

Regular Meeting of the
**Santa Clara County Health Authority
Governing Board**

Thursday, September 23, 2021, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only

(669) 900-6833
Meeting ID: 836 9700 7801
Passcode: GovBd0921
<https://us06web.zoom.us/j/83697007801>

AGENDA

- | | |
|---|-----------------------------------|
| <p>1. Roll Call
Welcome new Board Member, Sarita Kohli.</p> | <p>Mr. Brownstein 12:00 5 min</p> |
| <p>2. Public Comment
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Governing Board reserves the right to limit the duration of the public comment period to 30 minutes.</p> | <p>Mr. Brownstein 12:05 5 min</p> |
| <p>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</p> <p>a. Approve minutes of the June 24, 2020 Governing Board Meeting</p> <p>b. Accept minutes of the July 22, 2021 Executive/Finance Committee Meeting</p> <ul style="list-style-type: none"> • Ratify approval of the May 2021 Financial Statements • Ratify approval of the Special Project Funding Request for Safe Relationships in East San Jose, Next Door Solutions to Domestic Violence (NDS) <p>c. Accept minutes of the August 26, 2021 Executive/Finance Committee Meeting</p> <ul style="list-style-type: none"> • Ratify approval of Claims Policy <ul style="list-style-type: none"> ○ CL.29 Third Party Tort Liability Reporting Requirements • Ratify retirement of Finance Policy <ul style="list-style-type: none"> ○ FA.13 Employee Recognition Gift Cards • Ratify acceptance of the Network Detection and Prevention Update • Ratify approval of the Preliminary June 2021 Financial Statements • Ratify approval of the Resolution to Transfer Banking Relationship to City National <p>d. Accept minutes of the August 26, 2021 Compliance Committee Meeting</p> | <p>Mr. Brownstein 12:10 5 min</p> |

- e. Accept minutes of the August 11, 2021 **Quality Improvement Committee Meeting**
 - Ratify approval of the Cal MediConnect (CMC) Availability of Practitioners Evaluation
 - Ratify approval of the Annual E-Mail Quality and Analysis
 - Ratify approval of the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis
 - Ratify acceptance of Committee Reports
 - Pharmacy & Therapeutics Committee – June 17, 2021
 - Utilization Management Committee – July 21, 2021
 - Credentialing Committee – June 2, 2021
- f. Accept minutes of the August 10, 2021 **Provider Advisory Council Committee Meeting**
- g. Accept minutes of the September 14, 2021 **Consumer Advisory Committee Meeting**
- h. Approve **Publicly Available Salary Schedule**
- i. Approve **Quarterly Investment Compliance Report**
- j. Appoint **Sue Murphy to chair the Compliance Committee**
- k. Approve **2022 Board & Committee Meeting Calendar**

<p>4. CEO Update Discuss status of current topics and initiatives.</p>	<p>Ms. Tomcala 12:15 15 min</p>
<p>5. Compliance Report Review and discuss compliance activities and notifications.</p>	<p>Mr. Haskell 12:30 10 min</p>
<p>6. Government Relations Update Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p>	<p>Mr. Haskell 12:40 10 min</p>
<p>7. July 2021 Financial Statements Review July 2021 Financial Statements. Possible Action: Approve the July 2021 Financial Statements</p>	<p>Mr. Jarecki 12:50 10 min</p>
<p>8. Fiscal Year 2021-2022 Plan Objectives Review draft FY '21-'22 Plan Objectives. Possible Action: Approve FY '21-'22 Plan Objectives</p>	<p>Ms. Tomcala 1:00 10 min</p>
<p>9. Fiscal Year 2020-2021 Team Incentive Compensation Review performance on team incentive metrics. Possible Action: Approve FY '20-'21 Team Incentive Payout</p>	<p>Ms. Tomcala 1:10 10 min</p>
<p>10. Fiscal Year 2021-2022 Team Incentive Compensation Consider proposed team incentive compensation program. Possible Action: Approve FY '21-'22 Team Incentive Compensation Program</p>	<p>Ms. Tomcala 1:20 10 min</p>

Announcement Prior to Recessing into Closed Session

Announcement that the Governing Board will recess into closed session to discuss Item No. 11 below.

11. Adjourn to Closed Session			1:30
a. <u>Public Employee Performance Evaluation</u> (Government Code Section 54957(b)): It is the intention of the Governing Board to meet in Closed Session to consider the performance evaluation of the Chief Executive Officer.			
12. Report from Closed Session	Mr. Brownstein	2:20	5 min
13. Annual CEO Evaluation Process Consider potential annual salary adjustment and incentive bonus for the Chief Executive Officer. Possible Action: Approve an annual salary increase and incentive bonus for the CEO	Ms. Murphy	2:25	5 min
14. Adjournment			2:30

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board 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
Governing Board

Thursday, June 24, 2021, 12:00 PM – 2:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Bob Brownstein, Chair
Alma Burrell
Dave Cameron
Darrell Evora
Kathleen King
Liz Kniss
Sue Murphy
Debra Porchia-Usher
Sherri Sager
Jolene Smith

Members Absent

Michele Lew
Ria Paul M.D.

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting &
Budgeting
Mike Gonzalez, Manager, Community Resource
Center
Jayne Giangreco, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present

Dolores Alvarado, CEO, Community Health
Partnership
Zulma Maciel, Director, Office of Racial Equity, San
Jose
Jessica Ho, Government Affairs & Community
Manager, NEMS
Richard Noack, Hopkins & Carley
Melanie Daralo, Chief Program Officer, FIRST 5
Thanh Do, Deputy Chief of Community Health &
Wellness, FIRST 5
Alex Briscoe, Principal, The California Children's Trust,
UCFS
Kathryn Margolis, Associate Clinical Professor, UCFS
Department of Psychiatry & Pediatrics
Christine Rutherford-Stuart, Board Aide to Susan
Ellenberg
Tiffany Washington, Program Manager for Anthem
Blue Cross

1. Roll Call and Board Member Recognition

Bob Brownstein, Chair, called the meeting to order at 12:03 pm. Roll call was taken and quorum was established.

Christine Tomcala, Chief Executive Officer, acknowledged outgoing board members Dolores Alvarado, Kathleen King, Liz Kniss, and Jolene Smith, and thanked them for their years of service.

2. Public Comment

Dolores Alvarado, CEO, Community Health Partnership, and former board member, expressed her gratitude to Ms. Tomcala and team for a fantastic journey over the last eight years serving on the Santa Clara County Health Authority Governing Board.

Zulma Maciel, Director for San Jose's Racial Equity and Office of Immigration Affairs, and member of the Blanca Alvarado Community Resource Center (CRC) Advisory Board, thanked the Governing Board and staff for their time, and commended the community-led planning process for the CRC. She stated that engaging system partners like the city and residents, and the inclusion of community voices, would help shape the core identity of the CRC and ultimately result in a space of service within San Jose.

Jessica Ho, Government and Community Affairs Manager for North East Medical Services (NEMS), also serves on the Blanca Alvarado Community Resource Center (CRC) Advisory Board. Ms. Ho noted that the new Blanca Alvarado CRC would play a unique role in serving health plan members and community residents, and that their unique perspectives and experiences will help inform the process of identifying barriers and gaps impacting the health of our most marginalized communities, and inform the future of the CRC role in breaking down those barriers and filling gaps. She thanked Mike Gonzalez and the Santa Clara Family Health Plan leadership for investing in a community-led process for the new Center, and looks forward to serving as a partner with the Plan.

3. Adjourn to Closed Session

a. Conference with Labor Negotiators

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

b. Contract Rates

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

4. Report from Closed Session

Mr. Brownstein reported the Governing Board met in Closed Session to confer regarding labor negotiations and to discuss contract rates.

5. Tentative Agreement with SEIU Local 521

Mr. Brownstein reported that during Closed Session, the health plan's negotiation team apprised the Board of a new three-year memorandum of understanding (MOU) with SEIU to be effective July 1, 2021.

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

Motion: Ms. Murphy

Second: Ms. King

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

Absent: Ms. Lew, Dr. Paul

6. Approve Consent Calendar and Changes to the Agenda

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

- a. Approve minutes of the March 25, 2020 **Governing Board Meeting**
- b. Approve minutes of the May 20, 2021 **Special Governing Board Meeting**
- c. Accept amended minutes of the April 22, 2021 **Executive/Finance Committee Meeting**
 - Ratify acceptance of Claims Policies
 - CL.04 Skilled Nursing Facility
 - CL.05 Long Term Care
 - CL.08 General Physician/Professional Services
 - CL.11 Ambulatory Surgery Center
 - CL.14 Processing of Radiology Claims
 - CL.15 Processing of Anesthesia Claims
 - CL.16 Processing of Drugs & Biologicals Claims
 - CL.17 Processing of Durable Medical Equipment, Orthotics, and Prosthetics Claims
 - CL.18 Processing of Home Health Claims
 - CL.28 Other Health Coverage Cost Avoidance and Post-Payment Recovery
 - Ratify approval of the Provider Solution Vendor Selection
 - Ratify approval of the Trizetto NetworX Pricer and Modeler
 - Ratify approval of the February 2021 Financial Statements
 - Ratify approval of the Annual Investment Policy FA.07 v3: Investments, and accept Investment Policy Annual Review
 - Ratify approval of the Policy GO.04 v2: Donations and Sponsorships
- d. Accept minutes of the May 27, 2021 **Executive/Finance Committee Meeting**
 - Ratify approval of Claims Policies
 - CL.06 Inpatient Admission
 - CL.10 Provider Dispute Resolution
 - CL.12 Coordination of Benefits and Medicare-Medi-Cal Crossover Claims
 - CL.19 Processing of Rehabilitation Therapies Claims
 - CL.20 Processing of Inpatient Psychiatric Facility and Outpatient Behavioral Mental Health Claims
 - CL.24 Timely Processing of Non-Clean Claims
 - CL.25 Direct Members Reimbursement
 - CL.26 Claims Development of Non-Clean Non-Contracted Medicare Claims
 - CL.27 Non-Medical Transportation Services
 - Ratify approval of Finance Policies
 - FA.01 Finance-General
 - FA.02 Cash & Cash Receipts
 - FA.03 Cash Disbursements
 - FA.04 Accounts Receivable & Revenue
 - FA.05 Payroll & Employee Expenses
 - FA.06 Fixed Assets & Depreciation Expense
 - FA.07 Investments
 - FA.08 Treasury & Reporting
 - FA.09 Financial Close & Reporting
 - FA.10 Medical Expense & Incurred-But-Not Paid (IBNR)
 - FA.11 Healthcare Economics
 - Ratify approval of the Quarterly Investment Compliance Report

- Ratify approval of the March 2021 Financial Statements
- Ratify approval of the COVID-19 Funding Request for the YMCA
- e. Accept minutes of the May 27, 2021 **Compliance Committee** Meeting
 - Ratify approval of Compliance Policy
 - DE.09 v3 Delegation Revocation
- f. Accept minutes of the April 14, 2021 **Quality Improvement Committee** Meeting
 - Ratify approval of the Quality Improvement (QI) Program Evaluation 2020
 - Ratify approval of the QI Work Plan 2021
 - Ratify approval of QI Policies
 - QI.03 Distribution of QI Information
 - QI.04 Peer Review Process
 - QI.06 QI Study Design/Performance Improvement Program Reporting
 - QI.08 Cultural and Linguistically Competent Services
 - QI.09 Health Education Program and Delivery System
 - QI.11 Member Non-Monetary Incentives
 - QI.12 BIRT for Misuse of Alcohol
 - QI.13 Comprehensive Case Management
 - QI.15 Transitions of Care
 - QI.16 Managed Long Term Services and Support Care Coordination
 - QI.19 Care Coordination Staff Education and Training
 - QI.28 Health Home Program
 - QI.30 Health Risk Assessment
 - QI.31 Individual Care Plan
 - QI.32 Interdisciplinary Care Team
 - Ratify approval of the Grievance and Appeals Report Q4 2020
 - Ratify approval of the Utilization Management Committee (UMC) – January 20, 2021
 - Ratify acceptance of the Consumer Advisory Board (CAB) – March 4, 2021
 - Ratify acceptance of the Pharmacy and Therapeutics (P&T) Committee Minutes – March 8, 2021
 - Ratify acceptance of the Credentialing Committee Report – February 3, 2021
- g. Accept minutes of the June 9, 2021 **Quality Improvement Committee** Meeting
 - Ratify approval of the Assessment of Member Cultural and Linguistic Needs and Preferences
 - Ratify approval of the 2020 Impact Analysis
 - Ratify approval of the 2021 Population Health Management (PHM) Strategy and Activities and Resource Grid
 - Ratify approval of QI Policies
 - QI.17 Behavioral Health Care Coordination
 - QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors
 - QI.20 Information Sharing with San Andreas Regional Center (SARC)
 - QI.21 Information Exchange Between SCFHP & Health Services Dept.
 - QI.22 Early Start Program (Early Intervention Services)
 - QI.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
 - QI.24 Outpatient Mental Health Services: Mental Health Parity
 - QI.25 Intensive Outpatient Health Services: Mental Health Services
 - QI.27 Informing Members of Behavioral Health Services
 - Ratify approval of the Grievance and Appeals Report Q1 2021
 - Ratify approval of the Utilization Management Committee (UMC) – April 21, 2021
 - Ratify approval of the Credentialing Committee Report – April 7, 2021
- h. Accept minutes of the May 12, 2021 **Provider Advisory Council Committee** Meeting
- i. Accept minutes of the June 8, 2021 **Consumer Advisory Committee** Meeting
- j. Approve **Publicly Available Salary Schedule**
- k. Accept **Compliance Report**

- I. Accept **FY'20-'21 Donations & Sponsorships Annual Report and Board Designated Project Funding Report**
- m. Accept **2021 Employee Satisfaction Survey Highlights**
- n. Accept **resignation of Dolores Alvarado**
- o. **Elect Officers** to a two-year term:
 - Chairperson – Bob Brownstein
 - Vice-Chairperson – Sue Murphy
 - Secretary – Michele Lew
 - Treasurer – Neal Jarecki
- p. Appoint **Alma Burrell and Michele Lew to the Executive/Finance Committee**
- q. Appoint **Sue Murphy, Bob Brownstein, Darrell Evora, and Sherri Sager to a temporary, ad-hoc subcommittee to conduct the annual evaluation of the CEO**
- r. Approve changing meeting times of the **Executive/Finance Committee to 10:30 am–12:30 pm**, and the **Quality Improvement Committee to Tuesday evening**

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

Motion: Ms. King

Second: Ms. Murphy

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

Absent: Ms. Lew, Dr. Paul

7. CEO Update

Ms. Tomcala presented the COVID-19 Summary and noted updated vaccination data has not been received from the State in over a month. She stated the Plan has hosted five vaccination clinics at the Blanca Alvarado Community Resource Center (CRC), providing more than 1,000 shots and fully vaccinating 855 individuals. Ms. Tomcala gave a brief overview of employee vaccination status, noting there was an 88% response rate to the survey and, of the 303 respondents, 71% are fully vaccinated.

Ms. Tomcala briefly referred to the 2021 Employee Satisfaction Survey Highlights included as Item 6.m. in the Consent Calendar. She noted that all survey measures improved compared to 2019, with two-thirds of those improvements being statistically significant.

Ms. Tomcala presented a fiscal year-end Community Engagement and Collaboration summary, noting these community activities and support continued throughout the pandemic, along with advocacy and letters of support for various issues. She also reported the Plan has launched New Member Orientations to welcome and educate new members and improve member experience. Additional language options, and an in-person option, will be added over coming months,

Lastly, Ms. Tomcala encouraged Board members to respond to the diversity survey sent to all Board and committee members, which will assist the Plan with understanding how the background of our governing body members reflect the member populations that we serve.

8. Government Relations Update

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

Debra Porchia-Usher left the meeting at 1:57 pm.

9. April 2021 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the April 2021 financial statements, which reflected a current month net surplus of \$6.3 million (\$8.9 million favorable to budget) and a fiscal year-to-date net surplus of \$22.7 million (\$30.5 million favorable to budget).

Enrollment increased by 2,125 members from the prior month to 278,967 members (7,994 members favorable to budget). Year-to-date membership growth due to COVID-19 has exceeded budget due to the extended duration of the pandemic due to the continued public health emergency.

Revenue reflected a favorable current month variance of \$5.1 million (5.8%) largely due to (1) additional capitation received due to the delayed carve-out of Medi-Cal pharmacy from managed care, and (2) increased enrollment due to the suspension of disenrollment's, (3) higher capitation rates than budgeted, offset by (4) updated estimates for certain items having an unfavorable impact.

Medical Expense reflected an unfavorable current month variance of \$5.1 million (5.8%) largely due to (1) additional expenses due to the delayed carve-out of Medi-Cal pharmacy from managed care (offsetting the associated increased pharmacy revenue) of \$11.9M, partially offset by (2) lower than planned FFS utilization reflected in reductions in incurred-but-not-reported (IBNP) reserve estimates, (3) lower than planned Long Term Care (LTC) enrollment and utilization, and (4) increased capitation expense due to increased enrollment.

Administrative Expense reflected a favorable current month variance of \$457 thousand (8.2%) due largely lower headcount than budgeted and timing of certain non-personnel expenses.

The balance sheet reflected a Current Ratio of 1.21:1, versus the minimum required by DMHC of 1.00:1.

Tangible Net Equity of \$231.3 million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of \$186 million.

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

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

Motion: Ms. Kniss

Second: Ms. King

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Ms. Sager, Ms. Smith

Absent: Ms. Lew, Dr. Paul, Ms. Porchia-Usher

10. Fiscal Year 2021-2022 Budget

Mr. Jarecki presented the proposed 2021-2022 operating and capital budgets. Revenue is projected to increase to \$1.4 billion due a combination of increasing enrollment and capitation rates. The budget assumes the pharmacy carve-out from managed care does not occur during the fiscal year. Medical expense is projected to increase to \$1.3 billion due to increasing enrollment and cost trends in certain categories of service.

Administrative expense is projected to increase to \$79 million due to increased headcount and certain increased non-personnel expenses. The fiscal year 2022 operating budget projects a net surplus of \$6 million, with significant COVID uncertainties remaining throughout the year. The proposed capital budget of \$3.3 million includes necessary enhancements to the Plan's facilities and information technology infrastructure.

It was moved, seconded, and the Fiscal Year 2021-2022 Operating and Capital Budgets were unanimously approved.

Motion: Mr. Cameron

Second: Ms. Kniss

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Ms. Sager, Ms. Smith

Absent: Ms. Lew, Dr. Paul, Ms. Porchia-Usher

11. Innovation Fund Expenditures

Ms. Tomcala presented an Innovation Fund request for \$115,000 to formalize the Health Equity Agenda Steering Committee, which would launch a comprehensive, multi-year Santa Clara County plan to address systemic racial health disparities and build health equity in our community. The goal is to see reductions in racial health disparities and long-term health care costs, and to track progress in short-term deliverables and long-term health outcomes. The Health Trust and the County of Santa Clara are each being asked to contribute equal amounts toward the project budget.

It was moved, seconded, and an expenditure of \$115,000 from the Board Designated Innovation Fund for the Health Equity Agenda project was **unanimously approved**, with the amendment that the diversity of the Steering Committee and leadership of this project should be reflective of the Community.

Motion: Ms. King

Second: Ms. Smith

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Ms. Sager, Ms. Smith

Absent: Ms. Lew, Dr. Paul, Ms. Porchia-Usher

Ms. Tomcala presented an additional Innovation Fund request from FIRST 5 Santa Clara County (FIRST 5) for \$500,000 (\$250,000 per year for two years). The Integrated Behavioral Health Pilot Project would sustainably integrate early childhood/dyadic behavioral health services into 7 to 10 of the highest volume primary care clinics serving young children on Medi-Cal in Santa Clara County. This initiative would be developed in partnership with the University of California-San Francisco (UCSF) and the California Children's Trust, and representatives from these organizations discussed the project in more detail.

It was moved, seconded, and an expenditure for 500,000 from the Board Designated Innovation Fund for the FIRST 5 Integrated Behavioral Health Pilot Project was **unanimously approved**, with the conditions that outreach be conducted to pediatric healthcare providers at Lucile Packard Children's Hospital to gauge their interest to partner on this pilot project, and to meet with SCFHP at least quarterly to discuss project progress.

Motion: Mr. Brownstein

Second: Mr. Evora

Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Ms. Sager, Ms. Smith

Absent: Ms. Lew, Dr. Paul, Ms. Porchia-Usher

Liz Kniss left the meeting at 2:54 pm.

Darrell Evora left the meeting at 3:00 pm.

12. Preliminary Fiscal Year 2020-2021 Year in Review

Ms. Tomcala reviewed preliminary year-end performance on the FY '20-'21 Plan Objectives. A status summary of the seven Plan Objectives was provided.

13. Fiscal Year 2021-2022 Plan Objectives

This topic was deferred to the next Board meeting.

14. Adjournment

The meeting was adjourned at 3:12 pm.

Susan G. Murphy, Secretary

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

Thursday, July 22, 2021, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Sue Murphy, Chair
Bob Brownstein
Alma Burrell
Dave Cameron

Members Absent

Michele Lew

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Rita Zambrano, Executive Assistant

1. Roll Call

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

2. Public Comment

There were no public comments.

3. Meeting Minutes

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

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

Motion: Mr. Cameron

Second: Mr. Brownstein

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

Absent: Ms. Lew

4. CEO Update

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

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

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

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

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

5. Fiscal Year 2021-2022 Plan Objectives

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

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

Motion: Mr. Brownstein

Second: Mr. Cameron

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

Absent: Ms. Lew

6. Government Relations Update

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

7. Quality Update

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

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

8. May 2021 Financial Statements

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

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

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

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

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

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

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

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

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

Motion: Mr. Brownstein

Second: Ms. Burrell

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

Absent: Ms. Lew

9. Special Project Funding Request

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

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

Motion: Mr. Brownstein

Second: Mr. Cameron

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

Absent: Ms. Lew

10. Adjourn to Closed Session

a. Anticipated Litigation

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

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

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

11. Report from Closed Session

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

12. Adjournment

The meeting was adjourned at 12:42 pm.

Michele Lew, Secretary



Santa Clara Family
Health Plan™

Unaudited Financial Statements
For The Eleven Months Ended May 31, 2021

Agenda

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Financial Highlights



	MTD		YTD	
Revenue	\$109 M		\$1.16 B	
Medical Expense (MLR)	\$98 M	89.6%	\$1.07 B	92.4%
Administrative Expense (% Rev)	\$5.1 M	4.7%	\$59.2 M	5.1%
Other Income/(Expense)	\$262K		\$373K	
Net Surplus (Net Loss)	\$6.5 M		\$29.2 M	
Cash and Investments			\$623 M	
Receivables			\$509 M	
Total Current Assets			\$1.14 B	
Current Liabilities			\$935 M	
Current Ratio			1.22	
Tangible Net Equity			\$238 M	
% of DMHC Requirement			699.0%	

Financial Highlights

Net Surplus (Net Loss)	<ul style="list-style-type: none"> ▶ Month: Surplus of \$6.5M is \$9.2M or 334.2% favorable to budget of \$2.8M loss. ▶ YTD: Surplus of \$29.2M is \$39.8M or 374.7% favorable to budget of \$10.6M loss.
Enrollment	<ul style="list-style-type: none"> ▶ Month: Membership was 281,235 (11,445 or 4.2% higher than budget of 269,790). ▶ YTD: Member Months YTD was 2,970,966 (846 or 0.03% higher than budget of 2,970,120).
Revenue	<ul style="list-style-type: none"> ▶ Month: \$109.5M (\$18.7M or 20.5% favorable to budget of \$90.8M). ▶ YTD: \$1.16B (\$102.5M or 9.7% favorable to budget of \$1.06B).
Medical Expenses	<ul style="list-style-type: none"> ▶ Month: \$98.1M (\$9.7M or 11.0% unfavorable to budget of \$88.4M). ▶ YTD: \$1.07B (\$62.5M or 6.2% unfavorable to budget of \$1.01B).
Administrative Expenses	<ul style="list-style-type: none"> ▶ Month: \$5.1M (\$262K or 4.9% favorable to budget of \$5.4M). ▶ YTD: \$59.2M (\$2.1M or 3.4% favorable to budget of \$61.3M).
Tangible Net Equity	<ul style="list-style-type: none"> ▶ TNE was \$237.8M (represents approximately two months of total expenses).
Capital Expenditures	<ul style="list-style-type: none"> ▶ YTD Capital Investments of \$3.8M vs. \$6.9M annual budget, primarily Community Resource Center.



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Detail Analyses

Enrollment



- Total enrollment of 281,235 members is 11,445 or 4.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 27,360 members or 10.8%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 11.5%, Medi-Cal Dual enrollment has increased 4.3%, and CMC enrollment has grown 11.1% also due largely to the suspension of disenrollments.

