55%	53.68%	55.75%	59.28%
Childhood Immunization Status (CIS–10)	51.61%	30.68%	13.24%	28.46%	30.46%	17.77%
Immunizations for Adolescents (IMA–2)	64.25%	43.90%	41.39%	44.22%	42.55%	43.85%
Plan All-Cause Readmissions (PCR–OR)	10.00%	7.32%	4.02%	5.13%	7.58%	8.77%
Postpartum Care (PPC–Post)	78.46%	81.25%	84.21%	69.77%	66.93%	74.84%
Prenatal Care (PPC–Pre)	89.23%	100.00%	89.47%	93.57%	91.80%	90.09%
Well Visits in the First 15 Months (W15–6+ Visits)[3]	9.38%	50.94%	48.82%	47.52%	49.57%	37.65%
Well Visits Years 3-6 (W34)[2]	81.89%	71.51%	83.40%	71.48%	78.56%	76.17%
Weight Assessment and Counseling (WCC–BMI)	91.86%	7.58%	38.58%	58.05%	21.64%	43.25%

- >= 95th percentile
- 90th percentile
- 75th percentile
- 50th percentile
- 25th percentile
- 10th percentile
- < 10th percentile

Held to MPL

1. Measure has been retired
2. AWC and W34 will be combined into a new measure, WCV
3. No supplemental data provided by Kaiser

* Small denominator (N < 30)

Santa Clara Family Health Plan™

Questions?

Santa Clara Family Health Plan™

Strategic Planning Update

January 28, 2021

Santa Clara Family Health Plan (SCFHP)
Vision Statement, Mission Statement and Organizational Values
Draft Options for Review and Discussion – 1/28/21

Vision Statement

Purpose: Presents a description about how the world would look if organization achieved its grandest aspirations

Current Vision Statement: None

Future Options for Discussion:

1) "Health equity for all"

2) "A healthy local community with equitable health access and outcomes for all residents"

Discussion Questions:

- Which of the proposed vision statement options appeal to you more? Why?
- Are there other concepts, words or phrases that you think are essential to include in the vision statement that are not reflected in the options?

Definitions of Health Equity:

Health equity is the absence of avoidable, unfair, or remediable differences in health outcomes among groups of people.

Health equity means ensuring that everyone has the chance to be as healthy as possible**.**

Mission Statement

Purpose: Describes organization's fundamental, unique purpose and reason for existing. Why do we exist? Who do we serve? How do we serve them?

Current Mission Statement: Santa Clara Family Health Plan is dedicated to improving the health and well-being of the residents of our region. Our mission is to provide high quality, comprehensive health coverage for those who do not have access to, or are not able to purchase, good health care at an affordable price. Working in partnership with select providers, we act as a bridge between the health care system and those who need coverage.

Future Options for Discussion:

1) "To make a lasting difference in our members' lives by ensuring equitable access to quality care through effectively engaging members and partnering with providers and the community."

2) "To improve the health of our members and their communities by providing equitable access to quality care, partnering with local providers, and engaging members in their care."

Discussion Questions:

- Which of the proposed mission statement options appeal to you more? Why?
- What recommendations do you have for further strengthening the mission statement?
- As you look at the draft vision and mission statements together, are there any areas of misalignment or inconsistency that jump out at you?

Organizational Values

Purpose: Describes the core ethics that define what the organization stands for and the values that guide how we work as an organization and serve our clients.

Current Values: *See next page.*

Draft Values:

1) **Members First:** Our actions, behaviors and attitudes always focus first on the health and welfare of our members.

2) **Better Together:** We listen to, invest in and collaborate with our partners and our staff to benefit the community and its residents.

3) **Integrity:** We do the right things for the right reasons to earn and keep our members' and partners' trust.

4) **Inclusion and Compassion:** We treat all members, colleagues, partners and providers with compassion and respect and honor our collective differences.

5) **Stewardship:** We are prudent financial stewards of our resources and are accountable to the communities we serve.

6) **Excellence:** We strive to deliver the highest quality experience to our members and partners.

Discussion Questions:

- Are there topics or themes that are missing from the draft values?
- What feedback do you have on how the values are phrased and articulated?
- What are your biggest recommendations to strengthen the values?

Current Values:

1) We believe that health status cannot improve without parallel improvements in economic opportunities and social status.
2) Economic status is the single greatest determinant of community health.
3) We believe that as a publicly-funded, local health plan, we have a unique responsibility to work toward improving the health status of our community.
4) We must always be a voice for promoting community health, using a comprehensive approach to health care and wellness.
5) We believe that to achieve our mission, we must be a well-run, financially viable business that makes a significant investment in our community.
6) We believe that our services must be easy to use, and our processes must be easy to understand and follow.
7) We believe that our services must be culturally and linguistically appropriate, and that we must teach our members how to use the health-care system.
8) We believe that respect for our members, providers, and staff is fundamental to our operations.
9) We believe that our network of providers and staff must put our values into action. Our providers and staff must meet high standards of medical service and customer service.
10) We believe that the safety-net providers and the traditional providers of quality care to low-income individuals are essential partners of our health plan.

The Spirit of Care is the guiding principle of Santa Clara Family Health Plan. It is our commitment that our members will receive the care they need and the respect they deserve. It goes beyond the specific medical need of an individual and takes into account the mental, spiritual, and cultural implications of health-care decisions.