	For the Month May 2021				For Eleven Months Ending May 31, 2021				Δ	
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	FY21 vs. FY20
Medi-Cal	271,246	260,301	10,945	4.2%	2,864,681	2,868,506	(3,825)	(0.1%)	2,595,330	10.4%
Cal Medi-Connect	9,989	9,489	500	5.3%	106,285	101,614	4,671	4.6%	92,404	15.0%
Total	281,235	269,790	11,445	4.2%	2,970,966	2,970,120	846	0.0%	2,687,734	10.5%

Santa Clara Family Health Plan Enrollment By Network May 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	33,634	12%	9,989	100%	43,623	16%
SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics	136,199	50%	-	0%	136,199	48%
Palo Alto Medical Foundation	7,338	3%	-	0%	7,338	3%
Physicians Medical Group	46,224	17%	-	0%	46,224	16%
Premier Care	15,966	6%	-	0%	15,966	6%
Kaiser	31,885	12%	-	0%	31,885	11%
Total	271,246	100%	9,989	100%	281,235	100%
Enrollment at June 30, 2020	244,888		8,987		253,875	
Net Δ from Beginning of FY21	10.8%		11.1%		10.8%	

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD MAY-2021

		2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	FYTD var	%	
NON DUAL	Adult (over 19)	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	6,278	23.9%	
	Child (under 19)	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	4,072	4.2%	
	Aged - Medi-Cal Only	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	11,463	11,451	11,459	11,509	11,535	328	2.9%	
	Disabled - Medi-Cal Only	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	10,877	10,847	10,811	10,772	10,747	-175	(1.6%)	
	Adult Expansion	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	14,808	19.9%	
	BCCTP	11	11	11	11	11	11	11	11	11	10	10	11	9	9	-2	(18.2%)
	Long Term Care	398	405	402	406	407	409	389	393	388	380	373	375	367	-38	(9.4%)	
	Total Non-Duals	215,299	219,570	222,517	225,442	227,647	230,802	233,383	235,227	237,137	238,849	240,599	242,678	244,841	25,271	11.5%	

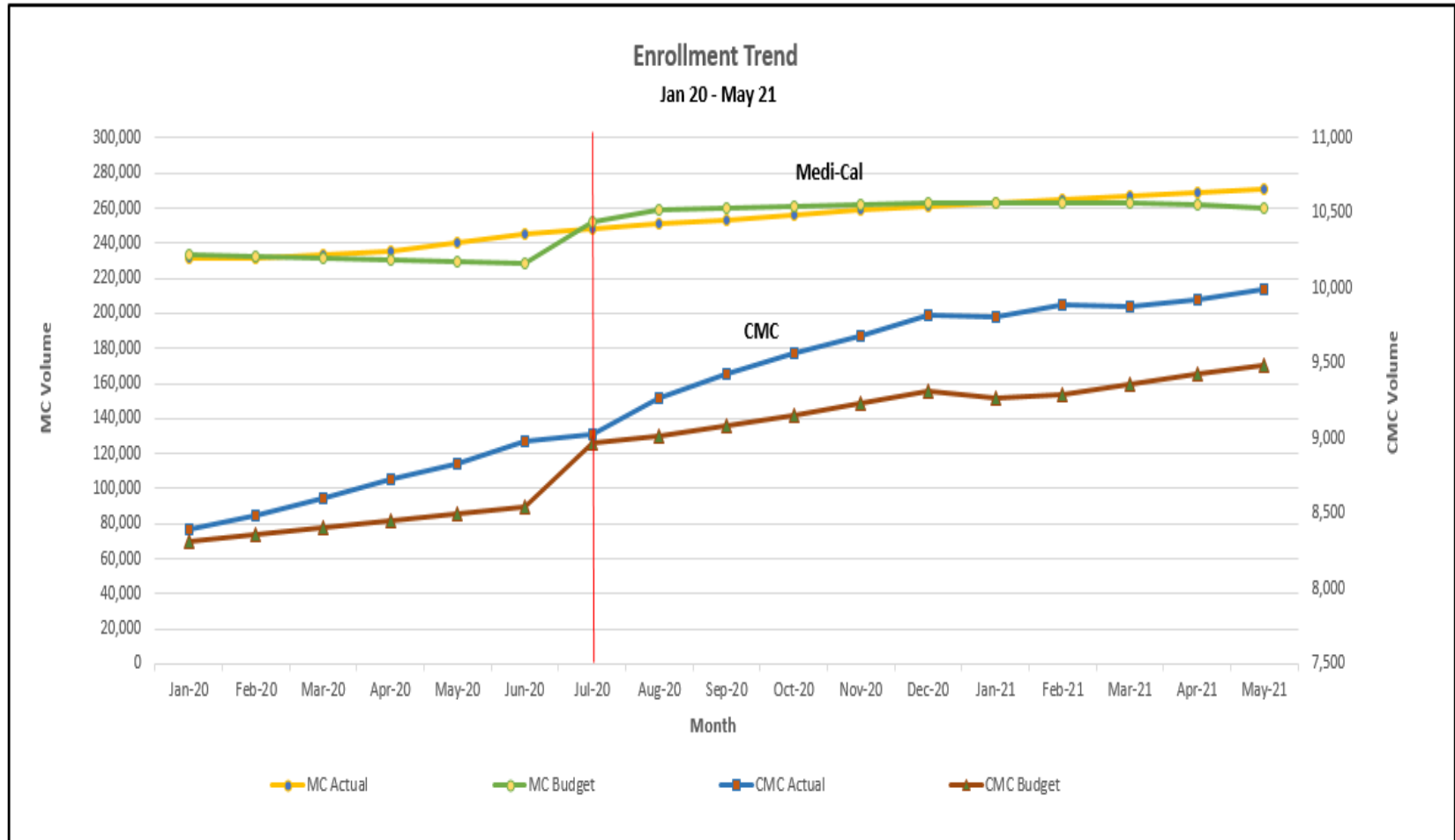
DUAL	Adult (21 Over)	320	321	327	320	337	354	353	353	352	355	361	357	365	44	13.7%
	SPD (21 Over)	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	638	2.7%
	Adult Expansion	190	241	261	289	358	410	498	537	590	662	742	802	863	622	258.1%
	Long Term Care	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	-217	(17.4%)
	Total Duals	25,357	25,318	25,490	25,562	25,605	25,688	25,819	26,060	25,956	26,246	26,363	26,365	26,405	1,087	4.3%

Total Medi-Cal	240,656	244,888	248,007	251,004	253,252	256,490	259,202	261,287	263,093	265,095	266,962	269,043	271,246	26,358	10.8%
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CMC	CMC Non-Long Term Care	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	1,034	11.8%
	CMC - Long Term Care	212	212	215	211	216	210	209	207	193	187	184	179	180	-32	(15.1%)
	Total CMC	8,837	8,987	9,029	9,266	9,428	9,570	9,679	9,820	9,807	9,893	9,880	9,924	9,989	1,002	11.1%

Total Enrollment	249,493	253,875	257,036	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	27,360	10.8%
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Enrollment Trend

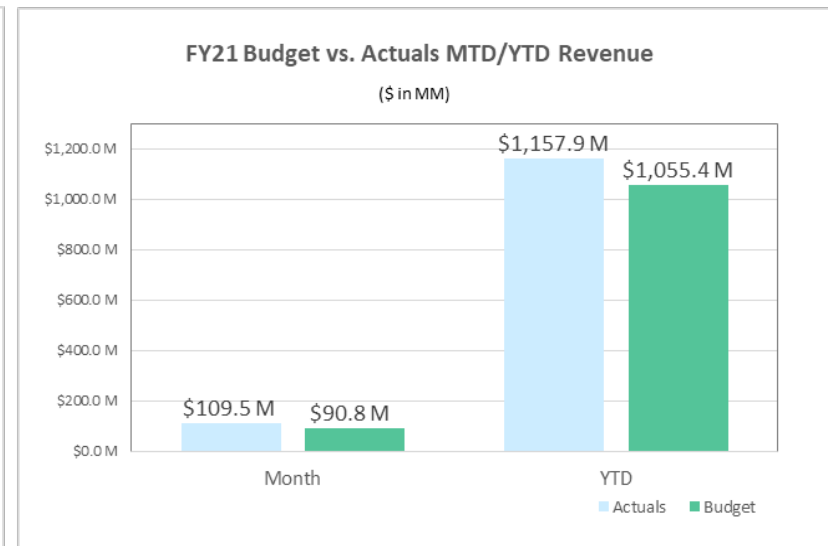
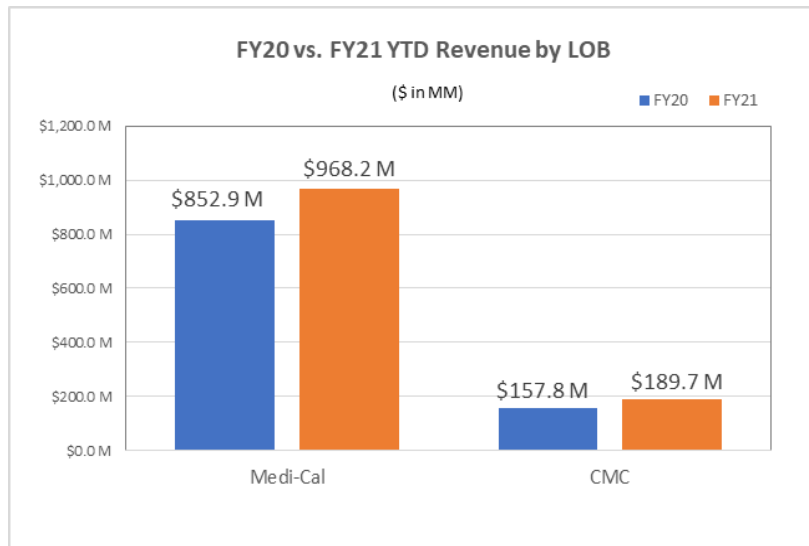


- Budgeted enrollment, represented by the green & brown lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of \$109.5M was \$18.7M or 20.5% favorable to budget of \$90.8M. The current month variance was primarily due to the following:

- MCAL Non-Dual revenue was \$16.5M net favorable to budget primarily due to the pharmacy carve-out delay (with associated medical expense increase) versus budget, coupled with favorable enrollment & rate variances in the primary categories of aid.
- CMC revenue was \$1.5M net favorable due to favorable current month enrollment and higher CY21 MCAL rate, offset by Medicare quality withhold and MCAL mix corridor accruals.
- MCAL Dual MLTSS revenue was \$753K favorable to budget due to higher CY21 MLTSS rate and favorable CCI Dual enrollment than expected.
- Supplemental kick revenue was \$93K net unfavorable to budget due to lower utilization in BHT and Maternity, partly offset by increased Health Home and Hep-C utilization.

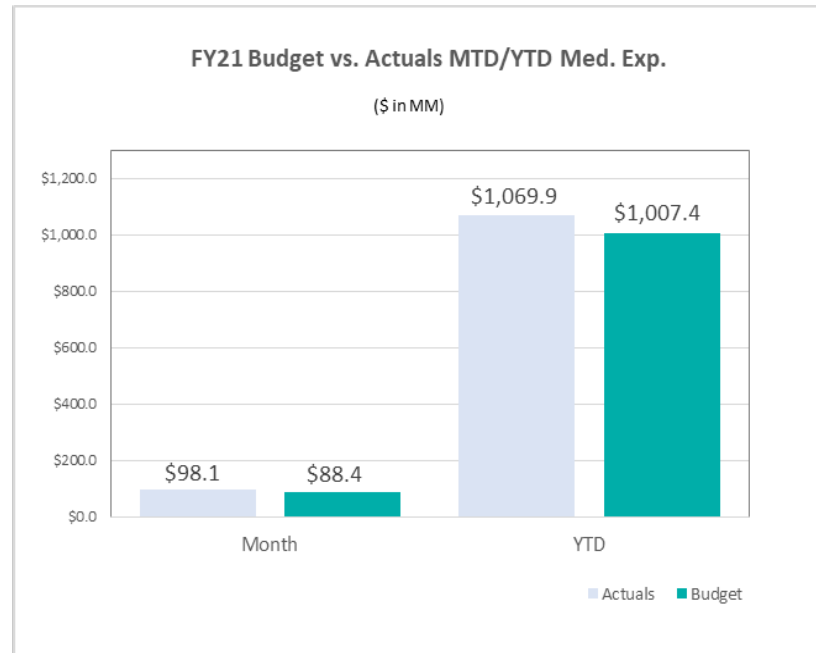
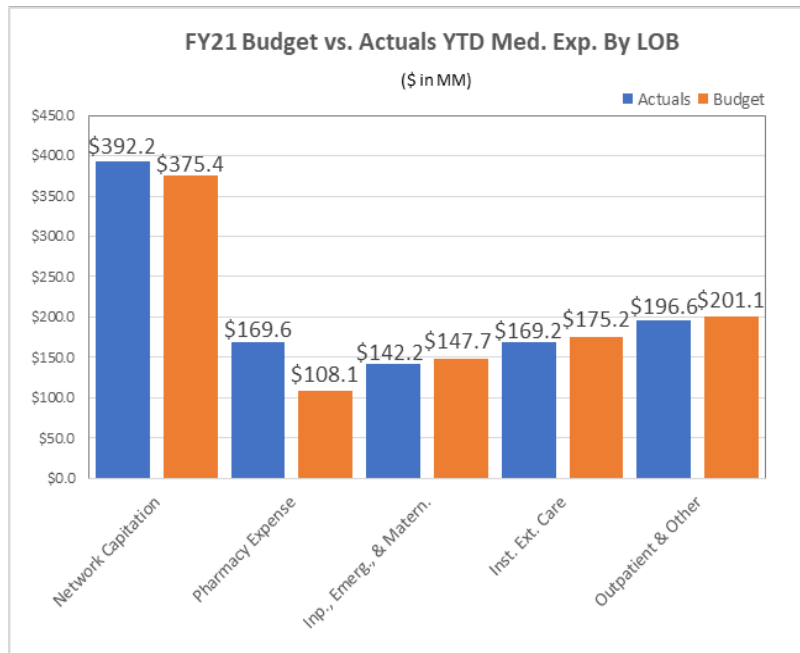


Medical Expense

Current month medical expense of \$98.1M was \$9.7M or 11.0% unfavorable to budget of \$88.4M.

The current month variance was due largely to:

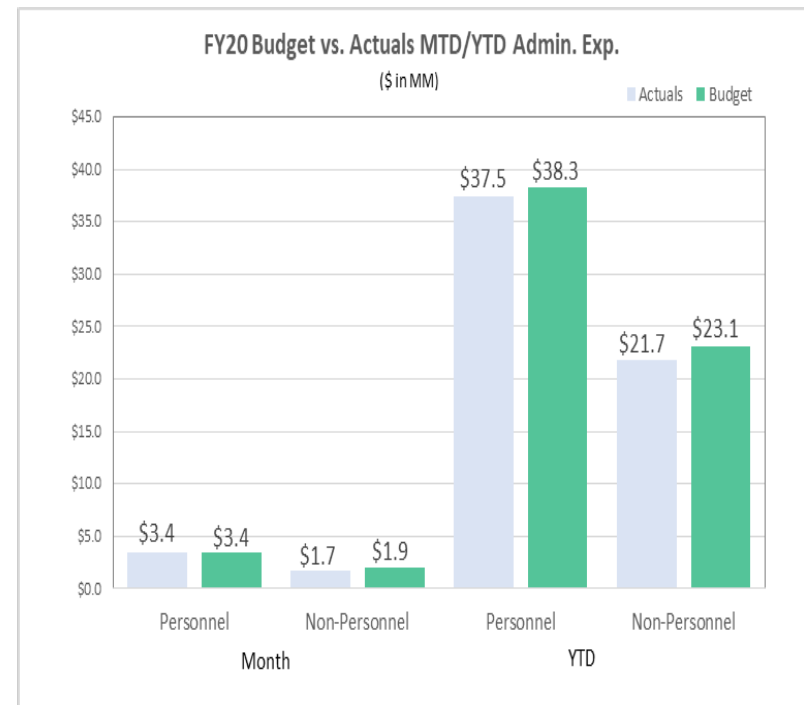
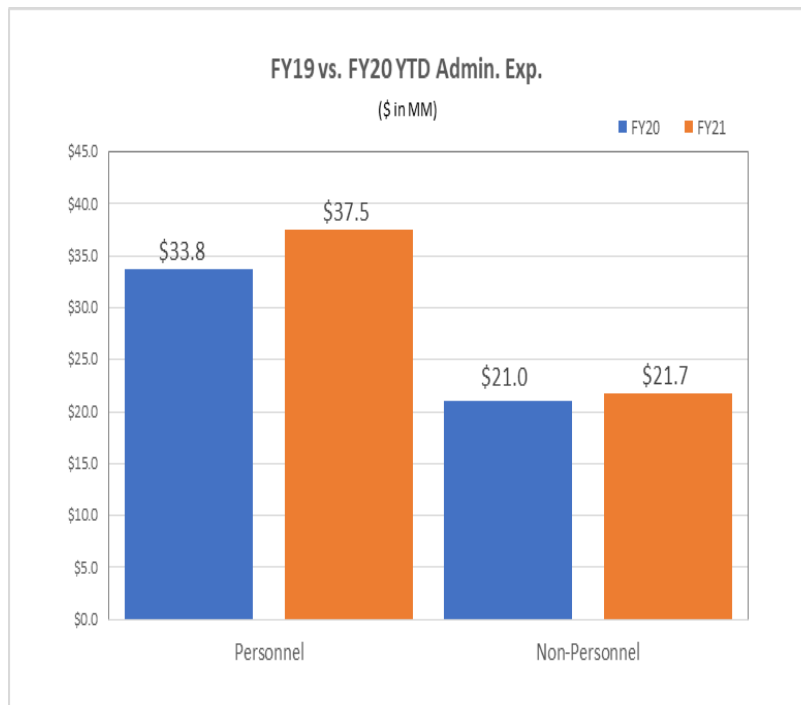
- Pharmacy expenses were \$13.1M unfavorable to budget due to postponement of the pharmacy carve-out from managed care (offset with favorable revenue variance).
- Fee-For-Service expenses reflected a \$5.6M or 12.1% favorable variance due to a general downward trend of utilization during COVID reflected in lower IBNR estimates and lower LTC enrollment & utilization.
- Capitation expense was \$2.2M or 6.3% unfavorable to budget due to higher CY21 capitation rates and increased enrollment.



Administrative Expense

Current month expense of \$5.1M was \$262K or 4.9% favorable to budget of \$5.4M. The current month variances were primarily due to the following:

- Personnel expenses were \$49K or 1.4% favorable to budget due to lower headcount than budget, partly offset by increased retirement and benefit expense accruals.
- Non-Personnel expenses were \$212K or 10.9% favorable to budget due to timing of budgeted spending in certain larger categories of expense.



Balance Sheet

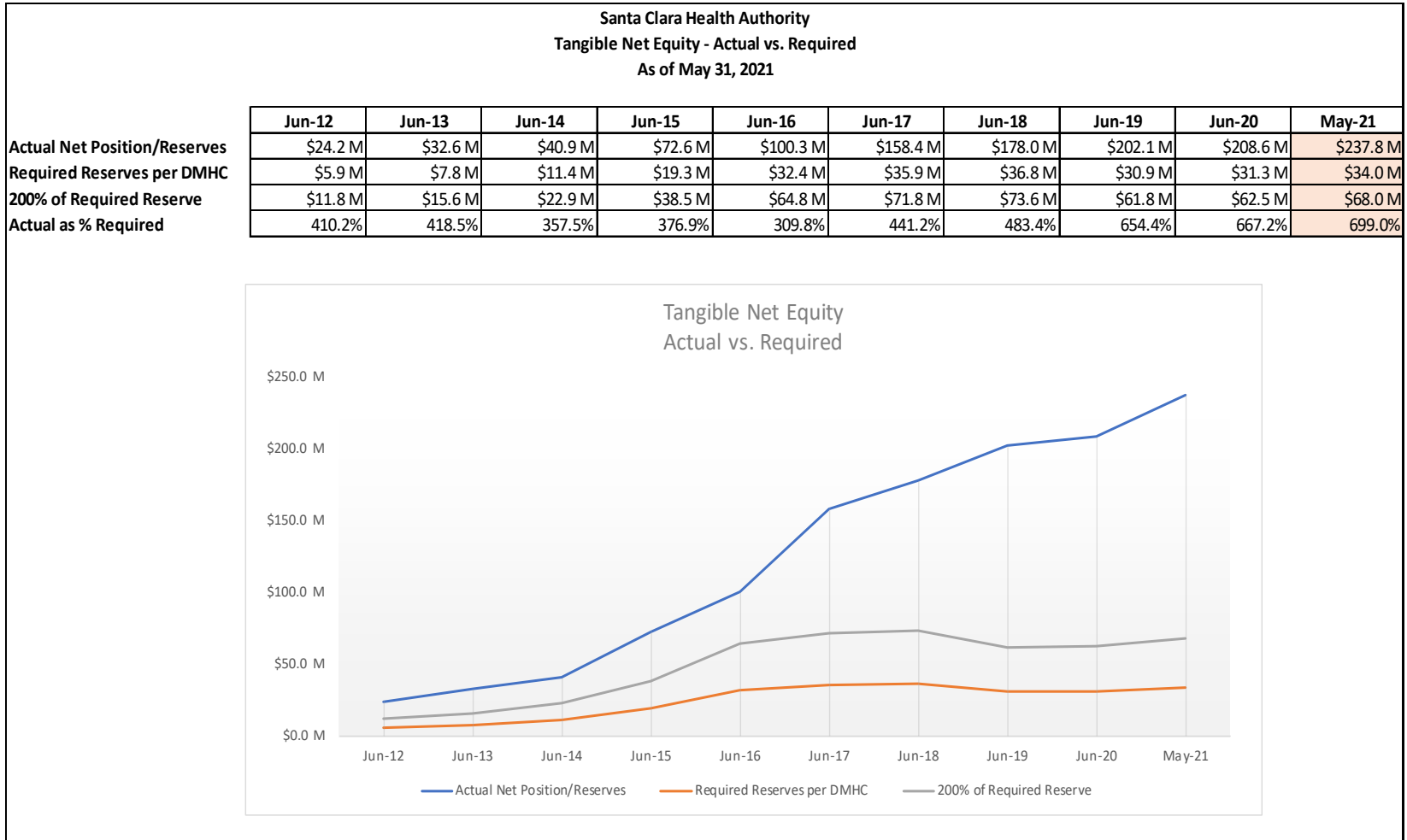
- Current assets totaled \$1.1B compared to current liabilities of \$935M, yielding a current ratio (Current Assets/Current Liabilities) of 1.22:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$289.4M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows. \$223M was disbursed from Wells Fargo account in mid June to hospitals for Directed Payments.
- 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	\$157,280,089	0.85%	\$100,000	\$1,321,175
Wells Fargo Investments	\$433,685,663	0.06%	\$33,204	\$294,457
	<u>\$590,965,752</u>		<u>\$133,204</u>	<u>\$1,615,632</u>
Cash & Equivalents				
Bank of the West Money Market	\$100,753	0.10%	\$2,706	\$16,125
Wells Fargo Bank Accounts	\$31,983,351	0.01%	\$399	\$5,726
	<u>\$32,084,104</u>		<u>\$3,105</u>	<u>\$21,851</u>
Assets Pledged to DMHC				
Restricted Cash	\$325,000	0.18%	\$0	\$1,238
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u><u>\$623,375,356</u></u>		<u><u>\$136,309</u></u>	<u><u>\$1,638,721</u></u>

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- Overall cash and investment yield is lower than budget (0.26% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was \$237.8M - representing approximately two months of the Plan's total expenses.



Reserves Analysis

SCFHP RESERVES ANALYSIS MAY 2021				
Financial Reserve Target #1: Tangible Net Equity				
	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				\$193,205,224 *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	\$4,000,000	\$961,743	\$662,727	\$3,337,274
Innovation & COVID-19 Fund	\$16,000,000	\$4,690,000	\$2,169,999	\$13,830,001
Subtotal	\$20,000,000	\$5,651,743	\$2,832,726	\$17,167,275
Net Book Value of Fixed Assets				\$27,097,478
Restricted Under Knox-Keene Agreement				\$325,000
Total Tangible Net Equity (TNE)				\$237,794,977
Current Required TNE				\$34,018,200
TNE %				699.0%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				\$119,063,700
500% of Required TNE (High)				\$170,091,000
Total TNE Above/(Below) SCFHP Low Target				\$118,731,277
Total TNE Above/(Below) High Target				\$67,703,977
Financial Reserve Target #2: Liquidity				
Cash & Investments				\$623,375,356
Less Pass-Through Liabilities:				
Hospital Directed Payments				(179,965,525)
MCO Tax Payable to State of CA				(18,230,781)
Whole Person Care / Prop 56				(55,671,419)
Other Pass-Through Liabilities (Note 2)				(98,665,434)
Total Pass-Through Liabilities				(352,533,159)
Net Cash Available to SCFHP				270,842,196
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(140,750,199)
60 Days of Total Operating Expense				(187,666,932)
Liquidity Above/(Below) SCFHP Low Target				130,091,998
Liquidity Above/(Below) High Target				\$83,175,265

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

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of \$2.2M. In December 2019, the Governing Board also approved additional \$1.8M for Special Project fund (\$4M total) and \$16M for Innovation & COVID-19 Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

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

Expenditure	YTD Actual	Annual Budget
Community Resource Center	\$2,841,628	\$3,507,100
Hardware	\$341,065	\$1,282,500
Software	\$185,218	\$1,194,374
Building Improvements	\$470,770	\$866,500
Furniture & Equipment	\$1,520	\$28,000
TOTAL	\$3,840,201	\$6,878,474



**Santa Clara Family
Health Plan™**

Financial Statements

Income Statement



Santa Clara County Health Authority INCOME STATEMENT For Eleven Months Ending May 31, 2021

	May-2021		% of		Current Month Variance		YTD May-2021		% of		YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
REVENUES												
MEDI-CAL	\$ 91,196,416	83.3%	\$ 74,012,873	81.5%	\$ 17,183,543	23.2%	\$ 968,180,783	83.6%	\$ 876,203,505	83.0%	\$ 91,977,277	10.5%
CMC MEDI-CAL	3,833,041	3.5%	2,946,869	3.2%	886,172	30.1%	41,234,644	3.6%	32,228,217	3.1%	9,006,427	27.9%
CMC MEDICARE	14,449,449	13.2%	13,858,495	15.3%	590,954	4.3%	148,448,868	12.8%	146,920,292	13.9%	1,528,576	1.0%
TOTAL CMC	18,282,490	16.7%	16,805,364	18.5%	1,477,126	8.8%	189,683,512	16.4%	179,148,508	17.0%	10,535,003	5.9%
TOTAL REVENUE	\$ 109,478,906	100.0%	\$ 90,818,237	100.0%	\$ 18,660,669	20.5%	\$ 1,157,864,294	100.0%	\$ 1,055,352,014	100.0%	\$ 102,512,280	9.7%
MEDICAL EXPENSES												
MEDI-CAL	\$ 82,617,092	75.5%	\$ 72,694,907	80.0%	\$ (9,922,186)	-13.6%	\$ 899,058,220	77.6%	\$ 838,395,191	79.4%	\$ (60,663,029)	-7.2%
CMC MEDI-CAL	2,898,271	2.6%	3,067,904	3.4%	169,633	5.5%	31,805,631	2.7%	33,256,844	3.2%	1,451,213	4.4%
CMC MEDICARE	12,622,008	11.5%	12,684,264	14.0%	62,256	0.5%	138,998,309	12.0%	135,730,295	12.9%	(3,268,014)	-2.4%
TOTAL CMC	15,520,279	14.2%	15,752,167	17.3%	231,889	1.5%	170,803,940	14.8%	168,987,140	16.0%	(1,816,800)	-1.1%
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	\$ 98,137,371	89.6%	\$ 88,447,074	97.4%	\$ (9,690,297)	-11.0%	\$ 1,069,869,463	92.4%	\$ 1,007,382,330	95.5%	\$ (62,487,133)	-6.2%
MEDICAL OPERATING MARGIN	\$ 11,341,535	10.4%	\$ 2,371,163	2.6%	\$ 8,970,372	378.3%	\$ 87,994,831	7.6%	\$ 47,969,684	4.5%	\$ 40,025,147	83.4%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	\$ 3,390,724	3.1%	\$ 3,440,167	3.8%	\$ 49,443	1.4%	\$ 37,469,915	3.2%	\$ 38,261,404	3.6%	\$ 791,490	2.1%
RENTS AND UTILITIES	28,724	0.0%	43,274	0.0%	14,550	33.6%	434,268	0.0%	423,109	0.0%	(11,159)	-2.6%
PRINTING AND ADVERTISING	32,804	0.0%	77,429	0.1%	44,625	57.6%	249,747	0.0%	822,946	0.1%	573,199	69.7%
INFORMATION SYSTEMS	199,655	0.2%	354,989	0.4%	155,334	43.8%	2,961,383	0.3%	3,778,878	0.4%	817,495	21.6%
PROF FEES/CONSULTING/TEMP STAFFING	901,471	0.8%	830,217	0.9%	(71,253)	-8.6%	10,469,448	0.9%	10,312,159	1.0%	(157,290)	-1.5%
DEPRECIATION/INSURANCE/EQUIPMENT	323,155	0.3%	388,428	0.4%	65,274	16.8%	3,905,801	0.3%	4,017,498	0.4%	111,697	2.8%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	46,462	0.0%	66,006	0.1%	19,544	29.6%	709,401	0.1%	717,704	0.1%	8,303	1.2%
MEETINGS/TRAVEL/DUES	69,720	0.1%	106,464	0.1%	36,744	34.5%	891,092	0.1%	1,198,655	0.1%	307,563	25.7%
OTHER	131,893	0.1%	79,417	0.1%	(52,476)	-66.1%	2,122,132	0.2%	1,781,437	0.2%	(340,695)	-19.1%
TOTAL ADMINISTRATIVE EXPENSES	\$ 5,124,609	4.7%	\$ 5,386,392	5.9%	\$ 261,784	4.9%	\$ 59,213,186	5.1%	\$ 61,313,789	5.8%	\$ 2,100,603	3.4%
OPERATING SURPLUS (LOSS)	\$ 6,216,927	5.7%	\$ (3,015,229)	-3.3%	\$ 9,232,156	306.2%	\$ 28,781,644	2.5%	\$ (13,344,106)	-1.3%	\$ 42,125,750	315.7%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	\$ 65,750	0.1%	\$ 60,000	0.1%	\$ (5,750)	-9.6%	\$ 851,471	0.1%	\$ 660,000	0.1%	\$ (191,471)	-29.0%
GASB 68 - UNFUNDED PENSION LIABILITY	(156,500)	-0.1%	75,000	0.1%	231,500	308.7%	1,445,958	0.1%	825,000	0.1%	(620,958)	-75.3%
NON-OPERATING EXPENSES	\$ (90,750)	-0.1%	\$ 135,000	0.1%	\$ 225,750	167.2%	\$ 2,297,429	0.2%	\$ 1,485,000	0.1%	\$ (812,429)	-54.7%
INTEREST & INVESTMENT INCOME	\$ 136,309	0.1%	\$ 350,000	0.4%	\$ (213,691)	-61.1%	\$ 1,638,721	0.1%	\$ 3,850,000	0.4%	\$ (2,211,279)	-57.4%
OTHER INCOME	34,997	0.0%	33,668	0.0%	1,329	3.9%	1,031,254	0.1%	367,260	0.0%	663,994	180.8%
NON-OPERATING INCOME	\$ 171,306	0.2%	\$ 383,668	0.4%	\$ (212,362)	-55.4%	\$ 2,669,974	0.2%	\$ 4,217,260	0.4%	\$ (1,547,286)	-36.7%
NET NON-OPERATING ACTIVITIES	\$ 262,056	0.2%	\$ 248,668	0.3%	\$ 13,388	5.4%	\$ 372,545	0.0%	\$ 2,732,260	0.3%	\$ (2,359,715)	-86.4%
NET SURPLUS (LOSS)	\$ 6,478,983	5.9%	\$ (2,766,561)	-3.0%	\$ 9,245,544	334.2%	\$ 29,154,190	2.5%	\$ (10,611,846)	-1.0%	\$ 39,766,036	374.7%

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY
As of May 31, 2021

	May-2021	Apr-2021	Mar-2021	May-2020
Assets				
Current Assets				
Cash and Investments	623,375,356	393,293,437	520,024,777	332,309,770
Receivables	508,680,106	729,385,339	507,477,386	514,792,547
Prepaid Expenses and Other Current Assets	8,742,359	10,329,799	9,506,927	9,197,248
Total Current Assets	1,140,797,820	1,133,008,575	1,037,009,089	856,299,565
Long Term Assets				
Property and Equipment	51,226,087	51,175,489	51,142,872	47,057,842
Accumulated Depreciation	(24,128,608)	(23,795,734)	(23,463,932)	(20,488,117)
Total Long Term Assets	27,097,478	27,379,755	27,678,940	26,569,725
Total Assets	1,167,895,299	1,160,388,330	1,064,688,028	882,869,290
Deferred Outflow of Resources				
	8,402,260	8,402,260	8,402,260	9,237,609
Total Assets & Deferred Outflows	1,176,297,559	1,168,790,590	1,073,090,288	892,106,899
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	4,443,990	6,233,361	6,086,219	8,754,864
Deferred Rent	48,630	48,928	48,757	7,975
Employee Benefits	3,268,814	3,158,835	3,097,436	2,236,330
Retirement Obligation per GASB 75	2,965,368	2,899,618	2,833,868	3,348,012
Deferred Revenue - Medicare	0	13,231,624	0	262,932
Whole Person Care / Prop 56	55,671,419	52,715,488	49,776,444	36,230,332
Payable to Hospitals	103,797	103,805	104,014	0
Payable to Hospitals	179,861,728	179,860,984	124,936,215	0
Pass-Throughs Payable	43,761,368	43,742,187	330,470	2,779,005
Due to Santa Clara County Valley Health Plan and Kaiser	29,138,890	29,440,619	29,732,966	35,214,782
MCO Tax Payable - State Board of Equalization	18,230,781	9,216,954	27,447,737	40,512,850
Due to DHCS	54,904,066	53,734,670	53,630,663	31,650,545
Liability for In Home Support Services (IHSS)	419,990,933	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	114,710,988	112,260,630	119,021,715	98,732,818
Total Current Liabilities	935,394,797	934,210,311	844,609,111	684,116,996
Non-Current Liabilities				
Net Pension Liability GASB 68	1,445,958	1,602,457.68	1,758,958	780,905
Total Non-Current Liabilities	1,445,958	1,602,457.68	1,758,958	780,905
Total Liabilities	936,840,755	935,812,769	846,368,069	684,897,902
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	3,337,274	3,337,274	3,337,274	3,459,274
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,830,001	13,950,001
Invested in Capital Assets (NBV)	27,097,478	27,379,755	27,678,940	26,569,725
Restricted under Knox-Keene agreement	325,000	325,000	425,000	305,350
Unrestricted Net Equity	164,051,034	163,768,758	163,369,573	157,841,404
Current YTD Income (Loss)	29,154,190	22,675,207	16,419,606	2,088,696
Total Net Assets / Reserves	237,794,977	231,315,994	225,060,393	204,214,449
Total Liabilities, Deferred Inflows and Net Assets	1,176,297,559	1,168,790,590	1,073,090,288	892,106,899

Cash Flow Statement



	<u>May-2021</u>	<u>Year-to-date</u>
Cash Flows from Operating Activities		
Premiums Received	340,367,362	1,428,265,816
Medical Expenses Paid	(95,266,391)	(1,047,347,460)
Administrative Expenses Paid	(15,139,761)	(90,332,243)
Net Cash from Operating Activities	229,961,210	290,586,113
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(50,598)	(3,840,201)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	171,306	2,669,974
Net Increase/(Decrease) in Cash & Cash Equivalents	230,081,919	289,415,886
Cash & Investments (Beginning)	393,293,437	333,959,470
Cash & Investments (Ending)	623,375,356	623,375,356
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	6,307,677	26,484,215
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	332,874	3,391,810
Changes in Operating Assets/Liabilities		
Premiums Receivable	220,705,234	302,326,610
Prepays & Other Assets	1,587,440	1,121,340
Accounts Payable & Accrued Liabilities	(11,869,717)	(34,780,736)
State Payable	10,183,222	(31,925,088)
IGT, HQAF & Other Provider Payables	(301,729)	(5,806,185)
Net Pension Liability	(156,500)	1,445,958
Medical Cost Reserves & PDR	2,450,358	27,605,837
IHSS Payable	722,351	722,351
Total Adjustments	223,653,534	264,101,898
Net Cash from Operating Activities	229,961,210	290,586,113

Statement of Operations by Line of Business - YTD



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

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	\$968,180,783	\$41,234,644	\$148,448,868	\$189,683,512	\$1,157,864,294
MEDICAL EXPENSE (MLR)	\$899,058,220 92.9%	\$31,805,631 77.1%	\$138,998,309 93.6%	\$170,803,940 90.0%	\$1,069,869,463 92.4%
GROSS MARGIN	\$69,122,563	\$9,429,013	\$9,450,559	\$18,879,572	\$87,994,831
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	\$49,512,770	\$2,108,740	\$7,591,676	\$9,700,416	\$59,213,186
OPERATING INCOME/(LOSS) (% of Revenue Allocation)	\$19,609,792	\$7,320,273	\$1,858,883	\$9,179,156	\$28,781,644
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	\$311,514	\$13,267	\$47,764	\$61,031	\$372,545
NET INCOME/(LOSS)	\$19,921,306	\$7,333,540	\$1,906,647	\$9,240,187	\$29,154,190
PMPM (ALLOCATED BASIS)					
REVENUE	\$337.97	\$387.96	\$1,396.71	\$1,784.67	\$389.73
MEDICAL EXPENSES	\$313.84	\$299.25	\$1,307.79	\$1,607.04	\$360.11
GROSS MARGIN	\$24.13	\$88.71	\$88.92	\$177.63	\$29.62
ADMINISTRATIVE EXPENSES	\$17.28	\$19.84	\$71.43	\$91.27	\$19.93
OPERATING INCOME/(LOSS)	\$6.85	\$68.87	\$17.49	\$86.36	\$9.69
OTHER INCOME/(EXPENSE)	\$0.11	\$0.12	\$0.45	\$0.57	\$0.13
NET INCOME/(LOSS)	\$6.95	\$69.00	\$17.94	\$86.94	\$9.81
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	2,864,681	106,285	106,285	106,285	2,970,966
REVENUE BY LOB	83.6%	3.6%	12.8%	16.4%	100.0%



**Santa Clara Family
Health Plan™**

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JUNE-2021

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

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

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

Total Enrollment	253,875	257,036	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	28,795	11.3%
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Santa Clara County Health Authority Board Designated Innovation Fund Request Summary

Organization Name:	VMC Foundation, as fiscal sponsor of the East San José PEACE (Prevention Efforts to Advance Community Equity) Partnership, with Next Door Solutions to Domestic Violence, a partner of the East San José PEACE Partnership
Project Name:	Safe Relationships in East San José, Next Door Solutions to Domestic Violence (NDS)
Contact Name and Title:	Llisel Solis, Senior Development Officer, Grants & Programs VMC Foundation
Requested Amount:	\$99,994.09
Time Period for Project Expenditures:	July 1, 2021 – June 30, 2022
Proposal Submitted to:	Executive/Finance Committee
Date Proposal Submitted for Review:	June 10, 2021

Summary of Proposal:

The COVID-19 pandemic has exacerbated existing difficulties for domestic violence/intimate partner violence (DV/IPV) survivors in accessing health resources and resources for DV/IPV support. NDS proposes to recruit and train community members from Santa Clara County, with a focus on residents in East San José zip codes 95116, 95122, and 95127, to act in the capacity of Promotores (community health workers). The goal of *Safe Relationships in East San José* is to build a sustainable network of Promotores, “Peacemakers,” to reduce and eliminate IPV and promote information about COVID-19 to develop the capacity for all community members to have and support safe relationships and healthy families. Trained Promotores will use training on IPV and COVID-19 and its impacts on family and community to outreach to raise awareness, dispel misinformation, and increase access to DV support services and COVID-19 testing and vaccines.

Summary of Projected Outcome/Impact:

Measurable outcomes:

- Train 7 Promotores, including a youth and a male
- Develop recruitment strategy/schedule, and training schedule
- Promotores will train 200 community members

- Seventy percent of individuals exposed to training and education will report an increase in awareness and knowledge of healthy relationships, safety precautions and community norms, and attitudes as measured through pre and post surveys
- An increase of data outcomes in outreach, hotline, or clients from the following zip codes: 95122, 95116, 95127
- Establish a Learning Collaborative and produce and Asset Map of Promotores in Santa Clara County in collaboration with the Promotores Groups from Somos Mayfair. The commitment includes 6 planning meetings and 4 days of training on COVID 19 and IPV.

Summary of Additional Funding and Funding Requests:

With this one-year seed funding, supplemented by NDS' current staffing and resources, NDS plans to incorporate fundraising for the initiative in the agency's development activities and seek public, private and individual funding to sustain the operation.

Grant Period: July 1, 2021 through June 30, 2022

Proposal to the Santa Clara Family Health Plan

Project Title: Safe Relationships in East San José, Next Door Solutions to Domestic Violence

As the fiscal sponsor of the East San José PEACE (Prevention Efforts to Advance Community Equity) Partnership, the VMC Foundation, on behalf of the PEACE Partnership, respectfully requests a grant award of \$99,994.09 to support Next Door Solutions to Domestic Violence’s project *Safe Relationships in East San José*.

Project Summary & Need

Next Door Solutions to Domestic Violence (NDS), a partner of the East San José PEACE Partnership, proposes to recruit and train community members from Santa Clara County, with a focus on residents in East San José zip codes 95116, 95122, and 95127, to act in the capacity of Promotores (community health workers).

This unprecedented crisis of COVID-19 has exacerbated existing difficulties for DV/IPV survivors to access health resources and for DV/IPV support. For survivors within communities of color, these inequities are compounded by disproportionate financial losses, distrust of law enforcement, and disparities in health care access along with abusive behavior from their partner. Clients have reported having to shelter in place with perpetrators of violence and that these perpetrators have used COVID-19 misinformation as a tool for exerting control over their victims.

In 2011, The California Endowment Report stated this about Promotores, the proposed model: “The role of Promotores extends far beyond the functions of community health and is driven by a passion for justice and equality. Promotores have a range of talents and skills and a unique ability to establish profound relationships with individuals based on mutual understanding, equality, respect and empathy.” They can serve a vital role in supporting survivors and their families through education, empowerment, and connection to resources. Outreach will focus on raising awareness, dispelling misinformation, and increasing access to DV support services and COVID-19 testing and vaccines.

Project goal

The goal of *Safe Relationships in East San Jose* is to build a sustainable network of Promotores, “Peacemakers”, to reduce and eliminate IPV and promote information about COVID-19 to develop the capacity for all community members to have and support safe relationships and healthy families. Trained Promotores will use this training on IPV and COVID-19 and its impacts on family and community to increase health and safety. Next Door Solutions and Somos Mayfair, with their respective Promotores groups, will also engage in year-long planning in order to conduct asset mapping of Promotores groups and develop an ongoing Learning Collaborative of Promotores groups across Santa Clara County and beyond.

Need for Intimate Partner Violence (IPV) education and awareness as it relates to the COVID-19 Pandemic

Over the last four years, Next Door Solutions has led the way in Santa Clara County in addressing the connection between DV/IPV and health. The development of its *Domestic Violence and Healthcare Partnerships Toolkit* has given the agency a successful tool for assisting community clinics in identifying and referring survivors to connect with the help and support of a domestic violence agency.

Considering the disparities that have surfaced because of COVID-19, certain communities in Santa Clara County who are disproportionately affected by COVID-19 are the same communities that have been disproportionately affected by DV/IPV, notably the East San José zip codes of 95116, 95122, and 95127.

Racial/ethnic minority groups are at disproportionate risk of contracting COVID-19. Despite representing only 26% of the general population, the Latinx community makes up 51% of the COVID-19 positive tests and 29% of the deaths. The Latinx community is also more likely to be uninsured, lacking access to healthcare, and experience worse health outcomes from preventable and treatable conditions.

NDS has established an innovative, community-based collaborative and learning relationship with Stanford School of Medicine that includes the following:

1. *Health Access and Education Programming for Intimate Partner Violence Survivors and Their Families*
2. *“Ask a Pediatrician”* seminars and pediatrician training on domestic violence
3. *Community-Based Needs Assessment of Parents and Children as Survivors of Intimate Partner Violence*
4. *Promotores Train the Trainer Curriculum on DV and COVID 19*

Please see attached poster: *A Community-Guided Curriculum to Train Survivors of Intimate Partner Violence on the Intersection of COVID-19 and IPV*

Measurable Outcomes – To Be Completed in Year One

1. Train 7 Promotores, including a youth and a male
2. Develop recruitment strategy/schedule, and training schedule
3. Promotores will train 200 community members
4. Seventy percent of individuals exposed to training and education will report an increase in awareness and knowledge of healthy relationships, safety perceptions and community norms, and attitudes as measured through pre and post surveys
5. An increase of data outcomes in outreach, hotline, or clients from the following zip codes: 95122, 95116, and 95127
6. Establish a Learning Collaborative and produce an Asset Map of Promotores in Santa Clara County in collaboration with the Promotores Groups from Somos Mayfair. The commitment includes 6 planning meetings and 4 days of training on COVID 19 and IPV.

Short-term and long-term project funding

With this one-year seed funding, supplemented by the agency's current staffing and resources, NDS plans to incorporate fundraising for the initiative in the agency's development activities and seek public, private, and individual funding to sustain the operation.

**Safe Relationships in East San José
East San José PEACE Partnership**

Next Door Solutions to Domestic Violence

Personnel

Salaries	32,737.50	Erica Villa, Laura Diaz (Coordination)
Tax & Benefits	6,832.32	20.87% benefit rate
Total Personnel Expenses	<u>39,569.82</u>	

Operating

Program Food/Meals	1,550.00	\$25 per meeting for 30 meetings + \$200 for 4 gatherings
Advertising	2,100.00	\$525 per PSA/ for 4 PSAs
Client Awards/Recognition	3,000.00	3 Trainers for Community presentations \$600 to \$1,000 per training
Copying, Printing & Postage	211.27	Print materials for community education and materials (door hangers and flyers) estimated
Information Services	560.00	IT training for promotores @ \$70 per hour for 8 hours
Equipment/Furniture	2,786.89	2 laptops for 2 additional promotores @864 per laptop, 1 projector, 1 mobile screen
Organizational Stipend	8,000.00	Somos Mayfair learning collaborative participation and training on Health & IPV
Stipends	25,200.00	7 promotores @ 120 hours @ \$30 per hour
Total Operating Expenses	<u>43,408.16</u>	

NDS Admin Costs	7,016.70	15% overhead (of salaries , program supplies, advertising, copying, info services & equipment)
Fiscal agent costs	9,999.41	10% administration fee (of total contract)

Total Expenses	<u><u>99,994.09</u></u>	
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Ashley Stevenson¹, Sindhya Rajeev², Rachel Koo³, Ashri Anurudran², Lillie Reed¹, Erica Villa⁴, Laura Diaz⁴, Adriana Garcia⁴, Esther Peralez-Dieckmann⁴, Jennifer Newberry²
¹Stanford University School of Medicine, ²Stanford University Department of Emergency Medicine, ³Stanford University, ⁴Next Door Solutions to Domestic Violence

Background and Need

- Pandemic stressors exacerbate intimate partner violence (IPV) and put survivors at greater risk of severe violence
- Stay-at-home orders decrease access to IPV support, resources, and healthcare
- Perpetrators of violence use COVID-19 misinformation as a tool of control over survivors
- Immigrant and underserved communities are at high risk of severe COVID-19, yet may be less able to access healthcare and IPV support
- Community health workers may build trust where academic institutions cannot

Community Partner

- **Next Door Solutions to Domestic Violence (NDS):** A stand-alone agency that provides support to IPV survivors in the Bay Area, serving an average of 3,000 survivors of IPV annually, most of whom belong to underserved, immigrant, and/or non-English-speaking communities
- **El Comité de Mujeres Fuertes:** a group of five Latina IPV survivors known to NDS who volunteered to be trained as *promotoras*, or community health workers

Project Description

- Create and deliver a community-guided training curriculum to teach *promotoras* about COVID-19, its intersection with IPV, and healthcare delivery during the pandemic, and to empower El Comité members to teach other *promotoras* and community groups about COVID and IPV

Outcomes

Final project deliverables:

- Scripted content for three modules on COVID-19 and IPV: 1) The Basics and Science of COVID-19; 2) How COVID-19 and IPV Intersect; 3) Healthcare and COVID-19
- Developed visually and culturally engaging graphics through active input from *promotoras*
- Translated scripts into Spanish and provided simultaneous live interpretation from English to Spanish
- Delivered training modules over 4 sessions (8 hours of live instruction) via Zoom to El Comité de Mujeres Fuertes

Major successes identified:

1. **Relevant and effective:** in post-session survey, 100% of *promotoras* cited training sessions as ‘relevant to their role as a promotora’. 100% reported they felt ‘very confident’ talking about IPV and COVID-19
2. **Butterfly effect on community-health outreach:** El Comité de Mujeres Fuertes members later taught material to 100+ members of vulnerable communities in California through 3 workshops and conferences, and delivered content over Facebook live, with 1,100+ views so far
3. **“Transformative rather than transactional”:** empowering *promotoras* to participate in content creation led to profound growth in confidence, sense of belongingness, and self-ownership
4. **Targeted to community through active input:** soliciting regular input and feedback from *promotoras* allowed for real-time changes to graphics and script before delivery to make content culturally engaging and impactful
5. **Misinformation corrected; trust built.** El Comité members report success in correcting circulating misinformation and building trust in vaccines post-training
6. **Technological literacy increase:** *promotoras* had space to enhance technological skills before becoming presenters to their own communities



El Comité de Mujeres Fuertes



Lessons Learned

- Active participation by community members is key to public health messaging. Ask, rather than assume: what questions does community have? What barriers are there? What cultural values must be considered?
- Academic–community partnerships should be led by community partner. Offer space for community members to guide a project’s direction; academic partner’s role should be *reactive*, not *directive*



Recommendations and Implications

- Technological literacy was a challenge. Future work will focus on improving delivery to users with limited technology literacy and access.
- Project provides a template for approaching intersectional issues. Adapt to address how IPV intersects with racism and health inequities
- Content was guided by target audience (Latinx survivors). Aim to translate training into other languages while maintaining cultural relevance
- Academic institutions have a responsibility to surrounding communities; without community participation and trust building, academic public health successes such as vaccine development may not succeed on the ground

Acknowledgments: We first and foremost thank the women of El Comité de Mujeres Fuertes—Rose Martinez, Paula Sarabia, Rosy Miranda, Ana Laura Gonzalez, and Diana Martinez—for their dedication to becoming *promotoras* for their communities. This training was created for, and guided by, them and would not exist without their strength and commitment. Thank you to our amazing UCLA graphics team, Bridgette Baron and Minh Le, for their stellar work on visuals. We also extend our sincerest gratitude to our two CFC Spanish interpreters, Maria Suarez-Nieto and Monica Pena-Aguilar, for their assistance in translation. Finally, we acknowledge the Stanford OCE Valley Fellowship Program for funding support.

Contact Information: Ashley Stevenson, ashpalm@stanford.edu; Next Door Solutions to Domestic Violence, <https://www.nextdoorsolutions.org/>

1. The proposal identifies a need to assist clients who have been forced to remain with abusers during COVID-19. Please explain what the Promotores will do to assist them.

Next Door Solutions to Domestic Violence (NDS) will employ a Promotores model, including engaging community leaders in a variety of settings, in order to link impacted families to information, services, and resources for domestic/intimate partner violence (IPV) prevention:

- To identify and prevent further abuse
- To understand the immediate and long-term health and well-being impacts to the victim, children involved in the relationship, and the family as a whole;
- To be able to access community resources to address a range of life domains; and
- Increase COVID-19 awareness, including safety protocols, testing, and vaccinations

The Promotores will focus on the following activities (may vary based on the level of training and involvement):

- Facilitate community dialogues focused on the dynamics of IPV and safe relationships
- Provide resources to community residents about the intersection of COVID-19 and IPV, including information on COVID-19 safety protocols, testing and vaccinations
- Build a base of residents to help families experiencing IPV connect with other families in the community and engage in community building and family strengthening activities and efforts through neighborhood organizations, support groups, schools and other avenues.
- Engage residents to advocate for resources and policies that address/prevent IPV and COVID-19
- Contribute to efforts to identify less punitive approaches to interrupting IPV and promote healing for survivors, for those who commit abuse, and for families by advancing a healing framework
- Provide direct connection to IPV services
- Provide feedback to NDS, partners, and community stakeholders on addressing systems gaps and improving health care processes

2. What will the Promotores be trained to do?

Seven (7) Promotores will be trained on delivery of information via on-going learning events that are web-based/online, through social media information and marketing campaigns, zoom conferences, and live/in-person events to a community member recruitment target of 200 Santa Clara County (SCC) residents (Peacemakers). Community members engaging in the training will be asked to take a pledge to get involved/take action, as Peacemakers, for healthy relationships and IPV prevention (i.e. coordinate presentations, share information with friends and others, invite others to the next presentation, etc.)

NDS' service model is based on the Survivor-Defined Advocacy and client-centered services, and is trauma-informed. This model/structure informs NDS' Promotores model in the respect that we are working with volunteers who themselves are survivors – who continue to work towards personally addressing long-term effects of experienced violence – and are now taking those learnings out to the community. Building upon our client-centered approach - and due to the multiple layers of trauma in individuals, families and communities - we will promote an understanding of trauma, its effects on individuals, children/youth, and families, and the need for trauma-informed services and systems that meet the needs of the diverse community.

- 3. The proposal states that individuals exposed to training and education will report increased awareness and knowledge of healthy relationships, safety perceptions, community norms, and attitudes. Please explain how the Promotores train and educate these individuals.**

Safe Relationships in East San Jose: NDS has established an innovative, community-based collaborative and learning relationship with Stanford School of Medicine, including the creation of the *Promotores Training Curriculum*. This “train the trainer” curriculum is presented in three sessions/modules (*Attachment A*):

- 1) Basics of COVID-19
- 2) How COVID-19 and IPV Intersect; and
- 3) Healthcare and IPV

The *Promotores Training Curriculum* training also included a workbook component and short overview video.

The project coordinator and Promotores will also utilize additional curriculums, including La Clinica de la Raza and other materials provided by Somos Mayfair as it relates to community building, mobilization, and the Promotores model. The project will also provide capacity building via webinars on working with men and boys (as victims, as allies, and as perpetrators). The coordinator and other NDS staff will work together to identify and develop materials and PSAs, in collaboration with the Promotores, which will include key messages, fact sheets, etc. in applicable languages.

The Promotores will receive an eight-hour training on COVID-19, IPV, HT, SA, community resources, and understanding the Promotores role. Universal education will be provided on the impact of IPV on children and youth, and one’s health.

The ***Safe Relationships in East San Jose*** training model can be scaled in the community. Models will be informed and owned by the community and tailored to meet the needs of various populations, languages, and settings, whether it is for family resource centers, school-based, youth-focused, athletics, men’s engagement networks, churches, etc. The model will be adaptable to offer varying levels of participation including one-time awareness events, consolidated training, and more extensive training modules for the Promotores.

Pre- and post-surveys will be developed and used to evaluate the knowledge and awareness increases of participants, as well as their willingness to take action (e.g. coordinate presentations, share information with friends and others, invite others to the next presentation, etc.)

- 4. What specific outcomes are expected to result from the increases in the aforementioned survey results? How will any expected increase in awareness and knowledge be measured and reported? What are the benchmarks to determine if the effort were successful? Do those results predict any future outcomes about these clients’ behaviors or health status?**

By the end of the pilot year (12 months), NDS staff will develop a recruitment strategy and schedule, and a training schedule; and will recruit seven (7) individuals to become Promotores. Trainees will represent Latinx community representatives/leaders from zip codes areas of 95116, 95127, and 95122, and from with the PEACE Partnership and the county at large. A minimum of one (1) individual will identify as male and one (1) will be a youth. (*Attachment B*)

The Promotores will outreach and connect to 50 community members each quarter over the 12-month project/grant period, providing education and training on the intersection of COVID-19 and IPV; with a total of 200 community members receiving education and training by the end of the project.

- Outcome/Measurement: Seventy percent (70%) of individuals exposed to the educational training will report an increase in awareness and knowledge of healthy relationships, safety perceptions and community norms, and attitudes, as measured through pre and post surveys.

Participants will be asked to complete pre- and post-surveys (to be developed) and NDS will make quarterly reports (approximately 4-6 weeks after each quarter training) to funders and other community stakeholders, such as the East San Jose PEACE Partnership.

5. The proposal states it will result in an “increase of data outcomes in outreach, hotline, or clients...” Please clarify what this means. Specifically, what are the data outcomes, how will they be measured and reported, and what are the benchmarks for success?

At the beginning of the project, NDS will gather/establish baseline data, using data from the five (5) domestic violence agencies in SCC (Domestic Violence Advocacy Collaborative - DVAC), focusing on the number of contacts from IPV victims/survivors from the target zip code communities to each of the agencies. NDS will gather the same data from the five agencies at the end of the project (12 months) to do a comparative assessment of the impact of the “outreach” of the project. Data will include outreach activities, crisis calls, client walk-ins, and social media interactions. Acknowledging that there are many variables that impact whether survivors will reach out for help, we anticipate an increase in the number of contacts received.

Additionally, NDS will solicit and document feedback from community participants and present findings to community agencies, decision-makers, legislators and our funder to increase understanding of community and individual needs, to identify and implement strategies to interrupt and prevent IPV, and to promote COVID-19 safety protocols, testing, and vaccines. This can include specific focus groups, interviews, and other information gathering activities.

6. What are the goals of the Learning Collaborative? What are its expected outcomes or results? How will these be measured and reported?

The goals in this project are:

- To create an Asset Map of existing Promotores groups within Santa Clara County, both community based and agency based (to map existing groups, their focuses, and geographic location)
- To establish a Learning Collaborative of Promotores that is driven by community needs and leadership

Promotores have a range of talents and skills and a unique ability to establish profound relationships with individuals based on mutual understanding, mutual equality, mutual respect, and mutual empathy. Given their unique abilities, our long-term goal is to create a space where Promotores groups can come together and learn from each other. Technology capabilities could, in the future, help us increase our reach to be international, as there are already Promotores groups from other states and countries wanting to engage through a learning collaborative. This collaborative will provide the space for

Promotores to connect – and also provide the space to provide cross training opportunities on effective cultural practices.

NDS staff will coordinate the establishment and initial management of the Learning Collaborative with the goal of it becoming self-sustaining, driven and managed by the participants, by the end of the pilot project.

7. What is an Asset Map of Promotores?

NDS seeks to use community asset mapping as a strength-based approach to greater community development in regards to IPV and various intersections of need/services. The process of asset mapping may include identifying institutions, individuals, and citizen associations existing within the focus communities, and SCC at large, that serve as positive resources. Approaching individuals and communities involved with the project from an asset-based mentality helps to empowers them to recognize their own strengths and capacities, which aligns with the Promotores model. A final asset mapping summary with graphic illustrations will be distributed to interested stakeholders and used for ongoing planning and building the Learning Collaborative.

Currently there is no Asset Map of Promotores groups in SCC. As previously mentioned, we envision creating an asset map of Promotores groups within SCC that are both community based and agency based in order to leverage their strengths and to activate a public health approach to ending IPV.

Appendix B: Timeline of Activity with Outcomes

Activity	Timeline
<p>Next Door Solutions will allocate two staff at .25 FTE each for Program Coordination.</p> <p>Somos Mayfair will provide technical assistance throughout the program on effective community mobilization in Santa Clara County with an emphasis in East San Jose (zip codes 95116, 95122, 95127).</p> <p>The Promotores will go through an 8+ hour training on COVID 19, IPV, HT, SA, community resources, and understanding their roles as Promotores. Universal education will be provided on the impact of IPV on children and youth and one's health.</p> <p>Coordinator and Promotores will utilize curriculum (La Clinica de la Raza, Stanford Medical School COVID 19 and DV, and others as applicable) and any other material provided by Somos Mayfair as it relates to community building, mobilizing, and the Promotores model.</p> <p>Somos Mayfair will work with NDS staff to plan for the Learning Collaborative and develop an Asset Map of Promotores groups in SCC. Long-term, the Promotores will lead a Promotores Learning Collaborative to bring groups and share learnings. El Comité will serve as lead Promotores and take an active role in coordinating this effort.</p>	<p>Month 1-2</p> <p>Ongoing</p> <p>Month 1 – 2 and repeated as new promotores are recruited.</p> <p>Month 1-2</p> <p>Month 1 and bi-monthly ongoing</p>
<p>The coordinator will assist with the recruitment of 7 Promotores that represent the Latinx community representatives/leaders Countywide with an emphasis on the 95116, 95127, and 95122 zip codes within the PEACE Partnership target area. The 7 Promotores will include at least one (1) individual that identifies as a male and at least 1 youth.</p> <p>Complete 2-3 presentations or training to reach at least 50 community members.</p> <p>Identify and develop materials and develop the first of four PSAs (English or Spanish), including key messages, fact sheets, etc. in applicable languages.</p>	<p>Month 1-3</p> <p>Month 2</p> <p>Month 3</p>
<p>The coordinator will review collected resources and meet with key partners including staff from other Promotores groups in the community, IPV workgroup members, and local DV organizations.</p>	<p>Month 2-3</p>

Appendix B: Timeline of Activity with Outcomes

Coordinator and Promotores plan and establish a Promotores onboarding procedure for interested community leaders wanting to become Promotores	Month 2-3
Coordinators will develop and conduct a capacity building webinar on adverse childhood experiences	Month 5
Develop a second PSA (English or Spanish)	Month 5
Complete 2-3 presentations or training to reach at least 50 community members.	Month 6
To help sustain the program, the coordinators will develop a plan for the PEACE partnership IPV workgroup and Promotores to advocate for broader policy, systems and program changes to influence community conditions. .	Month 6 and ongoing
Coordinators will develop and conduct a capacity building webinar for working with men and boys	Month 6
Develop a third PSA (English or Spanish)	Month 7
Complete 2-3 presentations or training to reach at least 50 community members.	Month 8
Conduct a capacity building webinar on working with men and boys.	Month 8
Develop a fourth PSA (English or Spanish)	Month 9
Provide training and presentations to 50 community members	Month 11
Review and analyze pre and post surveys. At least seventy percent of participants will report an increase in awareness and knowledge of healthy relationships, safety perceptions and healthy community norms/attitudes	Month 11-12
Develop summary report on the project to submit to funder and present to Peace Partnership.	Month 12

**Safe Relationships in East San José
East San José PEACE Partnership**

Next Door Solutions to Domestic Violence

Personnel

Salaries	32,737.50	Erica Villa, Laura Diaz (Coordination)
Tax & Benefits	<u>6,832.32</u>	20.87% benefit rate
Total Personnel Expenses	39,569.82	

Operating

Program Food/Meals	1,550.00	\$25 per meeting for 30 meetings + \$200 for 4 gatherings
Advertising	2,100.00	\$525 per PSA/ for 4 PSAs
Client Awards/Recognition	3,000.00	3 Trainers for Community presentations \$600 to \$1,000 per training
Copying, Printing & Postage	211.27	Print materials for community education and materials (door hangers and flyers) estimated
Information Services	560.00	IT training for promotores @ \$70 per hour for 8 hours
Equipment/Furniture	2,786.89	2 laptops for 2 additional promotores @864 per laptop, 1 projector, 1 mobile screen
Organizational Stipend	8,000.00	Somos Mayfair learning collaborative participation and training on Health & IPV
Stipends	25,200.00	7 promotores @ 120 hours @ \$30 per hour
Wellness Fund Operator	<u>9,999.41</u>	Wellness fund will serve as fiscal agent and grants manager
Total Operating Expenses	53,407.57	

NDS Admin Costs 7,016.70 15% overhead (of salaries , program supplies, advertising, copying, info services & equipment

Total Expenses 99,994.09

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

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

MINUTES

Members Present

Sue Murphy, Chair
Bob Brownstein
Alma Burrell
Dave Cameron
Michele Lew

Staff Present

Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Rita Zambrano, Executive Assistant

1. Roll Call

Susan Murphy, Chair, called the meeting to order at 10:30 am. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

- a. Approve July 22, 2021 **Executive/Finance Committee** Minutes
- b. Approve **Claims Policy** CL.29 Third Party Tort Liability Reporting Requirements
- c. Retire **Finance Policy** FA.13 Employee Recognition Gift Cards
- d. Accept **Network Detection and Prevention Update**

It was moved, seconded, and the consent calendar was unanimously approved.

Motion: Ms. Lew

Second: Mr. Brownstein

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

4. Overview of Revenue & Rate-Setting

Neal Jarecki, Chief Financial Officer, Ngo Bui-Tong, Vice President of Strategies & Analytics, and Barbara Granieri, Controller, gave a presentation highlighting the components, complexities, and uncertainties associated with the Plan's Medi-Cal and Medicare revenue and rate-setting processes.

5. Preliminary June 2021 Financial Statements

Mr. Jarecki presented the June 2021 pre-audit financial statements, which reflected a current month net surplus of \$12.2 million (\$15.9 million favorable to budget) and a fiscal year-to-date net surplus of \$41.8 million (\$55.7 million favorable to budget).

Enrollment increased by 1,435 members from the prior month to 282,670 members (14,062 members favorable to budget). Year-to-date membership growth due to COVID-19 has exceeded budget due to the extended duration of the pandemic during which member disenrollments have been suspended.

Revenue reflected a favorable current month variance of \$21.6 million (23.8%) largely due to (1) favorable additional capitation premium revenue received due to the delayed carve-out of Medi-Cal pharmacy from managed care (with a largely-offsetting increase in medical expense), and (2) favorable enrollment due to the suspension of disenrollments, (3) favorable increased YTD CY21 Medi-Cal non-dual, dual MLTSS and CMC capitation rates higher than budgeted (retroactive to January 1, 2021), (4) favorable increased estimates for CY20 Medicare quality withhold and Part D reconciliation, (5) favorable revised estimate of prior year MCO tax liability and (6) unfavorable potential DHCS Medi-Cal eligibility recoupment.

Medical Expense reflected an unfavorable current month variance of \$5.2 million (5.8%) largely due to (1) unfavorable additional pharmacy expense of \$12.5 million due to the delayed carve-out of Medi-Cal pharmacy from managed care (offsetting the associated increased revenue), partially offset by (2) favorable unbudgeted pharmacy performance guarantees, (3) favorable fee-for-service utilization due to a general downward trend in utilization reflected in reductions in incurred-but-not-reported (IBNP) reserve estimates, (4) favorable lower than planned Long Term Care (LTC) enrollment and utilization, and (5) net favorable reduced capitation expense due to year-end reconciliation, and (6) unfavorable risk pool estimates.

Administrative Expense reflected a favorable current month variance of \$500 thousand (9.0%) due to lower headcount than budgeted and the timing of certain non-personnel expenses.

The balance sheet reflected a Current Ratio, a key measure of liquidity, of 1.31:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of \$250.4 million, which represented approximately two months of the Plan's total expenses, included unrestricted net assets of \$205 million.

Year-to-date capital investments of \$4.1 million were made, predominately construction expenses of the Blanca Alvarado Community Resource Center.

The final post-audit financial statements will be presented to the Executive/Finance Committee by the Plan's auditors, Moss Adams LLP, at the October 2021 meeting.

It was moved, seconded, and the June 2021 pre-audit financial statements were unanimously approved.

Motion: Mr. Cameron

Second: Mr. Brownstein

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

6. Resolution to Transfer Banking Relationship

Mr. Jarecki noted that the Plan has conducted most of its operational banking and a large portion of its investment banking with Wells Fargo. Recently, Wells notified the Plan that their investment arm has been sold to a private equity firm. SCFHP evaluated other options for its banking relationships and proposes to move to City National Bank. City National Bank understands our unique healthcare business needs and successfully serves our sister Plans in San Francisco and Alameda. City National Bank will continue to manage our investments in compliance with SCFHP's Investment Policy and the California government code at significantly lower total costs than Wells.

It was moved, seconded, and the resolution to move the Plan's banking relationship to City National Bank was unanimously approved.

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

7. Team Incentive Compensation

Christine Tomcala, Chief Executive Officer, presented the Plan's performance on FY '20-'21 Team Incentive Compensation Program metrics, noting how COVID challenged the team's performance in many ways.

Ms. Tomcala also presented a draft FY '21-'22 Team Incentive Compensation Program proposal, designed to recognize employees for achieving five high priority Plan Objectives.

Extensive discussion ensued.

It was moved, seconded, and unanimously approved to request (1) a recommendation to recognize staff for their accomplishments during unusual and difficult circumstances in FY '20-'21, and (2) a revised FY '21-'22 Team Incentive Compensation Program proposal designed to engage the team on stretch goals and assist with retention.

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

8. CEO Update

Ms. Tomcala presented the updated SCFHP COVID-19 summary, noting cumulative members affected. She shared data on the percentage of vaccinated SCFHP members (63%) by age band and ethnicity compared to the county as a whole (86%). She further noted the State is looking to health plans to assist in closing the gaps, and is offering some monetary incentives.

Ms. Tomcala shared that DHCS invited SCFHP to speak at an upcoming event and Johanna Liu, Director, Quality & Process Improvement, will be presenting. Ms. Tomcala shared additional COVID vaccine member data prepared for that event, including a breakdown by line of business.

Ms. Tomcala gave a brief update on the Blanca Alvarado Community Resource Center (CRC), noting all exterior signage has been installed. She also shared pictures of the murals painted by a local East San Jose artist. The lobby mural is in honor of Blanca Alvarado and the kids' room mural reflects the heritage of the community. Lastly, Ms. Tomcala noted the virtual grand opening for the CRC is September 17th.

9. Government Relations Update

Tyler Haskell, Director, Government Relations provided an update on relevant federal and state government actions. He discussed several potential health care provisions to be included in a congressional infrastructure bill. Mr. Haskell also provided an overview of new Medi-Cal programs included in the State budget, and an update on State legislation and the multi-year Medi-Cal reform plan known as CalAIM.

10. Adjournment

The meeting was adjourned at 12:28pm.

Michele Lew, Secretary



POLICY

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

I. Purpose

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

II. Policy

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

III. Responsibilities

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



POLICY

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

IV. References

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

V. Approval/Revision History

First Level Approval		Second Level Approval		
Arlene Bell Director, Claims 8/19/2021		Neal Jarecki Chief Financial Officer 8/19/2021		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Original	Executive/Finance		

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

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

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

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

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

POLICY



Santa Clara
Family Health Plan

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

I. Purpose:

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

II. Policy:

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

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

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

III. Responsibilities:

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

IV. References:

POLICY

V. Approval/Revision History

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



**Santa Clara Family
Health Plan™**

Network Detection and Prevention Report

August 2021

Executive/Finance Committee Meeting

Firewall Background

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

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

The attempts have been categorized in three severity levels:

Critical/High

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

Medium

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

Low/Informational

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

Attack Statistics Combined

Jan/Feb/Mar/Apr

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

Summary – Compare Apr 2021 to previous month of Mar 2021

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

Top 5 Events for Feb - Apr

Critical Events – total 1721 events

Top 5 Critical vulnerability events

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

High Events – total 9,090,248 events

Top 5 High vulnerability events

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

Medium Events – total 214,869 events

Top 5 Medium vulnerability events

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

Definitions:

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

Brute Force – Vulnerability attempt to obtain user credentials.

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

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

Attack Statistics Combined

Apr/May/June/Jul

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

Summary – Compare Jul 2021 to previous month of Jun 2021

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

Top 5 Events for May - Jul

Critical Events – total 793 events

Top 5 Critical vulnerability events

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

High Events – total 1,952,314 events

Top 5 High vulnerability events

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

Medium Events – total 1,368,445 events

Top 5 Medium vulnerability events

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

Definitions:

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

Brute Force – Vulnerability attempt to obtain user credentials.

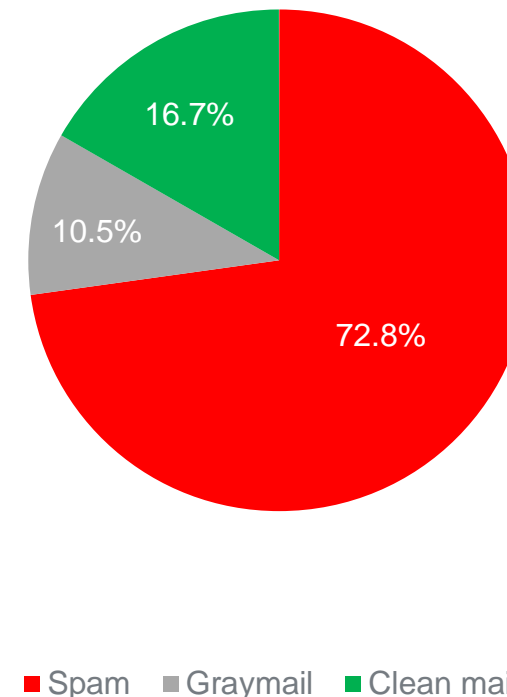
Info-Leak – attempt to obtain user or sensitive information.

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

Email Security – April Statistics

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

April



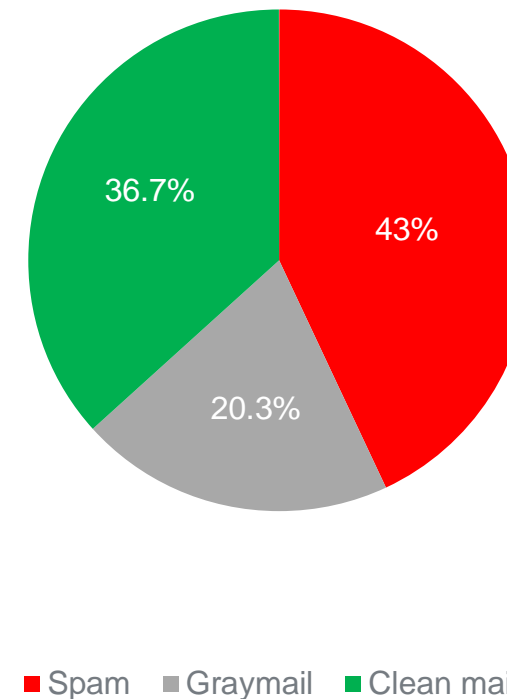
During the month.

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

Email Security – July Statistics

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

July



During the month.

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



**Santa Clara Family
Health Plan™**

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

Agenda

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Financial Highlights



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

Financial Highlights

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



Santa Clara Family
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Detail Analyses

Enrollment



- Total enrollment of 282,670 members is 14,062 or 5.2% higher than budget. Since the beginning of the fiscal year, total enrollment has increased by 28,795 members or 11.3%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 12.1%, Medi-Cal Dual enrollment has increased 4.6%, and CMC enrollment has grown 12.2% also due largely to the suspension of disenrollments.

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

Santa Clara Family Health Plan Enrollment By Network June 2021

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

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JUNE-2021

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

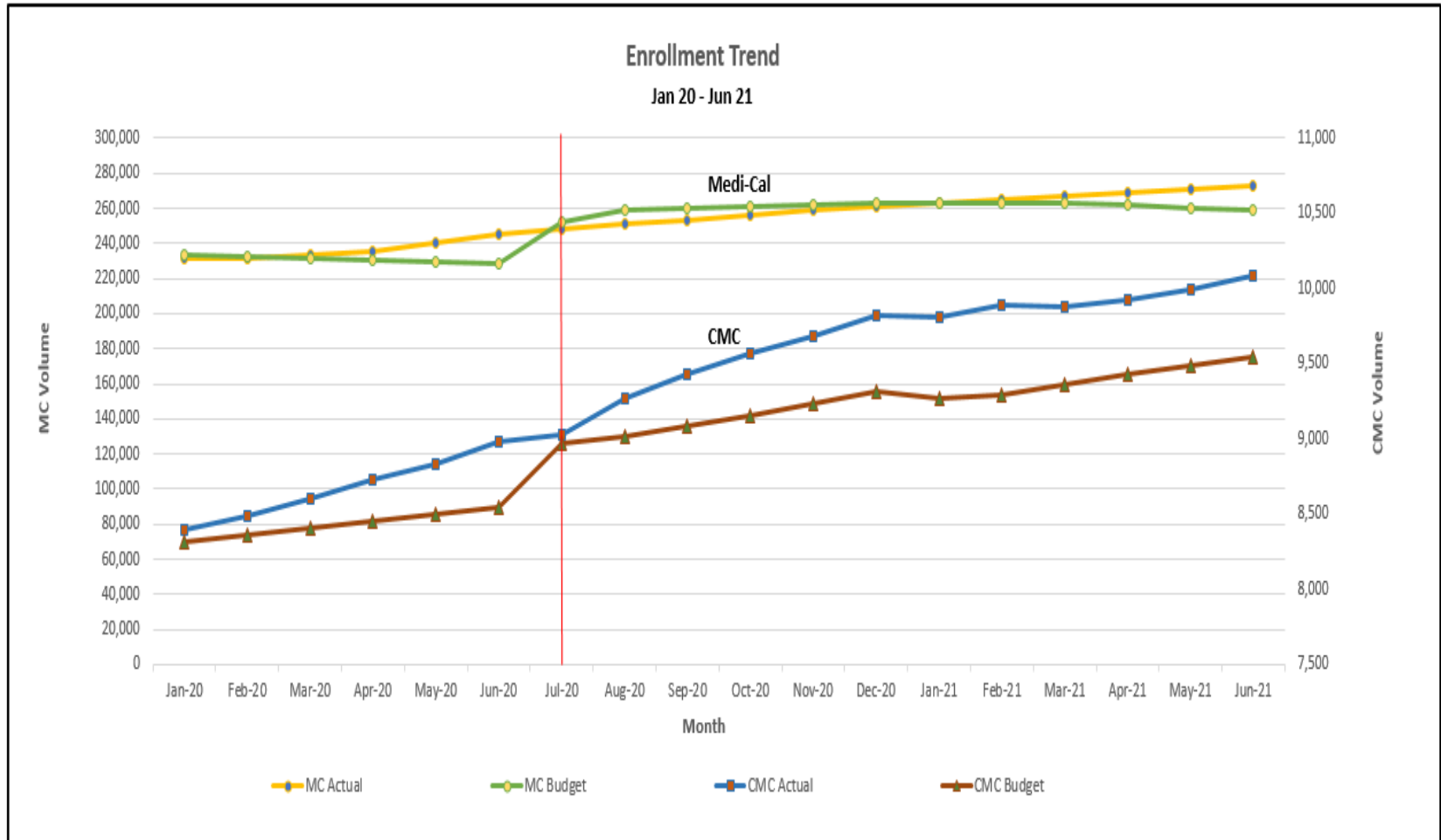
DUAL	Adult (21 Over)	321	327	320	337	354	353	353	352	355	361	357	365	366	45	14.0%
	SPD (21 Over)	23,508	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	607	2.6%
	Adult Expansion	241	261	289	358	410	498	537	590	662	742	802	863	952	711	295.0%
	Long Term Care	1,248	1,261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

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

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

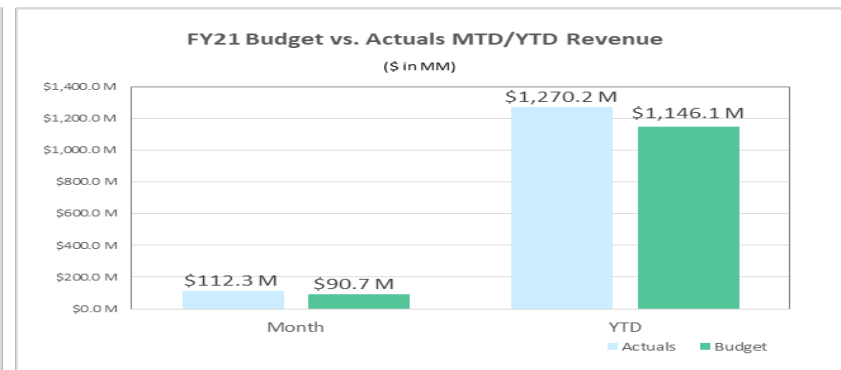
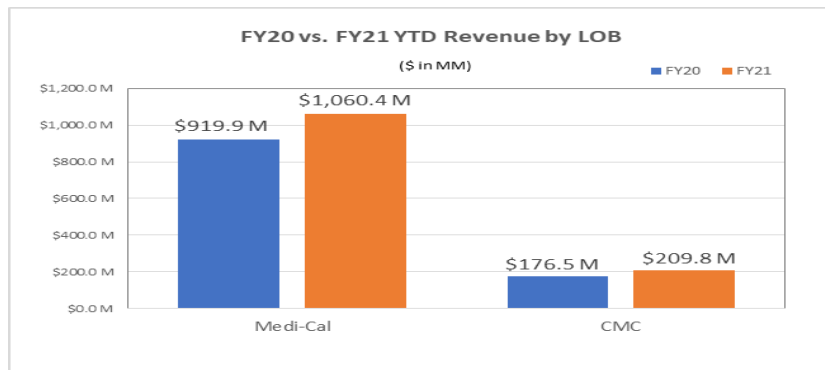


- Budgeted enrollment, represented by the green & brown lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

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

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

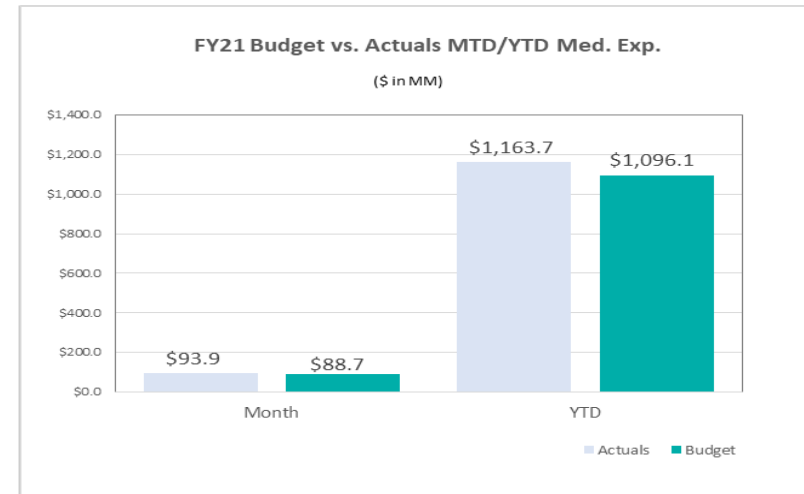
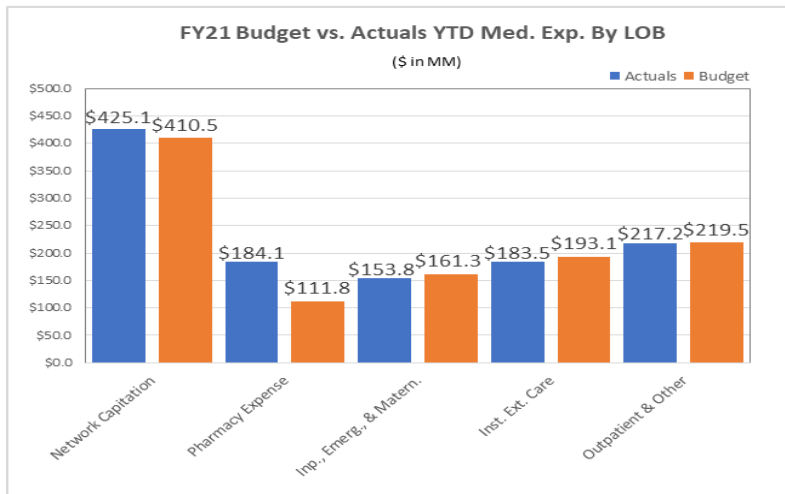


Medical Expense

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

The current month variance was due largely to:

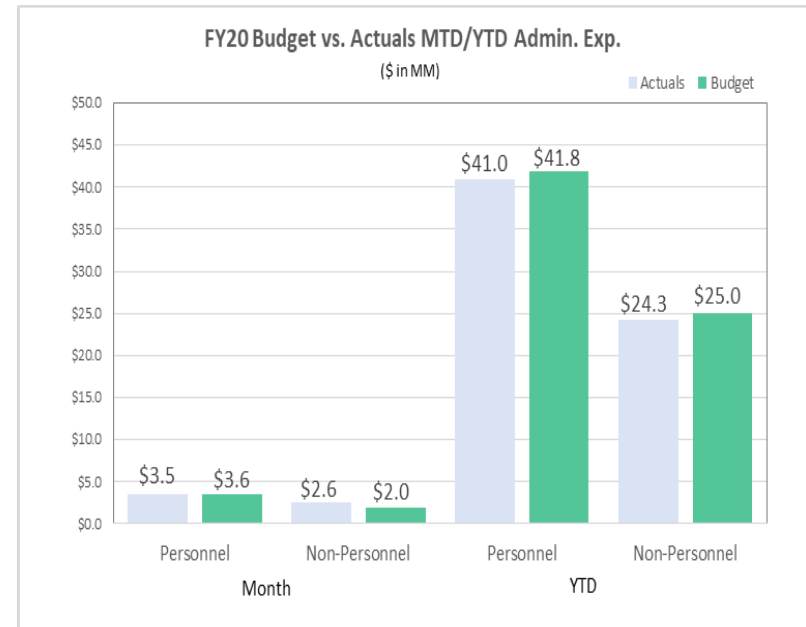
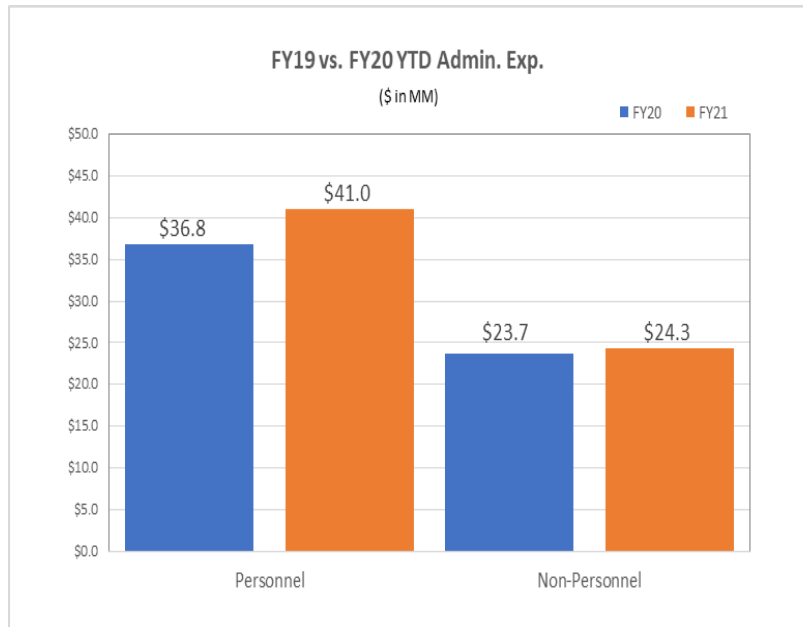
- Pharmacy expenses were \$12.5M unfavorable to budget due to postponement of the pharmacy carve-out from managed care (offset with favorable revenue variance). DHCS has advised that the pharmacy carve-out will be effective January 2022. Pharmacy performance guarantee of \$1.8M accrued.
- Fee-For-Service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



Administrative Expense

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

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



Balance Sheet

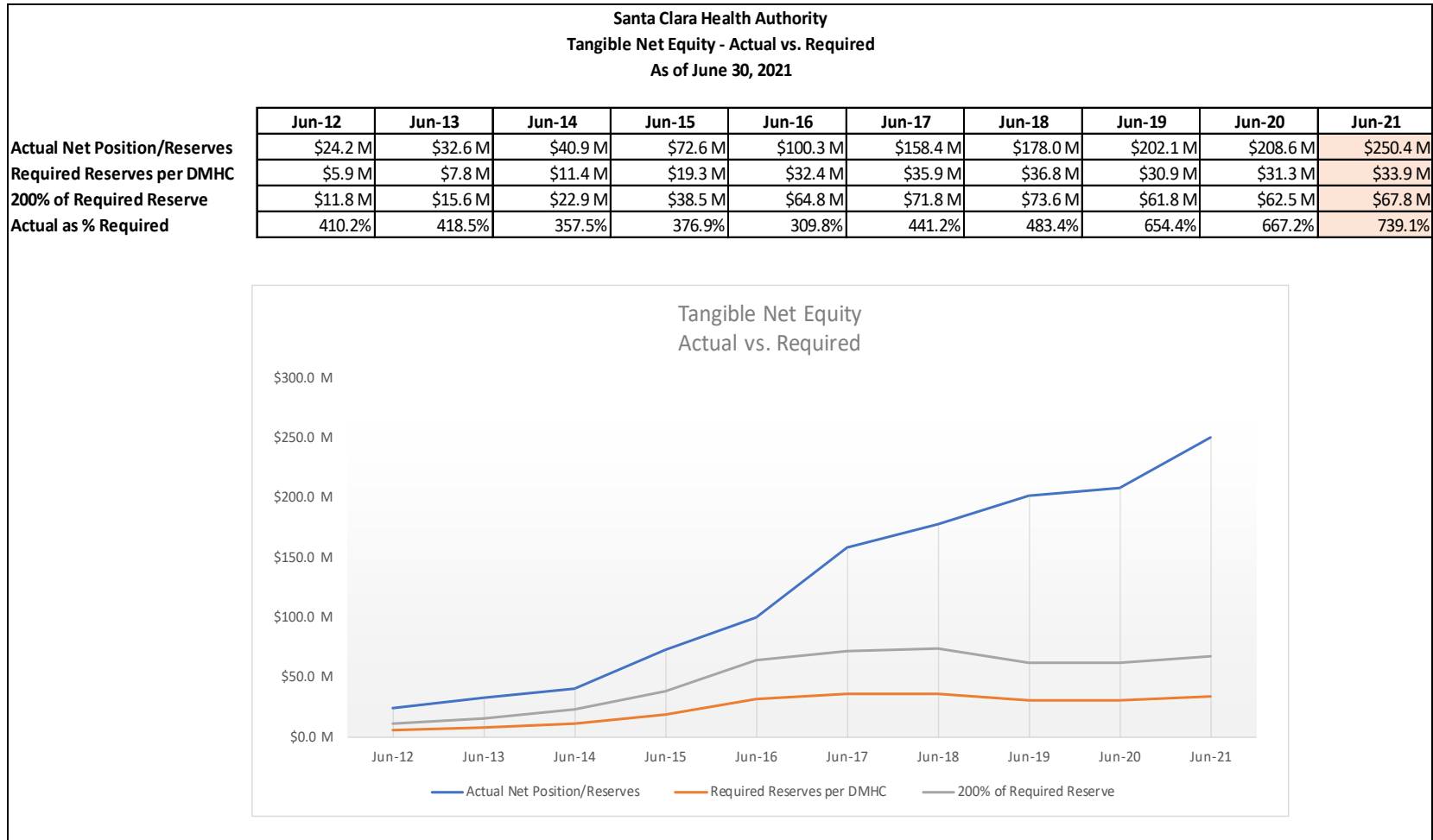
- Current assets totaled \$929M compared to current liabilities of \$711M, yielding a current ratio (Current Assets/Current Liabilities) of 1.31:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by \$74.1M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	\$182,359,239	0.85%	\$145,772	\$1,466,948
Wells Fargo Investments	\$215,085,767	0.11%	\$1,628	\$296,085
	<u>\$397,445,006</u>		<u>\$147,400</u>	<u>\$1,763,032</u>
Cash & Equivalents				
Bank of the West Money Market	\$128,831	0.10%	\$898	\$17,023
Wells Fargo Bank Accounts	\$10,172,729	0.01%	\$346	\$6,072
	<u>\$10,301,560</u>		<u>\$1,244</u>	<u>\$23,095</u>
Assets Pledged to DMHC				
Restricted Cash	\$325,000	0.18%	\$0	\$1,238
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u>\$408,072,066</u>		<u>\$148,644</u>	<u>\$1,787,365</u>

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

Tangible Net Equity

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



Reserves Analysis

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

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

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of \$2.2M. In December 2019, the Governing Board also approved additional \$1.8M for Special Project fund (\$4M total) and \$16M for Innovation & COVID-19 Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

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

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



Santa Clara Family
Health Plan™

Financial Statements

Income Statement



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

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

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY
As of June 30, 2021

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

Cash Flow Statement



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

Statement of Operations by Line of Business - YTD



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

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



**Santa Clara Family
Health Plan™**

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JULY-2021

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

RESOLUTION TO TRANSFER BANKING RELATIONSHIP

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED:

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

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

This ____ day of _____

BY:

Robert Brownstein, Board Chair

Santa Clara County Health Authority

Regular Meeting of the

Santa Clara County Health Authority Compliance Committee

Thursday, August 26, 2021, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Tyler Haskell, Interim Compliance Officer
Sue Murphy, Board Member
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Christine Tomcala, Chief Executive Officer
Chris Turner, Chief Operating Officer
Laura Watkins, VP Marketing and Enrollment
Ngoc Bui-Tong, VP Strategies and Analytics
Jonathan Tamayo, Chief Information Officer

Staff Present

Barbara Granieri, Controller
Daniel Quan, Manager, Medicare Compliance
Alejandro Rodriguez, Compliance Analyst
Alicia Zhao, Audit Program Manager
Mai-Phuong Nguyen, Oversight Manager
Megha Shah, Compliance Analyst
Anna Vuong, Manager, Medi-Cal Compliance
Alexandra Gutierrez, Compliance Coordinator
Rita Zambrano, Executive Assistant

Members Absent

Teresa Chapman, VP, Human Resources

1. Roll Call

Tyler Haskell, Interim Compliance Officer, called the meeting to order at 2:00 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the May 27, 2021 Compliance Committee meeting were reviewed.

It was moved, seconded and the May 27, 2021 Compliance Committee minutes were unanimously approved.

Moved: Ms. Tomcala

Seconded: Mr. Haskell

Ayes: Ms. Bui-Tong, Mr. Haskell, Mr. Jarecki, Ms. Murphy, Dr. Nakahira, Mr. Tamayo, Ms. Tomcala, Ms. Turner, Ms. Watkins

Absent: Ms. Chapman

4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, discussed the final report of the annual Department of Health Care Services (DHCS) audit, which included three findings related to delegate oversight, utilization management, and transportation vendor enrollment.

Mr. Haskell also discussed the final report from the Department of Managed Health Care (DMHC) 2019 follow-up audit, which included one uncorrected deficiency related to delegation oversight of authorization denial letters.

Mr. Haskell reported that the Plan had achieved 100% compliance in all four areas of the Medicare Data Validation audit and submitted the final results to CMS in late June.

Mr. Haskell reported that we recently disclosed to CMS that a technological issue had been preventing providers from receiving faxes about transitions of care, interdisciplinary care team (ICT) meetings, and individual care plans (ICP). The fax capability has since been restored, and the Plan has re-faxed transitions of care and ICP letters.

Lastly, Mr. Haskell noted that the Plan is participating in the 2021 performance measure validation audit, focusing on compliance with Cal MediConnect requirements relating to initial health risk assessments and initial care plans.

5. Oversight Activity Report

- a. Mai-Phuong Nguyen, Oversight Manager, presented a summary of the compliance dashboard and corrective action plans issued for missed metrics. Ms. Nguyen also presented the Fiscal Year 2020-2021 Plan Focus and noted that SCFHP met 90.3% of the metrics. She also pointed out that this is the same objective for this fiscal year, and we must meet at least 95% of the metrics.
- b. Daniel Quan, Medicare Manager, presented the three-year Audit Schedule and reported on audits in the planning, pending, and reporting stage. Mr. Quan also presented findings for the pre-delegation audit of North East Medical Services (NEMS), internal audits of Provider Network Operations and Grievance and Appeals, and delegation audits of Physician Medical Group of San Jose (PMGSJ), Valley Health Plan (VHP), Office Ally, and Change Healthcare.

6. Fraud, Waste, and Abuse Report

Ms. Nguyen presented the 2021 year-to-date report for Fraud, Waste, and Abuse (FWA), stating the following sources for suspected FWA cases: reports from internal business units, the compliance hotline, and the compliance email address. Ms. Nguyen shared that there have been 27 FWA leads coming from internal business units, including Behavioral Health Services, Grievance and Appeals (G&A), and Provider Network Operations (PNO). From these 27 leads, the Special Investigation Unit (SIU) team opened an in-depth investigation on six (6) of them. Currently, three (3) are still open. Two cases should be closed soon, and there was no evidence of fraud in the first case, and the instigator in the second case, the member, was not enrolled with the Plan at the time of the incident. The last case is still in the preliminary investigation phase. An external consultant audited the medical records associated with this case, and the SIU team is now reviewing the results. Ms. Nguyen will provide an update on this case at the next Compliance Committee meeting.

Ms. Nguyen provided a summary of the Plan's SIU's performance to date: we recovered close to \$14,000 and have prevented overpayment of \$30,000 a year. By bringing SIU in-house, Compliance not only takes proactive steps in identifying suspected FWA cases but also vets these cases thoroughly before reporting them to regulators. Finally, SIU's investigations also helped to close gaps in both internal and third-party vendor systems.

Compliance will be assessing its SIU team in terms of personnel, process, and technology.

7. Adjournment

The meeting was adjourned at 3:02 pm.

Sue Murphy, Chair

Regular Meeting of the
Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, August 10, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present

Ria Paul, MD, Chair
Ali Alkoraishi, MD
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
Christine Tomcala,
Chief Executive Officer

Specialty

Emergency Medicine
Adult & Child Psychiatry
Pediatrics
Internist

Staff Present

Chris Turner, Chief Operating Officer
Laura Watkins, Vice President, Marketing & Enrollment
Johanna Liu, PharmD, Director, Quality & Process Improvement
Janet Gambatese, Director, Provider Network Operations
Tyler Haskell, Interim Compliance Officer
Lucile Baxter, Manager, Quality & Health Education
Gaya Amirthavasar, Process Improvement Project Manager, QI
Cecilia Le, HEDIS Project Manager, QI
Rita Zambrano, Executive Assistant
Nancy Aguirre, Administrative Assistant

Members Absent

Nayyara Dawood, MD Pediatrics

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:01 pm. Roll call was taken and quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Minutes of the June 9, 2021 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

It was moved, seconded and the minutes of the 06/09/2021 QIC meeting were unanimously approved.

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

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 275,000 members, reflecting an 11.3% increase over the last year. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 285,000 are Medi-Cal (MC) members.

Ms. Tomcala announced the CalAIM transition plan was submitted in July, with more details to come. Additionally, the MC Carve Out plan is scheduled for implementation in January, 2022.

Ms. Tomcala highlighted the Strategic Planning used to compose Santa Clara Family Health Plan's (SCFHP) new Mission and Values.

Laurie Nakahira, D.O., Chief Medical Officer, SCFHP joined at 6:07pm.

5. SCFHP CMC Availability of Practitioners Evaluation

Janet Gambatese, Director, Provider Network Operations, presented the SCFHP CMC Availability of Practitioners Evaluation.

Ms. Gambatese explained, SCFHP conducts quantitative analysis against availability standards and a qualitative analysis on performance. These performance measures are used to assess provider availability. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

Ms. Gambatese reviewed the methodology used for the provider to member ratios, as well as the metrics.

Ms. Gambatese concluded SCFHP is able to demonstrate its ability to meet performance goals relevant to provider-to-member ratios and maximum time and distance across all in-networks PCPs, high-volume impact specialists, and behavioral health providers. Ms. Gambatese noted SCFHP's efforts to contract available providers within Santa Clara County is on-going.

It was moved, seconded and the SCFHP CMC Availability of Practitioners Evaluation was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

6. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, Process Improvement, presented the HEDIS Reporting for 2020. Ms. Le reviewed the challenges, including limited staff at provider offices as well as limited remote Electronic Medical Record (EMR) access. Ms. Le noted there were two measures that reached the desired percentile: Postpartum Care (PPC-Post) and BMI Percentile for Children/Adolescents 3 – 17 years (WCC-BMI).

Ms. Le reviewed the MC Managed Care Accountability Sets (MCAS) Measures for CY 2020, including Cervical Cancer Screening (CCS), Childhood Immunization Status – Combo 3 (CIS-3), HbA1c Testing (CDC-HT), and Timeliness of Prenatal Care (PPC-Pre).

The MC MCAS that fell below MPL include: Controlling High Blood Pressure (CBP), Child & Adolescent Well-Care Visits (WCV), and Chlamydia Screening in Women (CHL).

Ms. Le reviewed the CMC Quality Withhold Measures including, CBP, Plan All Cause Readmission (PCR), and Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30).

Lucille Baxter, Manager, Quality & Health Education, reviewed the current interventions for both members and providers.

7. Annual E-Mail Quality and Analysis

Tanya Nguyen, Director, Customer Service, presented the Annual E-Mail Quality and Analysis. Ms. Nguyen explained SCFHP has an obligation to ensure the information submitted via e-mail to members is accurate, current, and timely. This is accomplished by measuring and evaluating the quality and timeliness of the information.

There are two factors used to evaluate e-mail quality and timeliness of information. They include, E-mail Turnaround-Time and Response's Quality and Comprehensiveness. Also reviewed were the qualitative analysis for both factors.

Ms. Nguyen concluded by reviewing the opportunities for improvement and the interventions implemented.

It was moved, seconded and the Annual E-Mail Quality and Analysis was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

8. Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis

Ms. Nguyen presented the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis. SCFHP has the responsibility to provide access to accurate, quality personalized health information via the SCFHP website and telephone.

Ms. Nguyen reviewed the methodology, data, and quantitative analysis used to evaluate the quality and accuracy of information to members via the SCFHP website. No barriers or opportunities were identified for the functionality of the websites since all established goals were met at 100%.

Ms. Nguyen reviewed the methodology, measures, and quantitative analysis used to evaluate the quality and accuracy of information to members via telephone. All established measured were met at 100%.

It was moved, seconded, and the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis were unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

9. Quality Dashboard

Johanna Liu, Director, Quality and Process Improvement, reviewed the Quality Dashboard, beginning with Potential Quality of Care Issues (PQI). Dr. Liu noted 100% of PQIs, due from May 2021 – July 2021, closed on time (within 90 days).

Dr. Liu reviewed the Initial Health Assessment (IHA). Reports indicate an increase in completion rate May 2021 – July 2021. Dr. Liu also reviewed the Outreach Call Campaign. There were more outreach calls completed in May due to extra help from the temp COVID-19 outreach team.

Dr. Liu announced the Health Homes Program (HHP) launched with Community Based Care Management Entities (CB-CME) on July 1, 2021 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness. As of July 23, 2021, 748 members that have verbally consented into HHP.

Dr. Liu noted Facility Site Reviews (FSR) were not conducted due to COVID-19. However, extensions have been approved by DHCS.

10. Compliance Report

Tyler Haskell, Interim Compliance Officer, reviewed the Compliance Report. Mr. Haskell noted SCFHP recently completed the Medicare Data Validation (MDV) Audit, and achieved 100% compliance in all four categories.

Mr. Haskell reviewed the Department of Health Care Services (DHCS) MC Managed Care Audit, and reported three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. The Plan will submit correcting action plans for each finding to DHCS by August 18, 2021.

Mr. Haskell noted the Department of Managed Health Care (DMHC) has not released a preliminary report for the DMHC MC Managed Care Audit conducted in March 2021.

Mr. Haskell reported the Plan has been selected by CMS's external quality review organization to participate in the 2021 Performance Measure Validation Audit. All requested documents have been submitted in advance of a scheduled review session on August 19, 2021. A draft report is anticipated in early December.

11. P&T Committee Minutes

Dr. Lin reviewed the draft P&T minutes for the 06/17/2021 meeting.

It was moved, seconded, and the draft minutes of the 06/17/2021 P&T meeting were unanimously approved.

Motion: Dr. Lin

Second: Ms. Tomcala

Ayes: Dr. Alkoraishi, Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Dawood

12. UMC Committee Minutes

Dr. Lin reviewed the draft UMC minutes for the 07/21/2021 meeting.

It was moved, seconded, and the draft minutes of the 07/21/2021 UMC meeting were unanimously approved.

Motion: Dr. Lin

Second: Ms. Tomcala

Ayes: Dr. Alkoraishi, Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Dawood

13. Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer, reviewed the 06/02/2021 Credentialing Committee Report.

It was moved, seconded, and the 06/02/2021 Credentialing Committee Report was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood

14. Adjournment

The next QIC meeting will be held on October 12, 2021. The meeting was adjourned at 7:36PM.

Ria Paul, MD, Chair

Date

Santa Clara Family Health Plan Availability of Provider Network

Cal-MediConnect - 2021

Prepared by:

Karen Fadley, Provider Network Operations Data Analyst

For review and approval by the Quality Improvement Committee

July 2021

INTRODUCTION

Santa Clara Family Health Plan (SCFHP) covers residents of Santa Clara County, officially the County of Santa Clara, which is California's 6th most populous county, with a population of 1,918,880, per worldpopulationreview.com (2021). The county seat and largest city is San Jose, the 10th most populous city in the United States, California's 3rd most populous city and the most populous city in the San Francisco Bay Area.

Santa Clara County is part of the San Jose-Sunnyvale-Santa Clara, CA Metropolitan Statistical Area as well as the San Jose-San Francisco-Oakland, CA Combined Statistical Area. Located on the southern coast of San Francisco Bay, the urbanized Santa Clara Valley within Santa Clara County is also known as Silicon Valley. Santa Clara is the most populous county in the San Francisco Bay Area and in Northern California.

Counties which border with Santa Clara County are, clockwise, Alameda County, San Joaquin (within a few hundred feet at Mount Boardman), Stanislaus, Merced, San Benito, Santa Cruz, and San Mateo County.

Santa Clara Family Health Plan (SCFHP) administers Cal MediConnect (CMC); a dual eligible plan for members who qualify for both Medicare and Medi-Cal. CMC enrollees receive Medicare and Medi-Cal benefits from one plan, such as, medical care, prescription medications, mental/behavioral health care, long-term services and supports (LTSS), and connection to social services. Other important benefits include vision care, transportation and hearing tests and aids.

At least annually, SCFHP conducts a quantitative analysis against availability standards and a qualitative analysis on performance. SCFHP's performance measures are used to assess provider availability for primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

SCFHP identifies at least three (3) high-volume specialists (at minimum to include gynecology), two (2) high-volume behavioral health providers and one (1) high impact provider (oncology), all of which are included in this assessment. Encounter data collection to identify high volume/impact providers is through QNXT; a claims management system. SCFHP's Internal Systems & Technology (IS&T) department extracts encounter data for a twelve (12) month period. The reports are used to identify high volume/impact specialists and behavioral health providers by highest total of unique members seen. Network Access (Geo Access) reports are generated through the Quest Analytics system and are used to assess if provider availability meets SCFHP standards.

DEFINITIONS

Primary Care Providers (PCP) are defined as Family/General Practice, Internal Medicine and Pediatrics.

*Pediatrics is not applicable for the population represented in this report.

High **Volume** Specialists (HVS) - encounter data is used to identify providers that provide services to the largest segment of members. HVS providers may be located in high-volume geographic areas and/or practice in a high-volume specialty. HVS assessments at minimum includes gynecology.

High **Impact** Specialists (HIS) are specialists who treat conditions that have high mortality and morbidity rates and where treatment requires significant resources. HIS assessments at minimum includes hematology/oncology.

High **Volume** Behavioral Health (HVBH) - encounter data is used to identify behavioral health providers that provide services to the largest segment of members. HVBH providers may be located in high-volume geographic areas and/or practice in a high-volume behavioral health specialty.

Provider to Member Ratios: Number of network providers to meet minimum number required to allow adequate healthcare access for beneficiaries.

A. SCFHP— Member Enrollment Count

Data Source: Quest Analytics

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	10,148

B. Provider to Member Ratios

Methodology:

SCFHP follows Centers for Medicare & Medicaid Services (CMS) guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP Cal-MediConnect (CMC) members.

SCFHP uses CMS's established ratios of providers that reflect the utilization patterns based on the Medicare population. Specifically, the network adequacy criteria includes a ratio of providers required per 1,000 beneficiaries for the provider specialty types identified as required to meet network adequacy criteria. These ratios vary by county type and are published for the applicable specialty types in the HSD Reference File, as reflected in SCFHP's metrics in Tables I-III below.

The automated HPMS process, conducts an assessment on SCFHP's ability to meet the minimum provider numbers based on the providers listed on the HSD tables submitted to CMS by the Plan. Network providers must be within the maximum travel time and distance of at least one beneficiary residing in the county being assessed in order for the provider to count towards the minimum number requirements.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP's performance goal is to ensure that at least 90% of beneficiaries residing in its service area have access to the minimum number for each provider type as required by CMS.

Metrics (Tables I – III):

Table I: Primary Care Provider

Provider Type (PCP)	Measure	Standard	Performance Goal
Family/General Practice	Family/General Provider to Member	1:87	90%
Internal Medicine (IM)	IM Provider to Member	1:87	90%

Table II. High Volume / High Impact Specialists

Provider Type	Measure:	Standard	Performance Goal
Cardiology (HVS)	Cardiology Provider to Member	1:300	90%
Gynecology (HVS)	Gynecology Provider to Member	1:1200	90%
Ophthalmology (HVS)	Ophthalmology Provider to Member	1:300	90%
Hematology/Oncology (HIS)	Oncology Provider to Member	1:400	90%

Table III: Behavioral Health Provider

Provider Type	Measure:	Standard	Performance Goal
Psychiatry (HVBH)	Psychiatry Provider to Member	1:600	90%
Licensed Clinical Social Worker (LCSW) (HVBH)	LCSW Provider to Member	1:600	90%
Marriage/Family Therapy (LCMFT) (HVBH)	LCMFT to Member	1:600	90%

C. Maximum Time and Distance

Methodology:

SCFHP follows CMS guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP CMC members.

The maximum time and distance criteria were developed using a process of mapping beneficiary locations with provider practice locations. The time and distance metrics speak to the access requirements pertinent to the approximate locations of SCFHP members, relative to the locations of network providers. Through an automated HPMS process that is driven by time and distance criteria, CMS uses the provider information submitted by SCFHP through HSD tables to assess SCFHP's ability to meet maximum travel time and distance standards.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP requires that at least 90% of CMC members can access care within specific travel time and distance maximums where at least one in-network provider should be located within driving time and distance standards. Network adequacy is assessed at the county level and Santa Clara County's designation type is "Large Metro".

Metrics (Tables I-III):

Table I: Primary Care Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Family/General Practice	10 minutes and 5 miles	90%
Internal Medicine	10 minutes and 5 miles	90%

Table II: High Volume / High Impact Specialists

Provider Type	Measure: Driving Time and Distance	Performance Goal
Cardiology	20 minutes and 10 miles	90%
Gynecology	30 minutes and 15 miles	90%
Ophthalmology	20 minutes and 10 miles	90%
Hematology/Oncology	20 minutes and 10 miles	90%

Table III: Behavioral Health Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Psychiatry	20 minutes and 10 miles	90%
Licensed Clinical Social Worker (LCSW)	20 minutes and 10 miles	90%
Marriage/Family Therapy (LCMFT)	20 minutes and 10 miles	90%

*SCFHP follows HSD maximum driving time/distance standards published via the MMPHSD Criteria Reference Table and LCSW's and LCMFT's are not included, thus the Plan uses Medicaid standards for these provider types.

D. Results – (Tables I-III):

Table I: Provider to Member Ratios – Providers (All)

Provider Type	Provider #	Member #	Standard	Result	Goal	Met/Not Met
Primary Care Provider						
Family/General Practice	258	10,148	1:87	1:39	90%	Met
Internal Medicine	259	10,148	1:87	1:39	90%	Met
Total (PCP's combined)	517	10,148	1:87	1:20	90%	Met
High Volume Specialists						
Cardiology	125	10,148	1:300	1:81	90%	Met
Gynecology	245	10,148	1:1200	1:41	90%	Met
Ophthalmology	190	10,148	1:300	1:53	90%	Met
High Impact Specialist						
Hematology - Oncology	90	10,148	1:400	1:113	90%	Met
High Volume Behavioral Health Providers						
Psychiatry	151	10,148	1:600	1:67	90%	Met
Marriage/Family Therapy	17	10,148	1:600	1:597	90%	Met
Clinical Social Worker	48	10,148	1:600	1:211	90%	Met

Table II: Provider to Member Ratios -- Providers Accepting New Patients

Provider Type	# of Providers	Total Open	% Open	Goal	Provider to Member Ratio	Met/Not Met
Primary Care	517	199	38%	1:87	1:51	Met
Cardiology	125	123	98%	1:300	1:83	Met
Gynecology	245	201	82%	1:1200	1:50	Met
Ophthalmology	190	182	96%	1:300	1:56	Met
Hematology/Oncology	90	90	100%	1:400	1:113	Met
Psychiatry	151	140	93%	1:600	1:72	Met
Marriage/Family Therapy	17	17	100%	1:600	1:597	Met
Clinical Social Worker	48	47	98%	1:600	1:216	Met

Table III: Maximum Driving Time & Distance (MTD)

Provider Type	Members with Access	Members without Access	Standard (Time and Distance)	% of Members with Access	*Goal	Met/Not Met
Primary Care (PCP)	10,088	42	10 min and 5 miles	99.5%	90%	Met
Cardiology	10,060	70	20 min and 10 miles	99.3%	90%	Met
Gynecology	10,130	0	30 min and 15 miles	100%	90%	Met
Ophthalmology	9,977	153	20 min and 10 miles	98.5%	90%	Met
Hematology - Oncology	9,923	207	20 min and 10 miles	98.0%	90%	Met
Psychiatry	10,130	0	20 min and 10 miles	100%	90%	Met
Marriage/Family Therapy	9,256	878	20 min and 10 miles	91.4%	90%	Met
Clinical Social Worker	9,432	702	20 min and 10 miles	93.1%	90%	Met

*Goal: 90% of members will have access

Quantitative Analysis: As shown in **Tables I & II**, SCFHP is able to demonstrate that provider to member ratios are met against its performance goals on all providers (Table I) and providers who are accepting new patients (Table II). SCFHP achieved the same results in PY2020 where provider to member ratios met the Plan's performance goals across all provider types included in the assessment.

Further review showed that PCP providers accepting new patients in 2021 increased by 3 percentage points from 2020, cardiology, oncology/hematology, Marriage/Family Therapy, Clinic Social Worker showed no change and gynecology decreased by 3 percentage points, ophthalmology increased 10 percentage points, while Psychiatry decreased by 1 percentage point. Thus, overall results indicate that provider to member ratios across all provider types remain steady.

As shown in **Table III** maximum time and distance standards are being met across all provider types. Performance goals were exceeded in all provider types at 91.4% (lowest) and 100% (highest). Members shown without access represents the number of members that do not have access within maximum time and distance (MTD) standards. As shown in the table, the total number of members without access is 2,052 at 20%.

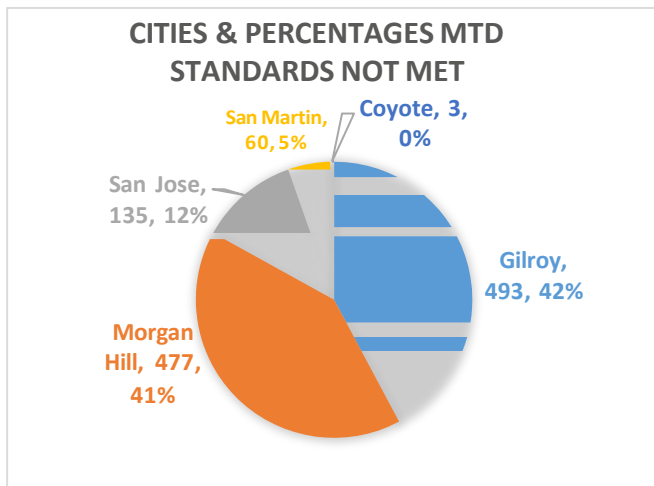
SCFHP further examined access detail reports and maps to identify the top 3 cities/zips where MTD standards were not met. The sample review included the provider types from each category (PCP, HVS, HIS and HVBH) with the highest number of members without access within MTD standards. Note that the sample review covered all PCP types (FP and IM). The assessment revealed the following –

Table A: Top 3 Cities/Zips MTD Not Met

Provider Type	Total # without	City (1)	Zip	# without	City (2)	Zip	# without access	City (3)	Zip	# without access
Primary Care (PCP)	42	San Martin	95037	20	Morgan Hill	95037	12	Gilroy	95020	3
Cardiology	70	San Jose	95139	32	San Jose	95138	25	San Jose	95119	9
Ophthalmology (HVS)	153	Morgan Hill	95037	145	Coyote	95013	3	Gilroy	95120	2
Hematology - Oncology (HIS)	207	Morgan Hill	95037	111	San Jose	95138	37	San Jose	95139	32
Clinical Social Worker (HVBH)	702	Gilroy	95020	448	Morgan Hill	95037	209	San Martin	95046	40

Table A shows that the top 3 cities/zips where maximum time and distance standards were not met for Family/General Practice/Internal Medicine (PCP), Ophthalmology (HVS), Hematology/Oncology (HIS), Cardiology and Clinical Social Worker (HVBH). The sample pulled were from primary care and the highest number of members without access under each provider category (HVS, HIS and HVBH). The table also includes the total number of members without access under each city/zip. As shown above in section D. Results, Table III, the total number of members without access is 2052 and the total in the cities/zips is 1174 (shown in Table A above), which accounts for 57% of members without access within MTD standards.

Table B: Cities & Percentages – MTD Not Met



As shown in Table B, the sample assessment identified 5 cities where MTD is not met on the provider types with the highest number of members without access within MTD standards. The assessment indicated that Gilroy had the most members without access at 42%, followed by Morgan Hill at 41%, San Jose at 12%, San Martin at 5% and Coyote at 0% (3 members), all of which are situated in rural communities in the southeast area of Santa Clara County.

Following are the assessments conducted on each zip code within those five (5) cities where MTD standards were not met; all of which are within rural areas –

Morgan Hill – Zip Code 95037

Zip code 95037 in the city of Morgan Hill has a population of 44,686 (2019 US Census) and is situated on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 223 members that reside in Morgan Hill (Zip 95037). The assessment showed that MTD standards were not met for Family/General Practice, Cardiology, Ophthalmology, Hematology/Oncology and Clinical Social Worker.

Gilroy – Zip Code 95020

Zip code 95020 in the city of Gilroy has a population of 56,766 (2019 US Census) and is situated south of Morgan Hill on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 449 members that reside in Gilroy (Zip 95020). The assessment showed that MTD standards were not met for Family/General Practice, Ophthalmology, Hematology/Oncology, Marriage/Family Therapy and Clinical Social Worker.

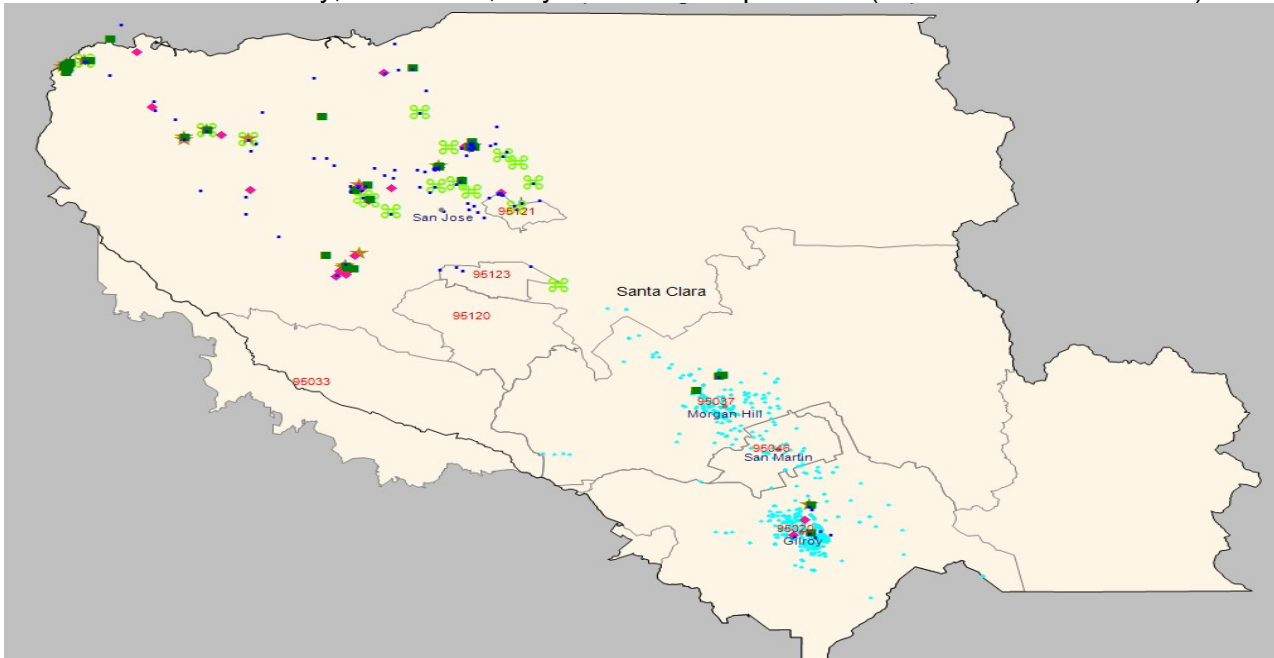
San Jose – Zip Codes 95119, 95120, 95135, 95138 and 95139

According to the 2010 US Census, the population totals in the city of San Jose (SJ) within the zip codes with the highest number of members without access are 95119 = 10,754, 95120 = 37,937, 95135 22,415, 95138 = 20,146 and 95139 = 7,108. The assessment showed that MTD standards were not met for Family/General Practice, Cardiology, Ophthalmology, and Hematology/Oncology. The SJ area for zip codes 92120, 95135 and 95139 are situated in the southeast area of SJ in a rural area. These areas of SJ are described as having a less than average population density compared to other parts of SJ.

San Martin – Zip Code 95046

Zip code 95046 in the city of San Martin has a population of 6,282 (2019 US Census) and is situated to the south of Morgan Hill and north of Gilroy in a rural area. SCFHP has a total of 40 members that reside in San Martin. The assessment showed that MTD standards were not met for Family/General Practice and Certified Social Worker.

MAP – Members of Gilroy, San Martin, Coyote to Table A providers (members without access)



Qualitative Analysis:

Overall the analysis revealed that SCFHP standards for provider availability are realistic for the communities and delivery system within Santa Clara County, and also supports a clinically safe environment.

The majority of SCFHP members dwell in an urban environment and a small fraction of members reside in rural communities. SCFHP recognizes that rural communities often face challenges maintaining an adequate provider network, making it difficult for Plans to meet maximum time and distance standards and/or provider to member ratios. SCFHP will continue to assess and monitor recruitment activities and contractual opportunities in the southeast area of Santa Clara County and other areas of the county as necessary to ensure CMC members have adequate access to health care providers.

When necessary, SCFHP will continue to re-direct members to out-of-network specialists and behavioral health providers to ensure timely access standards of care are met. SCFHP will also continue to provide transportation free of cost to its members.

SCFHP ensures access and availability to services in accordance with its availability policies & procedures, as well as maintaining and monitoring appropriate availability and access to network providers. Following the procedure to submit network tables through the HDS process, SCFHP received an ACC report, which identifies the providers that passed or failed to meet Medicare network standards. The ACC report for this reporting period showed that SCFHP providers passed Medicare network standards and that no deficiencies were identified.

The analysis showed that the percentage of SCFHP providers accepting new patients is more than sufficient to provide additional capacity for both new members and members who would like to change their primary care provider. Additionally, member requests for a PCP not accepting new patients are accommodated readily by SCFHP. The Plan also recognizes that the provider data reflects a snapshot in time and provider panels could change day by day. As a course of continued network adequacy oversight, the Plan will continue to adjust the network to meet the demands of the Plan's enrollment in real time.

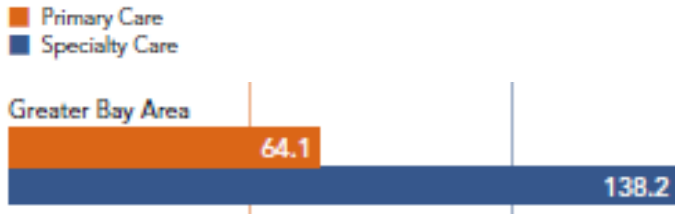
The analysis also demonstrates that members are not unduly burdened with travel time and distance to network providers. SCFHP time and distance metrics speak to the access requirements pertinent to the approximate locations of members, relative to the locations of network providers, and the assessment showed that more than 90% of members have access within time and distance standards across all provider types included in this report.

Where applicable, SCFHP implements interventions to address opportunities for improvement and measures the effectiveness of those interventions. Analysis results and related interventions are reviewed/approved by SCFHP's Quality Improvement Committee.

To ensure awareness of any major demographic trends that may drive an increase in demand for health care in California (specifically in Santa Clara County), SCFHP reviewed the CA Physician Supply (2018) study that was conducted by the Medical Board of California. The study showed that the state's total population is projected to increase by 6.4 million people between 2015 and 2035, and the population age 65 or older is projected to increase by 4.9 million. With an aging population, patient health needs will likely increase in complexity and severity. The authors of the study believe that to anticipate the state's ability to respond to these demographic trends, California policymakers need to understand the current supply of active physicians, the number providing patient care, and how they are distributed across the state. The study also showed that the distribution of physicians varied by county. The supply of primary care physicians per 100,000 people ranged from a low of zero (0) in Alpine County to a high of 113 in Napa

County. Similarly, the supply of specialty physicians per 100,000 people ranged from a low of 0 in Alpine County and Sierra County to a high of 234 in Napa County. Several counties had no or few physicians in specific specialties, including geriatric medicine, endocrinology, psychiatry, pulmonary care, and rheumatology. Not having any physicians in a specialty in a county poses a barrier to access, especially in California, where many counties cover large geographic areas. **Figure 5** below represents the Greater Bay Area region, which is within SCFHP's service area in Santa Clara County which shows the number of Physicians between 100,000 residents PC vs SPC

Figure 5. Physicians per 100,000 Residents by Region PCP vs SPC



The Greater Bay Area ranked the highest in number of Primary Care Providers and Specialty Care. For example, the lowest number for PCP was 34.5 and SPC was 64.3

Figure 6 below represents CA counties PCP count per 100,000 residents and it appears that SCFHP's service area in Santa Clara County is among the counties with a higher PCP count per 100,000 residents.

Figure 6: PCP per 100,000 Residents by County



Another area of concern expressed in the study were findings on the number of active Physicians that are over the age of 60. There was a figure that showed the age of active physicians by region and following is a breakdown from the study on physician ages in the Greater Bay Area which is within SCFHP's service area in Santa Clara County:

■ <40
 ■ 40–60
 ■ >60

Greater Bay Area



As noted in the study, with the general population, the population of physicians is aging, and older physicians will likely continue to scale back on patient care activities, and although the future of health insurance coverage remains unclear, coverage does not confer access without a health care workforce to provide care.

While SCFHP found that Santa Clara County is one of the least compromised compared to other counties within CA, the Plan will continue to assess the supply of physicians in California, specifically in its service area to ensure awareness of growth in the Santa Clara County area and the demands for medical care due to population growth and aging. Following are some of the recommendations outlined in the study that may potentially bolster the number of physicians and to extend their services:

- Increase funding
 - To expand undergraduate medical education (i.e., medical school), particularly in underserved areas.
 - To expand graduate medical education (i.e., residency and fellowship programs), particularly in specialties with projected shortages.
 - For financial incentives to encourage both primary care and specialty physicians to practice in underserved areas.
 - Support opportunities for international medical graduates to practice in underserved areas of the state.
- Increase investments in programs that address diversity of the physician workforce.
- Invest in technologies that can maximize scarce physician resources, especially for rural areas.
- Provide training, support, and incentives for team-based care.

Conclusion:

Santa Clara Family Health Plan is able to demonstrate its ability to meet performance goals relevant to provider to member ratios and maximum time and distance across all in network primary care providers, high volume/impact specialists, and behavioral health providers.

SCFHP is committed to ensure its members have access to timely, efficient and patient-centered quality health care. SCFHP efforts to contract with available providers within Santa Clara County, especially in the southeast area of rural communities is an on-going effort across all provider types.

Opportunity	Intervention	Date Initiated
* Recruit new providers when available, Telehealth groups, and recruit new providers in surrounding counties to aid in filling gaps	* Monitor availability of new providers and conduct outreach efforts when providers become available.	Ongoing



SCFHP Personalized Information on Health Plan Services: *2021 E-mail Response Evaluation*

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee (QIC) on
August 11,2021

I. Overview

Providing accurate and timely personalized information of member health plan services is central to the promotion of member engagement and self-management. SCFHP has a responsibility to provide accurate, quality information on health plan services to members through the website, over the telephone, and through e-mail.

In an effort to make this information readily available, SCFHP ensures that members can contact the organization through e-mail for any reason and receive responses within one-business day.

Personal information on health plan services may change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information submitted via e-mail to members is accurate, current and timely. This is accomplished by measuring and evaluating the quality and timeliness of the information. SCFHP audits e-mail response quarterly to identify any opportunities to improve interactions with the members.

II. Methodology: E-mail

Member and member's authorized representative may submit e-mail inquiries by sending them to CallCenterManagement@scfhp.com. This is the only method in which members can communicate to the plan via e-mails. E-mail inquiries come directly to Customer Services email (Outlook) inbox. A dedicated staff member in Customer Service checks the e-mail inbox intermittently throughout each business day. The staff member will respond to the sender's inquiry with a thorough response within one business day via Outlook. The Call Center collects and documents the contact in the QNXT Call Tracking System using the appropriate contact code. The documentations will include the content of the e-mail inquiry and the response provided to the sender.

SCFHP audits the turnaround time and quality of the email response on a quarterly basis to be able to identify opportunities to improve based on data collected and analyzed. Data included in this analysis was captured from July 1, 2020 through June 30, 2021. Both the Training & Quality Manager and Training & Quality Specialist generate the data collection on all of the e-mails received from members and member's authorized representatives. Since the volume of e-mails received was not large, all of the emails received were selected for review. Each of the e-mail samples are carefully reviewed and evaluated and results are entered on a scorecard. The result of these data are then submitted to the Customer Service Manager and Director at the end of the review period to conduct the annual analysis.

Factor 1: Email Turnaround-Time

- Numerator: Number of emails with goals met from Q3-2020 through Q2-2021

SCFHP Personalized Health Plan Services: 2020 E-mail Response Evaluation

- Denominator: Total number of emails received from Q3-2020 through Q2-2021
- Goal: 100% of emails are collected and responded to within one business day

Factor 2: Response’s Quality and Comprehensiveness

- Numerator: Number of emails with goals met from Q3-2020 through Q2-2021
- Denominator: Total number of emails received from Q3-2020 through Q2-2021
- Goal: 100% of emails comprehensively address the member’s request with one business day.

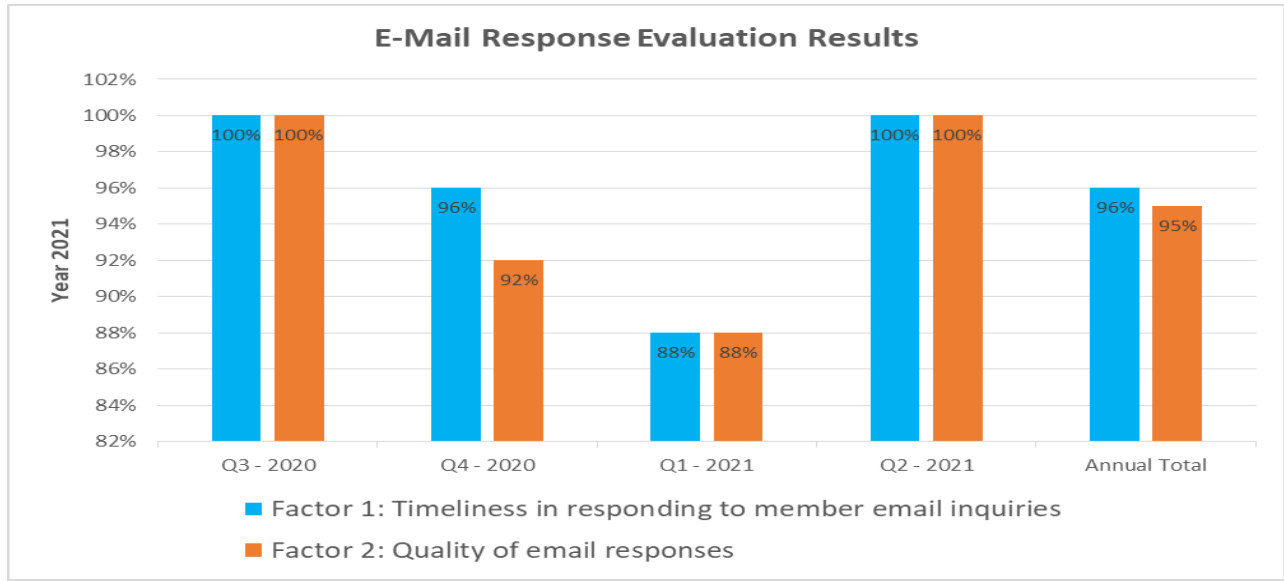
III. Analysis

A. Results

Table 1: Score Card for Timeliness and Quality of E-mail Responses

Element D: Email Response Evaluation						
QUARTERS	Q3 -2020	Q4 -2020	Q1 -2021	Q2 -2021	Total	
TOTAL SAMPLES PER QUARTER	28	25	25	17	95	
GOAL	100%	100%	100%	100%	100%	
	TOTAL SAMPLES THAT MET GOALS FOR EACH FACTOR					
Factor 1: Timeliness in responding to member email inquiries						
1. The response was sent to member within one-business day	28	24	22	17	91	
	100%	96%	88%	100%	96%	
Factor 2: Quality of email responses						
1. The action taken & response provided comprehensively addresses the member request	28	23	22	17	90	
	100%	92%	88%	100%	95%	
2. If the e-mail inquiry requires additional time for research, an acknowledgment sent to the member indicating further investigation is required and a follow-up was provided to the member	NA	NA	NA	NA	N/A	

Table 2: Results for Timeliness and Quality of E-mail Responses Year 2021



B. Quantitative Analysis

The volume of e-mail inquiry received from members and member’s authorized representatives for the CalMediConnect line of business has increased over fifty percent compared to the previous year. The increase in volume may be the result of members who have been with the Plan for many years and have gained comfort in communicating via e-mails. We also noticed the high number of e-mails received from member’s authorized representative. This population may have preference in using their electronic device to communicate verses calling via the telephone. Ninety-five (95) emails were received from Q3-2020 thru Q2-2021, compared to thirty-six e-mails received in 2019-2020. Out of 95 emails, 91 of them met goals which left our annual result at 96% for e-mail response timeliness and 90 emails met set goals in the area of quality which resulted at 95%. The deficiencies in both areas occurred during Q4-2020 and Q1-2021. During the review period, there were no e-mail requests that require additional time for research; therefore, item two under factor 2 were non-applicable.

C. Qualitative Analysis

The Customer Service Manager and Director reviewed and compiled all audit results. There were no changes to the Member E-Mail Communication Policies and Procedures during the look-back period. The same criteria were used to analyze the quality of the e-mails received. When compared with last year’s outcome, we found improvements overall. All of the deficiencies that

SCFHP Personalized Health Plan Services: 2020 E-mail Response Evaluation

were identified from the previous year no longer occur except for one. The areas of improvements included the following: member e-mails were sent to the appropriate e-mail distribution group, the code used to track these e-mails were properly categorized in the database, and the member e-mail inquiries were no longer summarized. The barrier that recurred during this audit period is listed below:

- Delay in responding to member’s emails
- The responses provided to the senders were not consistently documented in the database call tracking system

During the measurement period, SCFHP reported fluctuations between quarter 4-2020 and quarter 1-2021. This was due to an oversight of new hired staff.

Findings and recommendations are reported to the cross-functional Quality Improvement Committee (QIC), which includes representatives from Customer Services, Quality Improvement, Provider Network, Regulatory Compliance, and Behavioral Health.

SCFHP recognizes that its members have become more comfortable to communicate via emails, based on the annual analysis and barriers identified, the Customer Service Department has proposed the following interventions, to ensure timely, adequate, and quality responses to all inquiries.

D. 2021 Barrier and Opportunity Analysis Table

Barriers	Opportunities	Intervention	Selected for 2021	Date Initiated
1.Delay in responding to members’ emails	All member emails need to be responded by the next business day	<ul style="list-style-type: none"> • A refresher training on the E-mail Communication Policies & Procedures was provided to the dedicated staff members • Developed a distribution list inbox for member e-mails that a can track and all incoming e-mails and responses provided 	x	7/15/21
2. The Email response provided to the sender was not consistently documented in the call tracking system	All member E-mail communications should be saved in a centralized Call Tracking System	<ul style="list-style-type: none"> • A refresher training on the E-mail Communication Policies & Procedures was provided to the dedicated staff members 	x	7/15/21

SCFHP Personalized Health Plan Services: 2020 E-mail Response Evaluation

Barriers	Opportunities	Intervention	Selected for 2021	Date Initiated
		<ul style="list-style-type: none"> Developed a distribution list inbox for member e-mails that a can track and all incoming e-mails and responses provided 		

E. Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		



Santa Clara Family Health Plan Personalized Information on Health Plan Services: Website and Telephone Functionality - 2021 Accuracy and Quality Analysis

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee
August 11, 2021

Santa Clara Family Health Plan
SCFHP Personalized Information on Health Plan Services:
Website & Telephone Functionality – 2021 Accuracy & Quality Analysis
Quality Improvement Committee: August 11, 2021

I. Overview

In order to best serve our members, it is important for members to have the ability to easily obtain personalized health plan information.

Santa Clara Family Health Plan (SCFHP) has the responsibility to provide access to accurate, quality personalized health information via the SCFHP website and the telephone. This includes the ability to change primary care practitioners (PCPs), and to determine how and when to obtain referrals and/or authorizations for specific services. SCFHP members have no financial responsibility for covered medical services.

SCFHP ensures the availability of these information by two channels:

- 1) SCFHP Website – Members may submit PCP change requests via the SCFHP Website. The website also contains instructions for getting a referral and a lists of services that require an authorization. Instructions on how to obtain prior approvals are also provided.
- 2) Telephone – SCFHP Customer Service Representatives (CSRs) are trained to handle PCP change requests, and to address benefit inquiries related to referrals and/or authorizations. CSRs are able to educate members on how to obtain specific services and/or an authorization and to offer assistance to initiate an Organization Determination or prior authorization on behalf of the member.

SCFHP audits the PCP change functionality and benefit information on referrals and authorizations on an annually basis. SCFHP monitors the quality and accuracy of information provided to members via the telephone to identify any opportunities to improve the referral and authorization benefit interactions with the members.

II. Methodology: Via Website

Annually, SCFHP audits the PCP change functionality on the Health Plan website to ensure a desired result is produced for each PCP change request. The auditor tests the PCP Change functionality through the Health Plan website by pulling a report of all the PCP change requests received from members via the website. The auditor reviews each request to verify that each PCP change request are effectuated appropriately. The results are rolled up onto the annual evaluation and analysis. The audit took place in June of 2021.

In addition, SCFHP audits the accuracy and quality of information related to how and when to obtain referrals and authorization for specific services provided on the HP website. This is also done on an annual basis. Three (3) different test accounts are being used to “imitate” the member account. The audits are completed by three different plan representatives (CSR, Team Lead, Customer Service Manager). The auditor would use her assigned test account to navigate throughout the website to determine the quality and accuracy of the following: the information accurately reflect what services SCFHP would pay for and if there is any limits on the services, the link for the member handbook moves to the correct page, and detailed instructions are provided

on what chapter/section of the member handbook to refer to if there is a need to obtain referrals and authorizations for specific services (**Appendix A**). This audit also took place in June of 2021.

III. Data

Table 1: Functionality--- Website: Change Primary Care Provider

Evaluation Criteria	Total Sample	Goal	Goal Met	% Goal Met
Functional Ability to Change Primary Care Practitioner in one session				
	34	100%	34	100%

Table 2: Functionality--- Website: Determine how and when to obtain referrals and authorizations for specific services (Accuracy)

Evaluation Criteria for Accuracy	Year	Total Sample	Goal	Accuracy Goal Met	% Accuracy Goal Met
<i>Information is accurately showing if a referral and/or authorization is required for specific service</i>					
Information accurately reflect what services SCFHP would pay for and if there is any limits on the services	2021	3	100%	3	100%
The link for the member handbook moves to the correct page	2021	3	100%	3	100%

Table 3: Functionality--- Website: Determine how and when to obtain referrals and authorizations for specific services (Quality)

Evaluation Criteria for Quality	Year	Total Sample	Goal	Quality Goal Met	% Quality Goal Met
<i>Information is legible, complete and allows the member to understand</i>					
How and when to obtain a referral for a specific service	2021	3	100%	3	100%
How and when to obtain an authorization for a specific service	2021	3	100%	3	100%

Evaluation Criteria for Quality	Year	Total Sample	Goal	Quality Goal Met	% Quality Goal Met
Detailed instructions are provided on what chapter/section of the member handbook to refer to on how and when to obtain referrals and authorizations for specific services	2021	3	100%	3	100%

a. Quantitative Analysis

SCFHP evaluated the functional ability to change PCPs. The goal is to have this function 100% of the time. There was a total of 34 PCP change requests for the entire year and all of them were selected as samples for evaluation. This function was evaluated in June 2021 and found to be functioning as it should be, and therefore met the 100% set goal, which is similar to the outcome we received from last year’s annual analysis.

For the quality and accuracy of information, SCFHP set a goal of 100% of the time that the website accurately reflected the UM requirements for obtaining authorizations and referrals. In June 2021, the auditor reviewed to ensure members can find the information on how and when to obtain referrals or authorization for services. The link for the member handbook was validated to ensure it moved to the correct page so that member can access information on what SCFHP would pay for and if there are limitations.

c. Qualitative Analysis

No barriers or opportunities were identified for the functionality of the websites since all established goals were met at 100%.

IV. Methodology: Telephone

Quarterly, SCFHP audits Customer Service telephone calls from members. To review the accuracy of the telephone calls of member requested information on determining how and when to obtain referrals and authorizations for specific services, the auditor (Quality Training Manager and the Quality & Training Specialist) randomly select ten(10) member contacts based on the selected call categories and call recording for each quarter. Another ten (10) calls were specifically selected to review the quality assessment on the prior authorization submission process. The auditor assesses the call to determine whether the members were able to obtain answers to their inquiries. To determine the quality and accuracy of member inquiries, the auditor reviews the CSR’s call documentation for completeness, listen to call recording to see if the CSR was accurate

on informing the member whether or not a service requires a referral or a prior authorization. If a service does require a referral or an authorization, whether or not the CSR explain to the member on how to obtain one. If the service does require a prior authorization, was an organization determination offered and if the member requested to have one submitted, did CSR submit the request correctly, whether the turn-around time and the next steps were provided to the member. Data included in this analysis was captured from July 1, 2020 through June 30, 2021.

SCFHP members do not have any financial responsibility for covered services as long as they follow the plan's rules such as receiving services within the SCFHP network or contracted providers.

Accuracy of Personal Information on Health Plan Services on the telephone:

Measure 1: Did the CSR explain whether or not a service requires a referral and/or a prior authorization?

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that CSRs explain whether or not a service requires a referral and/or a prior authorization

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were responded accurately

Measure 2: The CSR accurately explains how the member can obtain an authorization or referral

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that CSR accurately explains how the member can obtain an authorization or referral.

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were responded accurately

Measure 3: The CSR provide a list of network provider to the member if the service does not require a prior authorization

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR provide a list of network provider to the member if the service does not require a prior authorization

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were responded with accuracy

Quality of Personal Information on Health Plan Services on the telephone:

Measure 1: Was the inquiry initiated by the member or member's representative

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the inquiry was initiated by the member or member's representative

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of callers were verified to ensure these are member and member's representative who initiated the request

Measure 2: CSR clearly explains whether or not the member needs prior authorization and/or verifies the status of the authorization if there is one on the member's file before obtaining the requested service

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR clearly explains whether or not the member needs prior authorization and/or verifies the status of the authorization if there is one on the member's file before obtaining the requested service

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were explained fully verifies the status of the authorization if there is one on the member's file before obtaining the requested service

Measure 3: Did the CSR clearly explain the options for members to submit a prior authorization request? If member agreed to initiate with CSR, did the CSR follow the standard operating procedures to initiate the process?

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 that the CSR clearly explain the options for members to submit a prior authorization request and if member agreed to initiate with CSR, the CSR follow the standard operating procedures to initiate the process

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were explained fully and carried out the prior authorization process.

Measure 4: If a prior authorization was submitted, did the CSR fully explain the next step and turn-round time to the member?

Numerator: Number of cases that were audited from Q3-2020-Q2-2021 which the CSR fully explain the next step and turn-round time to the member after submitting the prior authorization request

Denominator: Number of cases received from Q3-2020-Q2-2021

Goal: 100% of inquiries were explained fully that CSR fully explain the next step and turn-round time to the member

V. Analysis
a. Results

Table 3: Accuracy of Personal Information on Health Plan Services on the telephone:

Element B: Functionality—Telephone (ACCURACY)																	
QUARTERS	Q3-2020				Q4-2020				Q1-2021				Q2-2021				Annual Total
TOTAL SAMPLES PER QUARTER	30				30				30				30				120
GOAL	100%				100%				100%				100%				100%
Factor 1: Referrals and authorizations	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	Annual Total Average
1. Did the CSR explain whether or not a service requires a referral and/or a prior authorization?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	100%
2. The CSR was accurate in responding to the member about whether or not a medical service requires a prior authorization	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	100%
3. If a service does not require a prior authorization, did the CSR provide a list of network provider to the member?	1	0	29	100%	4	0	26	100%	4	0	26	100%	N/A	N/A	30	N/A	100%
Factor 2: Benefit and financial responsibility (NA- our members do not have financial liability.)																	

Factor 1 measure 3 * These cases were an N/A as a result of the members calling to verify if a prior authorization was required for a service, and they already have the provider in mind therefore; the CSRs did not have the need to offer the list of network specialists.

Table 4: Quality of Personal Information on Health Plan Services on the telephone:

Element B: Functionality—Telephone (QUALITY)																	
QUARTERS	Q3-2020				Q4-2020				Q1-2021				Q2-2021				ANNUAL TOTAL
TOTAL SAMPLES PER QUARTER	30				30				30				30				120
GOAL	100%				100%				100%				100%				100%
Factor 1: Referrals and authorizations	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	MET	UNMET	N/A	GOAL MET	Annual Total Average
1. Was the inquiry initiated by the member or member's representative?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	100%
2. Did the CSR clearly explain the options for members to submit a prior authorization request? If member agreed to initiate with CSR, did the CSR follow the standard operating procedures to initiate the process?	30	0	0	100%	30	0	0	100%	30	0	0	100%	30	0	0	100%	100%
3. Did CSR clearly explain the options for members to submit a prior authorization request? If member agrees to initiate with CSR, did CSR follow the standard operating procedures to initiate the process?	29	0	1	100%	27	0	3	100%	27	0	3	100%	30	0	0	100%	100%
4. If a prior authorization was submitted, did the CSR fully explain the next step and turn-round time to the member?	21	1	8	95%	18	2	10	90%	20	0	10	100%	23	0	7	100%	96%
Factor 2: Benefit and financial responsibility (NA- our members do																	

*For Factor 1, measure 3: Cases were N/A- members preferred to work with their referring providers to submit the prior authorization (PA) directly to our plan

* Factor 1, measure 4: Cases were NA- members prefer to work with their providers for the PA submission; therefore, the CSR had no need to explain the turn-around time and the next steps.

b. Quantitative Analysis

For this audit period, SCFHP has randomly selected thirty (30) samples to conduct the accuracy study and thirty (30) samples were selected for the quality study for each quarter. This totaled up to two hundred forty (240) cases annually.

The telephone accuracy measures met the target goal of 100% for all four quarters. Through our accuracy review, we found a common theme in each quarter that fall under Factor 1, measure 3. Nine out of the total number of samples (120) met the target goal and the rest were N/A. These were an N/A as a result of the members calling to verify if a prior authorization was required for a service, and they already have the provider in mind therefore; the CSRs did not have the need to offer the list of network specialists.

SCFHP met the target goal for the telephone quality measures for all four quarters for Factor 1, measure 1-3. For Factor 1, measure 3, the plan achieved 100% of the target goal, although there were seven samples that were N/A for Q3-2020 thru Q1-2021 since the members preferred to work with their referring providers to submit the prior authorization (PA) directly to our plan. Thirty-five samples were also N/A under Factor 1, measure 4. These were results of the members who decided to work with their providers for the PA submission; therefore, the CSR had no need to explain the turn-around time and the next steps.

For factor 2 (Benefit and financial responsibility), our members have no financial responsibility so this factor is indicated as NA.

c. Qualitative Analysis

The qualitative analysis was conducted by both the Director and Manager of Customer Service. The results were carefully reviewed to identify areas of improvements. SCFHP met the target goal for the telephone quality measures for Q1-2021 and Q2-2021 during the audit period. The area that was deficient for Q3-2020 and Q4-2020 was related to CSR not fully explaining the next step and turn-around time to the members after submitting the PA request. The deficiency found during Q3-2020 was caused by one of the new staff who were hired at the beginning of the audit period. During Q4-2020, the deficiency was a result of an oversight from two different representatives due to staffing issues. Without this information, our members may be confused about the process. To correct this issue, a refresher training was provided to the entire team on the prior authorization turn-around time. CSRs were requested to fully explain and document the next steps and turn-around time with the members when the PA is submitted. This training took place on May 28, 2021.

VI. Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

Appendix A

Audit Sheet

Reviewed by:

Date Reviewed:

Duration:

I. Accuracy of Personalized Information on Health Plan Services via the Health Plan Website

Measure: Determine how and when to obtain referrals and authorizations for specific services, as applicable.	Accuracy Goal Met	
	Y/N	N/A
1. The type of service or a procedure from the HP’s PA grid correspond with the information found on the member handbook from the website.		
2. The link from the HP website successfully pull up the member handbook.		
3. The member handbook populates information about “referrals”.		
4. The member handbook populate information about “authorization”.		

II. Quality of Personalized Information on Health Plan Services via the Health Plan Website

Measure: Determine how and when to obtain referrals and authorizations for specific services, as applicable.	Quality Goal Met	
	Y/N	N/A
1. The information provided on “referrals” from the member handbook is clear such as when a referral is needed and when it is not necessary.		
2. Instructions are provided on who a member should contact if there is a need to obtain a prior authorization.		
3. There are information that explain how the member can obtain a referral for a service.		
4. Detailed instructions are provided on what chapter/section of the member handbook to refer to on how and when to obtain referrals and authorizations for specific services.		

Regular Meeting of the

Santa Clara County Health Authority Pharmacy & Therapeutics Committee

Thursday, June 17, 2021, 6:00 PM – 8:00

PM Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

Members Present

Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD

Members Absent

Xuan Cung, PharmD
Dolly Goel, MD

Staff Present

Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Charlene Luong, Manager, Grievance &
Appeals
Kelly Davey, Supervisor, Grievance & Appeals
Kathy Le, PharmD, Pharmacy Resident
Nancy Aguirre, Administrative Assistant

Others Present

Amy McCarty, PharmD, MedImpact

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:05 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

The 1Q2021 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the open minutes of the 1Q2021 P&T meeting minutes were **unanimously approved.**

Motion: Dr. Parashar-Rokicki

Second: Dr. Alkoraishi

Ayes: Dr. Huynh, Dr. Lin, Dr. Nguyen

Absent: Ms. Cung, Dr. Goel, Dr. Nguyen

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, DO, Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira reported the current Plan membership is approximately 282,670 members, reflecting an 11.3% increase over the last year, since June 2020. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 272,590 are Medi-Cal (MC) members.

Dr. Nakahira noted the Public Health shelter in place order has been lifted. At the moment, face masks are not required except for children in school and adults who have not been vaccinated.

Currently, the Plan is working on reaccreditation for the CMC line of business as well as the MC NCQA agreement for delegates. In addition, the Plan is creating a Population Health Management (PHM) Strategy to align with CalAIM. SCFHP is also focusing on Behavioral Health (BH), specifically children with access to BH.

Dr. Nakahira announced the Plan is currently undergoing the Department of Health Care Services (DHCS) audit, which started on March 8, 2021, and will close tomorrow.

Dr. Nakahira noted the Community Resource Center has been administering vaccinations, but haven't opened for business yet.

b. Medi-Cal Rx Update

Dang Huynh, PharmD, Director, Pharmacy and Therapeutics and Utilization Management presented the Medi-Cal (MC) Rx Update. An update from DHCS re: the MC Carve Out has not yet been received. Dr. Huynh will report any new developments as they occur.

c. Grievance & Appeals Report – 1Q 2021

Kelly Davey, Supervisor, Grievance & Appeals (G&A), presented the G&A Report for 1Q2021.

Ms. Davey reviewed the grievance cases received as well as the G&A rate per 1,000 members for MC and CMC. Ms. Davey noted a large decrease in CMC grievances received in Q1 2021.

Also reviewed were the Q1 2021 top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories, as well as the MC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

In addition, the top 3 CMC Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

d. Plan/Global Medi-Cal Drug Use Review

i. Drug Utilization Evaluation Update

Tami Otomo, PharmD, Clinical Pharmacist, shared the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q2 2021, the focus was Heart Failure, specific to members with a history of an inpatient hospitalization and at least one (1) cardiovascular risk factor. .

ii. DHCS DUR Annual Survey

The DHCS DUR Annual Survey is included in packet for review. Dr. Otomo noted he providers of the impacted members will receive a mailed letter regarding this program

e. Emergency Supply Report – 2Q 2020

Duyen Nguyen, PharmD, Clinical Pharmacist, presented the Emergency Supply Report for 2Q 2020. The approved claims for antibiotics were appropriate. For denied claims, chart notes were requested. One member had a denied claim for Cefpodoxime 11-12 days after the ER admission day. A point of sale message was implemented on 09/29/2020 for cefdinir as formulary alternative. No readmissions for the same diagnosis were found within this quarter.

Adjourned to Closed Session at 6:27p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 1Q2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 1Q2021 P&T meeting minutes were **unanimously approved.**

Motion: Dr. Parashar-Rokicki
Second: Dr. Huynh
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Parashar-Rokicki
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

6. Metrics and Financial Updates

a. Membership Report

The Membership Report was presented by Dr. Nakahira during the CMO Update.

b. Pharmacy Dashboard

Dr. Otomo reviewed the Pharmacy Dashboard.

c. Drug Utilization & Spend – 1Q 2021

Amy McCarty, PharmD, MedImpact, presented the Drug Utilization and Spend for 1Q2021.

7. Discussion and Recommendations for Changes to SCFHP's Medical Benefit Drug PA Grid

a. Medical Benefit Drug PA Grid Modifications

Dr. Otomo referenced the Pharmacy Benefit Manager 4Q2020 P&T Minutes included in the meeting packet.

It was moved, seconded and the Medical Benefit Drug PA Grid Modifications were **unanimously approved.**

Motion: Dr. Huynh
Second: Dr. Alkoraishi
Ayes: Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki,
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

8. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 1Q 2021 P&T Minutes

Dr. McCarty reported there were no old business items to report and/or follow-up.

b. Pharmacy Benefit Manager 2Q2021 P&T Part D Actions

Dr. McCarty presented the changes made to the Medi-Cal formulary since the last P&T Committee meeting in September 2020.

It was moved, seconded and the Pharmacy Benefit Manager 1Q 2021 P&T Minutes and 2Q2021 P&T Part D Actions were **unanimously approved.**

Motion: Dr. Huynh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Parashar-Rokicki,
Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

9. Discussion and Recommendations for Changes to SCFHP's Medi-Cal Formulary & Prior Authorization Criteria

a. Old Business/Follow-Up

Dr. Lin noted there were no updates to report.

b. Formulary Modifications

Dr. Otomo reviewed the formulary changes.

It was moved, seconded and the Formulary Modification were unanimously approved.

Motion: Dr. Alkoraishi

Second: Dr. Lin

Ayes: Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki,

Absent: Dr. Cung, Dr. Goel, Dr. Nguyen

c. Fee-for-Service Contract Drug List Comparability

Dr. McCarty reviewed the Fee-for-Service (FFS) Contract Drug List (CDL) Comparability for MC.

d. Prior Authorization Criteria

Dr. Nguyen reviewed the Prior Authorization Criteria.

iii. New or Revised Criteria

1. Tadalafil (Adcirca)
2. Dimethyl Fumarate (Tecfidera) – *added with PA criteria*
3. Amitiza (lubiprostone)
4. Brand Name
5. Copaxone (glatiramer acetate)
6. Gilenya (fingolimod)
7. Humira (adalimumab)

iv. Annual Review

1. Androgel (testosterone gel) – *no changes*
2. Ciprodex (ciprofloxacin/dexamethasone) – *no changes*
3. Diabetic Supplies – *no changes*
4. Dovonex (calcipotriene) – *no changes*
5. Elmiron (pentosan polysulfate) – *no changes*
6. Exelon (rivastigmine) – *no changes*
7. Hycet (hydrocodone/acetaminophen sol) – *no changes*
8. Intron A (interferon alfa-2b) – *no changes*
9. Lovaza (omega-3 acid ethyl esters) – *no changes*
10. Lysteda (tranexamic acid) – *no changes*
11. Makena (hydroxyprogesterone caproate) – *no changes*
12. Malarone (atovaquone/proguanil) – *no changes*
13. Marinol (dronabinol) – *no changes*
14. Mavyret (glecaprevir/pibrentasvir) – *no changes*
15. Mycobutin (rifabutin) – *no changes*
16. Nebupent (pentamidine) – *no changes*
17. Oral liquids – Non-formulary – *no changes*
18. Pain Medication – Terminally ill
19. Provigil (modafinil)
20. Reauthorizations
21. Restatis, Cequa (cyclosporine)
22. Revatio (sildenafil)
23. Santyl (collagenase)

24. Sporanox (itraconazole)
25. Symlin (pramlintide)
26. Tymlos (abaloparatide)
27. Viroptic (trifluridine)
28. Xenazine (tetrabenazine)
29. Hepatitis C
30. Rhopressa (netarsudil)
31. Oncology
32. Epclusa (sofobuvir/velpatasvir)

Peter Nguyen joined the meeting at approximately 7:21 p.m.

It was moved, seconded and the Prior Authorization Criteria was unanimously approved.

Motion: Dr. Huynh

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki

Absent: Dr. Cung, Dr. Goel

10. New Drugs and Class Reviews

a. S1P Receptor Modulators – Multiple Sclerosis

Kathy Le, PharmD, Pharmacy Resident reviewed the background and clinical recommendations for S1P Receptor Modulators, specific to Multiple Sclerosis.

b. Pulmonary Arterial Hypertension

Dr. McCarty presented an overview of Pulmonary Arterial Hypertension.

c. Oral Azole Antifungals

Dr. McCarty presented an overview of Oral Azole Antifungals.

d. Actinic Keratosis

Dr. McCarty presented an overview for Actinic Keratosis.

e. Farxiga – Chronic Kidney Disease

Dr. McCarty presented an overview of Farxiga – Chronic Kidney Disease.

f. New Entities – Tepmetko, Qelbree

Dr. McCarty presented an overview of two new entities: Tepmetko and Oelbree.

g. New Formulations – Vesicare LS, Bronchitol, Elepsia XR, Roszet

Dr. McCarty presented an overview of Vesicare LS, Bronchitol, Elepsia XR, and Roszet.

h. New Indications – Gocovri, Actemra, Praluent

Dr. McCarty presented an overview of Gocovri, Actemra, and Praluent.

i. New & Expanded Indications – *Informational Only*

Dr. McCarty presented the new and expanded indications.

It was moved, seconded and the recommendations for New Drugs and Class Reviews were unanimously approved.

Motion: Dr. Huynh

Second: Dr. Nguyen

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki

Absent: Dr. Cung, Dr. Goel

Reconvene in Open Session at 7:58 p.m.

11. Discussion Items

a. New and Generic Pipeline

Dr. McCarty reviewed the New and Generic Pipeline. There were no notable generic drugs to review at this time.

12. Adjournment

The meeting adjourned at 8:01 p.m. The next P&T Committee meeting will be on Thursday, September 16, 2021.

Jimmy Lin, MD, Chair

Date

DRAFT

Regular Meeting of the
Santa Clara County Health Authority
Utilization Management Committee

Wednesday, July 21, 2021 6:00 – 7:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present

Jimmy Lin, M.D., Internal Medicine, Chair
Ali Alkoraishi, M.D., Psychiatry
Ngon Hoang Dinh, OB/GYN
Laurie Nakahira, D.O., Chief Medical Officer
Habib Tobbagi, PCP, Nephrology

Members Absent

Dung Van Cai, D.O., Head & Neck
Indira Vemuri, Pediatric Specialist

Staff Present

Christine Tomcala, Chief Executive Officer
Dang Huynh, PharmD, Director, Utilization
Management & Pharmacy
Lily Boris, M.D., Medical Director
Natalie McKelvey, Manager, Behavioral
Health
Luis Perez, Supervisor, Utilization
Management
Hoang Mai Vu, Utilization Management &
Discharge Planning Nurse
Amy O'Brien, Administrative Assistant

1. **Roll Call**

Jimmy Lin, MD, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. **Public Comment**

There were no public comments.

3. **Meeting Minutes**

The minutes of the April 21, 2021 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the April 21, 2021 UMC meeting were unanimously approved.

Motion: Dr. Nakahira

Seconded: Dr. Tobbagi

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi

Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

4. **Chief Executive Officer Update**

Christine Tomcala, Chief Executive Officer, highlighted the Plan's collaboration with the County Emergency Operations center to hold pop-up vaccination clinics at the Community Resource Center (CRC). At least 300 vaccines were administered during each clinic. The most recent clinic was held on January 19, and SCFHP

was given 470 vaccines. Of those 470 vaccines, there were some left over, which may be attributable to the vaccine hesitancy issue. Ms. Tomcala confirmed SCFHP will connect with Dr. Lin on the best way to inform his patients of upcoming clinics.

Dr. Tobbagi expressed concern with vaccine waste. Ms. Tomcala advised that, up until yesterday's clinic, vaccine waste was not an issue. SCFHP provides the location; the Public Health department coordinates all the staffing and clinical details. The Public Health department is concerned about vaccine waste and this issue is being addressed. Dr. Lin asked for the date of the next clinic. Ms. Tomcala replied that Public Health does not give the Plan advance notice. SCFHP has requested that Public Health devise a more routine schedule which would encourage more public participation and less vaccine waste. Dr. Nakahira directed Dr. Lin to our website which has a link to the Public Health Department. Vaccine availability has increased and Levi Stadium is under consideration as a potential pop-up vaccination site. Ms. Tomcala welcomes the committee's ideas and recommendations to overcome vaccine hesitancy amongst our members.

5. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, began with a reminder to committee members to sign the annual SCFHP confidentiality agreement. Dr. Nakahira provided the Committee with a COVID-19 update. The Plan provides assistance to members who are 65 years of age and older to help them make vaccine appointments online in conjunction with the Public Health department. Public Health has agreed to reserve a certain number of vaccine appointments for our high-risk members. The Plan continues to call our members to confirm if they have been vaccinated, provide assistance on how to make appointments to be vaccinated, and, if applicable, the reasons why vaccination is declined. The most common reason given is concern over long-term side effects.

Dr. Nakahira continued with the Plan's successful completion of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) audits in March 2021. A final audit report is pending. The Plan is focusing on Enhanced Case Management (ECM) and In-Lieu-of-Services (ILOS). The Plan is preparing for the sun-setting of the County's Whole Person Care and Home Health programs

6. Old Business/Follow-Up Items

a. Prior Authorization Volume 2019 vs. 2020 vs. 2021

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview of PCR Rates, and ways to reduce the number of readmissions. PCRs are readmissions that occur in acute settings within 30 days. The Plan's Fiscal Year goal is to reduce Medi-Cal PCRs to 7.48%. Dr. Huynh described the strategies the UM department will implement in order to achieve this goal. The UM department is expanding their TLC in the Case Management department, so calls, follow-up reviews, and HRA's are all in alignment. UM is identifying individuals who are candidates for further outreach, and working with the Plan's provider groups for more oversight on their concurrent review and discharge planning processes, which reduces their PCR, as well as the Plan's PCR. The UM department has built strong relationships with the Plan's contracted hospitals to strategize a more proactive approach to prior authorizations and timely discharge planning procedures. Finally, the UM department will improve their analytics on ADT data to support provider groups. Dr. Lin stated that Medicare readmissions rates are significantly higher than the Plan's 9.58%, and he approves of the Plan's emphasis on communication with contracted hospitals and providers.

b. Plan All-Cause Readmissions Rates Due to COVID-19

7. UM Policy Updates

a. HS.02 Medical Necessity Criteria

Dr. Lily Boris, Medical Director, presented the Committee with the annual review of the UM Program Evaluation for 2020. The UM Program Evaluation is a requirement of the state, as well as the NCQA. It is divided into

Quality of Clinical Care and Quality of Service. The UM department successfully completed quality of clinical care and corresponding HEDIS metrics such as: current reporting; quality of inpatient care; readmissions; the UM Program Description; medical necessity criteria policy; and prior authorizations on outpatient and inpatient stays. The only 2 items that were not completed were Item #9 Track and Monitor Behavioral Health Inpatient Stays for Cal MediConnect, and Item #16 Conduct Member and Provider Satisfaction Surveys. Item #9 was not measured, as the Plan did not have access to the data set. A new parameter has been built so the Plan can provide this information next year. Item #16 was not completed as Medi-Cal and Medicare satisfaction surveys are conducted outside of the Plan's purview. Otherwise, all quality of clinical care and HEDIS items were reviewed and completed in a timely fashion.

It was moved, seconded and the UM Policy Updates were unanimously approved.

Motion: Dr. Tobbagi

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi

Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

8. Inter-Rater Reliability (IRR) UM Report - 2021

9. UM Review of Delegation Results and Process

a. Annual Review of UM Delegation Results

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview of PCR Rates, and ways to reduce the number of readmissions. PCRs are readmissions that occur in acute settings within 30 days. The Plan's Fiscal Year goal is to reduce Medi-Cal PCRs to 7.48%. Dr. Huynh described the strategies the UM department will implement in order to achieve this goal. The UM department is expanding their TLC in the Case Management department, so calls, follow-up reviews, and HRA's are all in alignment. UM is identifying individuals who are candidates for further outreach, and working with the Plan's provider groups for more oversight on their concurrent review and discharge planning processes, which reduces their PCR, as well as the Plan's PCR. The UM department has built strong relationships with the Plan's contracted hospitals to strategize a more proactive approach to prior authorizations and timely discharge planning procedures. Finally, the UM department will improve their analytics on ADT data to support provider groups. Dr. Lin stated that Medicare readmissions rates are significantly higher than the Plan's 9.58%, and he approves of the Plan's emphasis on communication with contracted hospitals and providers.

b. Annual Review of the UM Delegation Process

It was moved, seconded and the Annual Review of the UM Delegation Process was unanimously approved.

Motion: Dr. Tobbagi

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi

Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

10. UM 1B Annual Provider and Member Satisfaction with UM Process - 2020

Dr. Boris gave an overview of the 2020 UM 1B Annual Assessment of Senior Level Practitioners, as required by NCQA. The purpose is to determine how a senior level practitioner participates in the Plan's UM Committee. Dr. Boris co-chairs this committee with Dr. Lin. Dr. Alkoraishi also participates in this committee to address the Behavioral Health perspective. Dr. Boris explained how the answers to 6 targeted questions demonstrate the fact that senior level practitioners meet the necessary NCQA standards and elements.

Dr. Dinh joined the meeting at 6:42 p.m.

11. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from April 2020 through April 2021. Cal MediConnect membership has increased to 9,924 members, and Medi-Cal membership has increased to 269,043 members. The Plan's total population has increased from 243,774 members to 278,967 members, largely attributable to the pause on Medi-Cal redeterminations due to COVID. The majority of our members remain delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Kaiser Permanente, and Premier Care.

b. Over/Under Utilization by Procedure Type/Standard UM Metrics

Dr. Boris presented the Committee with the UM objectives and goals. Dr. Boris summarized the results of the Medi-Cal SPD and non-SPD lines of business for the calendar year 2020, with a comparison to the results from 2019. Dr. Boris also summarized the results for the Cal MediConnect line of business, with a comparison to the data from 2019. Dr. Boris next summarized the number of admissions and re-admissions for both the Medi-Cal and Cal MediConnect lines of business. Ms. Tomcala asked if admissions and readmissions were affected by COVID and the fact that many elective procedures were put on hold. Dr. Boris replied that the UM department will analyze COVID admissions and readmissions for 2020 and bring these results to the July 2021 meeting. Dr. Huynh advised that some of the data may have been affected by the HEDIS change.

Dr. Boris concluded with a summary of the Cal MediConnect readmission rates, which have increased since 2019. The UM team will perform analysis to determine how COVID may have affected this increase in PCR rates.

c. Dashboard Metrics

- Turn-Around Time – Q2 2021

Mr. Perez summarized the Cal MediConnect Turn-Around Time metrics for Q2 2021. The turn-around times in all categories are compliant at 99% or better, with the exceptions of expedited pre-service prior authorization requests with a 95.9% rate, expedited Part C initial determinations at 96.9%, standard prior authorization requests for Part B drugs at 94.6%, and expedited prior authorization requests for Part B drugs at 97.4%.

Mr. Perez next summarized the Turn-Around times for Medi-Cal authorizations for Q2 2021. The turn-around times for all Medi-Cal authorizations combined is compliant at 98% or better.

Dr. Huynh explained that some of the turn-around times were impacted by issues with the mail room and the fax line. The UM Department is focusing on better reporting, streamlining processes, and additional training, with a commitment to 100% compliance with contractual and regulatory requirements. Dr. Huynh explained to Dr. Lin that even 1 non-compliant case found by the CMS auditors triggers an impact analysis to determine if there are additional cases of non-compliance.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2021

Dr. Huynh summarized the data from the Q1 2021 Cal MediConnect and Medi-Cal Quarterly Referral Tracking reports for the Committee. Dr. Huynh explained that the UM team tracks the cycle of prior authorizations from the time the prior authorization is issued through to claims payment. The average claims cycle is 90 days. This report is affected by a claims data lag. Dr. Huynh explained that the annual review, which incorporates this data lag, presents a more accurate picture of timeframes within the claims cycle. Dr. Lin asked how the 2020 results compare with 2019. Dr. Huynh replied that he will review these numbers and

present the results at the July 2021 meeting. Dr. Huynh agrees that COVID has affected the number of outpatient services and prior authorization requests.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2021

Dr. Boris summarized the results of the Q1 2021 Quality Monitoring of Plan Authorizations and Denial Letters for the Committee. Dr. Boris reported that the UM department received a 100% score in virtually all categories, with the exception of a small handful of written notifications that either contained unexplained medical terminology, grammatical and punctuation errors, or omitted the rationale for the denial. Dr. Huynh will ensure these errors will be reviewed with all UM staff members. UM leadership will continue to take an active role in QA oversight.

f. Behavioral Health UM

Ms. Natalie McKelvey, Manager, Behavioral Health, presented an overview of utilization of the Behavioral Health Treatment program. Ms. McKelvey highlighted the number of developmental screenings, and Dr. Lin remarked on the high number of Q1 screenings for VHP and PMG. Ms. McKelvey believes this could be due to a claims lag, or the fact that the providers do not promptly bill for services. Ms. McKelvey will provide an update at the July 2021 meeting. Ms. McKelvey discussed how important it is for BH providers to complete ACES Aware training and conduct trauma screenings. Ms. McKelvey discussed the fact that the Plan provides assistance to providers in how to conduct trauma screenings which includes peer-to-peer training via Zoom.

Dr. Tobbagi asked for an explanation of payment structure, and Ms. McKelvey advised the County is responsible for providing specialty mental health, and health plans are responsible for serving the mild to moderate symptoms population. The payment structure is complicated, as it is based primarily on the patient's function level. A discussion ensued amongst Ms. McKelvey, Dr. Tobbagi, and Dr. Lin as to the Plan's top 10 billing providers, and the cost of BH services. Ms. McKelvey advised BH is not a capitated service with respect to autism. The Plan follows the APL and EPSDT requirements for treatment for kids. Treatment plans are approved every 6 months to confirm medical necessity. Dr. Tobbagi asked about the amount of compensation for initial BH consultations for adults. Ms. McKelvey replied she does not have the specific numbers, but the Plan pays over the Medicare and Medi-Cal rates.

Dr. Boris pointed out that, with respect to the bar graph which shows the top 10 billing providers, the graph includes all BH treatment provided from 2018-2020 and includes children who receive a combination of ABA therapy in the home. Ms. McKelvey clarified the bar graph does not include speech or occupational therapies. The BH team regularly meets with ABA providers to ensure the standard of medical necessity is met, and discussions continue to understand what the community standard is for BH treatment.

Dr. Tobbagi asked why so many patients are having trouble getting referrals to Stanford when they change their primary care physician. Dr. Nakahira and Dr. Boris agreed this may be an issue with Stanford's process. They will research this issue to confirm there is not a problem with the Plan's referral process.

12. Adjournment

The meeting adjourned at 7:26 p.m. The next meeting of the Utilization Management Commitment is on October 20, 2021 at 6:00 p.m.

Jimmy Lin, M.D, Chair
Utilization Management Committee

Date

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity:

Monitoring or Meeting Period:

Credentialing Committee

06/02/2021

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	17	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialled	13	
Number practitioners recredentialled within 36-month timeline	13	
% recredentialled timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 05/31/2021	302	

(For Quality of Care ONLY)	Stanford	LPCH	VHP	PAMF	PMG	PCNC
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1346	1137	760	824	407	132

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Regular Meeting of the
**Santa Clara County Health Authority
Provider Advisory Council**

Tuesday, August 10, 2021, 12:15 PM – 1:45 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Thad Padua, MD, Chair
Sherri Sager, Board Member
Clara Adams, LCSW
Pedro Alvarez, MD
Dolly Goel, MD
Michael Griffis, MD
Bridget Harrison, MD
Jimmy Lin, MD
David Mineta, CEO, Momentum for Health
Peter L. Nguyen, DO

Members Absent

Meg Tabaka, MD

Staff Present

Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Janet Gambatese, Director, Provider Network Operations
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Johanna Liu, PharmD, Director, Quality & Process Improvement
Lucille Baxter, Manager, Quality & Health Education
Brandon Engelbert, Manager, Provider Network Operations
Stephanie Vielma, Provider Performance Program Manager
Rita Zambrano, Executive Assistant

Others Present

Angela Chen, Manger, Utilization Management
Natalie McKelvey, Manager, Behavioral Health
Neha Patel, Quality Improvement Registered Nurse

1. Roll Call / Establish Quorum

Thad Padua, MD, Chair, call the meeting to order at 12:27 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the May 12, 2021 Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the May 12, 2021 Provider Advisory Council minutes were unanimously approved.

Motion: Mr. Mineta

Second: Dr. Lin

Ayes: Ms. Adams, Dr. Alvarez, Dr. Goel, Dr. Griffis, Dr. Harrison, Dr. Lin, Mr. Mineta, Dr. Nguyen, Dr. Padua, Ms. Sager

Absent: Dr. Tabaka

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, presented the August 2021 Enrollment Summary, noting a total enrollment of 285,472 with 10,245 members in Cal Medi-Connect and 275,227 Medi-Cal members.

Ms. Tomcala reported that SCFHP has been selected to participate in the Disparities Leadership Program run by Massachusetts General Hospital, noting that Ngoc Bui-Tong, Vice President, Strategies and Analytics, and Johanna Liu, Director, Quality and Process Improvement, will represent SCFHP, focusing on a project to address comprehensive diabetes care in the Hispanic population. She noted that participating in this program allows us to learn and bring ideas back to our community.

5. Pharmacy

- a. Dang Huynh, PharmD, Director, highlighted the Top 10 Drugs by Therapeutic Prior Authorizations (PAs) for reporting period April 1, 2021 – June 30, 2021. Dr. Huynh noted that the PA volume for the Medi-Cal line of business increased by roughly 200 from last quarter. PAs for the Cal MediConnect line of business increased slightly by about 100. The drugs requested for PA were similar to the previous quarter.

Dr. Huynh presented the 2021 Q2 Top 10 Drugs by Total Cost and noted a significant increase in total cost from the previous quarter for Medi-Cal. He acknowledged the increase was due to a mix of various drugs in terms of utilization. In the Cal MediConnect line of business, there was an approximate \$400,000 increase in total cost due to diabetes medications and noted there was also an increase in claims.

- b. Dr. Huynh discussed biosimilars and interchangeability rules for biosimilars.

Dr. Huynh discussed the 90-day supply prescription benefit. He also noted that the plan will be working with pharmacy partners on the Medi-Cal Rx carve-out to assist with member transition for mail order and specialty drugs. SCFHP will also be working with SortPak to provide individual dosing packets at no additional cost to help members with complex medication regimens. The plan is drafting communications to providers and members to explain 90-day supply prescriptions, availability of prepackaged medication doses, and the mail order process.

Lastly, the plan identified Hispanic and Spanish-speaking members with a high A1C and is working with a vendor to send a Spanish-speaking glucose meter to members to monitor their blood glucose and potentially help lower their A1C. Dr. Huynh stated that he would bring more information at the next meeting.

6. Utilization Management (UM)

Dr. Huynh discussed the 90-day supply increasing utilization, noting that we are communicating with our pharmacy partners on the Medi-Cal carve-out. We are also working with SOLPAC to provide individual dosing packets at no cost to help members with complex dosing schedules. He noted that they are drafting communications to providers and members to explain the 90-day supply, prepackaging, and mail order process.

Lastly, we identify Hispanic and Spanish-speaking members with high A1C and work with a vendor to send a Spanish-speaking glucose meter to lower their A1C. Dr. Huynh stated that he would bring back more information at the next meeting.

7. Quality

- a. Johanna Liu, PharmD, Director, Quality and Process Improvement, presented the HEDIS MY 2020 results, noting the Plan's challenges due to the effects of the pandemic. There was limited staff, no on-site visits at provider offices, limited remote electronic medical record (EMR) access, and provider offices were slow to respond to medical record requests or we received no response. She spoke to the achievements noting the last-minute push to bring Post-partum care and Weight Assessment BMI percentile measures to percentile goal. A 95% retrieval rate was achieved with the medical record retrieval vendor. The HEDIS team reviewed over 7,000 charts to ensure vendor accuracy of abstraction. All medical record review milestones were ahead of the scheduled timeline.

Dr. Liu showed a comprehensive overview of all the medical measures in which we were held to the minimum performance level. We did not meet MPL for controlling high blood pressure, cervical cancer screening, chlamydia screening, and diabetes screening for people with Schizophrenia who are using antipsychotic medications. She stated that the belief is that the pandemic had a significant impact on the measures below the 50% percentile.

Dr. Liu reviewed the MC Auto-Assignment measures where you can see a decrease in performance across

the measures compared to CY2019.

Dr. Liu reviewed our Medi-Cal performance trend using the new point system created to assess our performance. Measures at or above the 90th percentile receives 4 points; the 75th percentile receives 3; the 50th percentile receives 2; the 25th gets 1, and below the 25th, they receive 0. We ended CY2020 with an average point value of 2.24.

Dr. Liu reviewed the Medicare Star Rating measures. Medicare measure performance contributes to the Star Rating system. She explained that it is the system CMS uses to measure how well Medicare plans perform. Ratings range from one to five stars, with five being the highest score. She highlighted the few measures that have low Star ratings.

Dr. Liu presented the CMC Quality Withhold Measures including, Controlling Blood Pressure (CBP) Plan All-Cause Readmission (PCR) and Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30) in which the same downward trend was shown.

Dr. Liu reported the current interventions provided for members. We send newsletter articles, incentive mailing, gaps in care inbound reminders, on-hold messaging, and outreach calls by bilingual staff. She noted interventions for Providers, fax memos, provider e-news, provider performance program, gaps in care lists, and report cards in the provider portal.

She noted additional interventions for groups with more significant gaps, targeting provider education to all networks that perform below the MPL, and collaboration on interventions. Additionally, we are targeting Ethnicity, language spoken, and age members with phone outreach by bilingual staff, conduct an interview and best practices literature search to determine other root causes, and HEDIS medical record review and identify root causes for member noncompliance.

- b. Lucille Baxter, Quality and Health Education Manager, presented the Member Incentives for 2021 and provided a link, <https://www.scfhp.com/for-members/wellness-rewards/>, to well-child/adolescent visits, well-woman screenings, diabetes care, and both prenatal and postpartum pregnancy visits. Ms. Baxter presented the SCFHP landing page noting the gift card redemptions options for members.

Ms. Baxter reviewed the diabetes self-management education (DSME), noting the group code (G0109) and individual code (G0109), which provides up to 10 hours of diabetes-related training within the 12 months following the submission of the first claim. Lastly, Ms. Baxter presented the medical nutrition therapy (MNT), noting the CPT codes and descriptions for 97802, 97803, and 97804. Both services require a referral by a physician provider or a qualified non-physician provider. MNT has to be rendered by a Registered Nurse.

8. Provider Network Operations Updates

Stephanie Vielma, Provider Performance Program Manager, presented the 2021 Provider Performance Program (PPP) update noting we continue to provide education & training, enhanced provider engagement in practice improvement, and retrieval of supplemental data file submissions. She stated how to improve the PPP rates and provided several resources:

Quality Improvement Program: <https://www.scfhp.com/for-providers/quality-improvement-program/>

Provider Performance Program Guide: <https://res.cloudinary.com/dpmykpsih/image/upload/santa-clara-site-299/media/6cffb3e6867b462f86c069bc37264a4f/ppp-program-guidepdf.pdf>

And to watch the Provider Performance Program training <https://vimeo.com/568652557>

Questions email: ProviderPerformance@scfhp.com

9. Old Business

There was no old business.

10. New Business

Lucille Baxter, Manager, Quality Improvements, presented Array, the newly contracted Medi-Cal telehealth provider, for mild to moderate behavioral health treatment as of August 1, 2021, noting Array's three types of services: Psychiatric Assessments, Medication Management, and Talk Therapy. Array serves the mild to moderate behavioral health treatment, serves ages five years and older who are currently in crisis and suicidal, and no prior authorization requests are required. Array also provides initial medication management, follow-up medication management, initial therapy, and follow-up therapy. Ms. Baxter pointed out that clinicians include adult psychiatrists, child and adolescent psychiatrists, psychiatric nurse practitioners, licensed therapists, counselors, and social workers. She provided the care navigator operating hours and contact information, the online appointment link, www.arraybc.com/patients, and the SCFHP case management phone number (877) 590-8999.

11. Discussion/Recommendations

There were no further discussions and /or recommendations.

12. Adjournment

The meeting was adjourned at 1:54 pm.

Dr. Thad Padua, Chair

Date

Regular Meeting of the
Santa Clara County Health Authority
Consumer Advisory Committee

Tuesday, September 14, 2021, 6:00 PM – 7:00 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave., San Jose, CA 95119

MINUTES - Draft

Members Present

Debra Porchia-Usher, Chair
Rebecca Everett
Blanca Ezquerro
Rachel Hart
Maria Cristela Trejo Ramirez
Ishendra Sinha
Tran Vu

Members Absent

Barifara (Bebe) Barife
Vishnu Karnataki

Guest

Ajit Raina

Staff Present

Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Laura Watkins, Vice President, Marketing and Enrollment
Chelsea Byom, Director, Marketing, Communications and Outreach
Lucille Baxter, Manager, Quality and Health Education
Mike Gonzalez, Manager, Community Resource Center
Cristina Hernandez, Manager, Marketing & Public Relations
Jenny Arellano, Marketing Project Manager
Jocelyn Ma, Community Outreach Program Manager
Zara Hernandez, Health Educator
Divya Shah, Health Educator
Amy O'Brien, Administrative Assistant

1. Roll Call

Debra Porchia-Usher, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the June 8, 2021 Consumer Advisory Committee meeting were reviewed.

It was moved, seconded, and the minutes of the June 8, 2021 Consumer Advisory Committee meeting were unanimously approved.

Motion: Mr. Vu

Seconded: Ms. Ezquerro

Ayes: Ms. Everett, Ms. Ezquerro, Ms. Hart, Ms. Porchia-Usher, Ms. Ramirez, Mr. Sinha,
Mr. Vu

Absent: Ms. Barife, Mr. Karnataki

4. Health Plan Update

Christine Tomcala, Chief Executive Officer, presented the enrollment update. The Plan's total enrollment as of September 1, 2021 is 286,552 members, an approximately 9.1% increase since September 2020. As of September 2021, the Plan's total Medi-Cal membership is 276,227 members, an increase of approximately 9.1%. The Plan's total Cal MediConnect membership is 10,325 members, an increase of approximately 9.5% since September 2020.

Ms. Tomcala noted that plans for staff to return to the office in October 2021 are on hold, due to the COVID-19 Delta variant. The Brown Act flexibilities that were put in place due to COVID are due to expire at the end of September. It is expected that a bill to extend these flexibilities will soon be signed by the Governor. The Zoom meetings will likely continue throughout the duration of the public health emergency. The December 14, 2021 Consumer Advisory Committee meeting will likely occur via Zoom.

The Department of Health Care Services (DHCS) announced a \$350M incentive program to encourage vaccinations among Medi-Cal beneficiaries. Ms. Tomcala presented a breakdown of the vaccination rates amongst the Plan's Medi-Cal and Cal MediConnect populations, and amongst ethnic groups. SCFHP welcomes the committee members' input on ways to increase vaccination rates for the vaccine hesitant. Mr. Sinha recommended that SCFHP create and implement an action plan and establish community leaders who will speak to those who are vaccine hesitant and address their concerns. Ms. Ezquerro asked if vaccination rates are broken down by age. Ms. Tomcala confirmed that the Plan has data by age group and advised that the graphs shown reflect vaccination rates for those who are 12 and over. Older members reflect a higher rate of vaccination. The 18-39 year-old age group shows a larger gap in vaccination rates compared to the county average than those in the 12-18 year-old age group.

Chelsea Byom, Director, Marketing, Communications, and Outreach discussed the details of SCFHP's COVID-19 Vaccination Response Plan. The Plan continues to work in partnership with the Public Health department as part of our response plan. Mr. Sinha agrees that use of the Blanca Alvarado Community Resource Center, and community health workers who represent the communities in which they live and work, is an important and effective means of increasing awareness and vaccination rates.

Ms. Porchia-Usher remarked that the Plan should identify and target members in the 18-39 year-old age group along with school-age children through partnerships with schools. Ms. Porchia-Usher asked if the Plan has identified the demographics of the members who continue to remain unvaccinated to tailor its strategy to their needs and concerns. Ms. Byom replied that the Plan continues to analyze data to develop strategies to reach these populations. The Plan's strategies include reaching out to community leaders and grassroots organizations such as churches and schools, and any other places where people gather, in order to emphasize the safety and importance of vaccination. Ms. Everett was pleased with the vaccination reminders from the Indian Health Center, and also with the ease and convenience of free vaccinations through Walgreens or local pharmacies. Ms. Byom confirmed that the Plan has made our members aware that local pharmacies are a great option. Mr. Raina and Mr. Vu concurred that effective vaccine communication is essential for higher vaccination rates. Ms. Porchia-Usher commended the Plan for their efforts.

5. Community Resource Center (CRC)

Mike Gonzalez, Manager, CRC, presented the Committee with an update on the ongoing virtual programming available at the Center. The virtual Grand Opening of the CRC is this Friday, September 17, 2021 from 12:00 p.m. to 1:00 p.m., and there is a Community Open House on Saturday, October 2, 2021 from 10:00 a.m. to 3:00 p.m. Mr. Gonzalez introduced Lidia Valencia, the CRC's new Community Health Worker (CHW). Mr. Gonzalez detailed the planned hours of operation. COVID-19 safety protocols remain in place throughout the duration of the pandemic, and programming is subject to change.

Mr. Gonzalez discussed the elements and strategies of the community-led CRC Planning Process and the process roadmap. This planning process includes a community survey targeted to residents within 6 specific zip

codes in East San Jose. He also explained the goals of the CRC System Partner Advisory Group and the Resident Advisory group.

Ms. Ezquerro asked for clarification of which East San Jose zip codes will receive the survey. Mr. Gonzalez responded that members of the Resident Advisory Group and System Advisory Group will distribute the surveys in 6 targeted zip codes in East San Jose, taking a grassroots approach to reaching the community in workplaces, churches, and other locations. Ms. Byom advised the survey will also be included in the Plan's member newsletters. Ms. Porchia-Usher asked for confirmation of whether or not more than one CHW will be hired. Mr. Gonzalez confirmed that a second CHW has been hired, and the goal is to expand staffing as needed to represent the communities in which they live.

6. Population Needs Assessment

Divya Shah, Health Educator, gave an overview of the Population Needs Assessment. The Population Needs Assessment is an annual requirement of DHCS, and the goal is to improve health outcomes and meet the unique needs of the Plan's Medi-Cal population. In addition, the Population Needs Assessment identifies areas for improvement and ensures targeted strategies for quality assurance and available resources for health education programs. Ms. Shah summarized the results of the Assessment for the Committee. Ms. Shah explained the gaps identified in the Program Gap Analysis.

Ms. Shah then discussed the Action Plan objectives that will be implemented based on these results. These objectives incorporate both the 2020 and 2021 action plan objectives. Objectives focus on topics, including: controlling high blood pressure, cervical cancer screenings, well-visits, and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Some of the progress areas were impacted by COVID. Over the last year, the Plan has increased their member outreach efforts. Health Education programs include the American Heart Association's "Check, Change, Control" workshop. SCFHP has also developed workshops for controlling blood pressure. Ms. Shah outlined the strategies Health Education will implement in order to reach their goals.

Ms. Hart asked if COVID continues to impact the number of people going to the doctor, and if Telehealth options are available. Lucille Baxter, Manager, Quality and Health Education, confirmed that the impact of COVID is still being felt and continues to affect doctor visits. The overall number of Provider visits has decreased due to COVID safety and disinfection protocols required in Provider consultation rooms. Telehealth visits are helpful; however, there are still many members who do not have access to good internet service, or who may need help with digital literacy skills.

Mr. Sinha asked about the Health Education department's ideas to help increase cervical cancer screenings and contraception use for the Asian Indian population. Ms. Shah replied that the Health Education department is still in the early stages of developing their action plans. Health Education is open to feedback on the best ways to conduct outreach to the Asian Indian population. Mr. Vu asked if our members are aware of the Telehealth option. Ms. Baxter concurred members have been made aware of the Telehealth option, which is detailed in the Plan's member newsletter. The Plan also provides assistance with scheduling appointments. Laurie Nakahira, DO, Chief Medical Officer, explained the options available through the Plan's 24/7 Nurse Advice Line. Ms. Ramirez shared an experience she had with an urgent care clinic. Dr. Nakahira provided information on what to expect in an urgent care visit.

Ms. Porchia-Usher commented that the results of the Population Needs Assessment show that the Plan needs to look closely at sustainment and maintenance strategies to continue the progress made so far. Ms. Porchia-Usher looks forward to hearing the results of these sustainment strategies. The Assessment was very insightful.

7. CalAIM Program and Benefit Changes for January 1, 2022

Ms. Byom presented an overview of the upcoming CalAIM Program and Benefit Changes for January 1, 2022. Ms. Byom discussed the 3 primary goals of CalAIM. Ms. Byom highlighted the populations and benefits that will be carved in or carved out of Medi-Cal managed care.

Ms. Byom continued with an overview of the benefits of the Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS) programs, which will replace the Whole Person Care and Health Homes Programs. Ms. Byom highlighted other state budget items that will further support the CalAIM goals.

Ms. Hart asked how services are extended to the homeless population. Ms. Byom responded that the plan relies on telephonic outreach, as well as its community partners who directly serve the homeless population. Dr. Nakahira added that the Plan is contracted with clinics that tailor their services to the homeless population, and those in homeless encampments. Ms. Hart also asked if doula services will be offered to all Medi-Cal members. Ms. Byom responded that the Plan is awaiting additional details from the state on the various programs and services. Ms. Porchia-Usher remarked that it will be interesting to see how the state rolls out these improvements, particularly to the homeless population.

8. Member Orientation

Jocelyn Ma, Community Outreach Program Manager, presented the committee with an overview of the Member Orientation pilot program, which began in June 2021. Ms. Ma discussed the goals of the member orientation program.

Mr. Sinha expressed some concerns he has with doctors who do not want to take Medi-Cal members. Mr. Sinha explained this is particularly frustrating if you have both Medicare and Medi-Cal. Many doctors who accept Medicare will not accept Medi-Cal. Ms. Ma explained that the Plan also conducts member orientations for our Cal MediConnect members. Ms. Ma went on to explain that the advantage of being a Cal MediConnect member is that your coverage is streamlined into 1 plan with no separation and seamless coverage. Ms. Ma explained some of the key benefit coverage differences between Medicare and Medi-Cal. The Plan can direct members to providers who will accept SCFHP Medi-Cal. Acceptance of Medicare is always at the discretion of the Provider.

Ms. Porchia-Usher remarked that she is looking forward to taking part in the Member Orientation program. Ms. Porchia-Usher would also like to see a summary of the survey results from orientation participants. Ms. Ma explained that survey results from in-person orientations are available in Survey Monkey, and she can provide an overview of these results either at the December 14, 2021 meeting, or via email.

9. SCFHP Member Communications

Ms. Byom gave an overview of the member communications completed since the June 2021 meeting. Mailings included the summer newsletter, and a flyer which announced the start of our member orientation pilot program.

The robo-calls campaign continued, with calls made to households with members in the 12-17 age group who remain unvaccinated. Live calls were also made to announce the new member orientation program. There are 3 new landing pages on the SCFHP website, including a Welcome page, a COVID vaccination information page, and a preventive care page. SCFHP participated in 2 events in August 2021.

Ms. Hart asked if the Plan can prevent members from opting out of the robo-calls campaign. Ms. Byom replied that it is unclear if the current vendor can support this. A member can opt out at any time. Ms. Watkins advised that all robo-calls identify SCFHP as the caller.

Mr. Sinha remarked that providers need a dedicated nursing staff who ensure members' messages to their providers are actually relayed to the providers. He is also frustrated with the fact that one provider may work out of several different locations, or the staff, including medical assistants, constantly changes. Mr. Sinha feels improvements in these two areas of provider communication would improve patients' experiences.

10. Future Agenda Items

Ms. Porchia-Usher asked for feedback as to future agenda items. She would like to see a sustainment action plan, developed in response to the Population Needs Assessment, presented at the December 14, 2021 meeting. She would also like to see survey results from the member orientation program, as well as a future date to participate in the orientation. Mr. Sinha suggested ideas for effective communication between members and

providers and easier access to care facilities. Ms. Porchia-Usher validated Mr. Sinha's concerns, and it is her hope that the CalAIM program addresses and corrects these exact same issues.

11. Adjournment

The meeting adjourned at 7:20 p.m. The next Medi-Cal Consumer Advisory Committee meeting is scheduled for Tuesday, December 14, 2021 at 6:00 p.m.

Debra Porchia-Usher, Chairperson
Consumer Advisory Committee

**Santa Clara County Health Authority
Updates to Pay Schedule
September 23, 2021**

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Assistant Controller	Annually	130,587	166,498	202,409
Community Based Services Specialist	Annually	63,435	79,294	95,153
Customer Service Representative - Community Resources Center	Annually	51,145	62,652	74,160
ILOS Program Manager	Annually	83,893	104,866	125,840
Manager, Communications	Annually	111,138	141,701	172,263
Manager, IT Operations	Annually	111,138	141,701	172,263
Manager, Risk Adjustment	Annually	130,587	166,498	202,409
Manager, Social Determinants of Health	Annually	111,138	141,701	172,263
Operations Project Manager	Annually	94,585	120,596	146,607
Provider Performance Program Coordinator	Annually	56,387	70,484	84,580
Strategic Planning Project Manager	Annually	94,585	120,596	146,607

Adjust Pay Schedule in its entirety as recommended by C-Biz Talent & Compensation Solutions by an adjustment factor of 3.00% retroactive to July 1, 2021 to ensure salary range minimums and maximums remain competitive to the market.

**Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
September 23, 2021**

Job Title	Pay Rate	Minimum	Midpoint	Maximum
N/A				

**Santa Clara Family Health Plan
Quarterly Investment Compliance Report
for the Quarter Ended June 30, 2021**

1. OVERVIEW

The California Government Code (the Code), Section 53646, which governs Santa Clara Family Health Plan's (the Plan's) investments, states that the Chief Financial Officer may render a quarterly report on the status of investment portfolio and excess cash to its Governing Board.

This quarterly report contains a listing of investments, fund balances, activity, and return on investments made by the Plan. Quarterly reports also reflect the current positions and past performance of a portfolio of investments for the period of time under consideration.

This quarterly report also includes 1) a statement of compliance with the investment policy or an explanation for non-compliance; and 2) a statement of SCFHP's ability to meet its expenditure requirements for the next six months (and an explanation of why sufficient money would not be available, if that were the case).

The Plan's investments and excess cash accounts currently include:

1. County of Santa Clara Comingled Investment Pool (County Pool)
2. Wells Fargo Investment Management Portfolio (Portfolio)
3. Wells Fargo Stagecoach Money Market Fund (Sweep)

2. COMPLIANCE WITH ANNUAL INVESTMENT POLICY

Based upon our independent compliance review of the quarterly investment reports prepared for the County Pool, and Portfolio investments and the Sweep account, all investments were in compliance with the Santa Clara Family Health Plan's 2021 Annual Investment Policy adopted April 22, 2021. Investments made by Wells Fargo Asset Management are made in keeping with the Annual Investment Policy and the California Government Code.

As required by the Code, the quarter end listing of the portfolio holdings is attached to this report.

3. PORTFOLIO SUMMARY

As of June 30, 2021, the market values of the investments of the SCFHP in the County Pool, the Wells Fargo Investment Management Portfolio and the Wells' Stagecoach Money Market Fund (Sweep Account) are as follows:

County Commingled Investment Pool (County Pool)	Wells Fargo Investment Management Portfolio (Portfolio)	Wells Fargo Stagecoach Money Market Fund (Sweep Account)	Total
\$182,359,239	\$215,085,766	\$38,874,502	\$436,319,507

4. SIX MONTH CASH SUFFICIENCY

The Plan's CFO confirmed to Sperry Capital that as of the quarter ending June 30, 2021, the Plan has sufficient cash on-hand plus projected revenues to meet its operating expenditure requirements for at least the next six months.

5. DIVERSIFICATION COMPLIANCE

As of June 30, 2021, the investment composition of the Wells Portfolio and Sweep accounts is compliant with the SCFHP Annual Investment Policy 2021.

The published Quarterly Investment Report as of June 30, 2021 for the Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. There is no maximum percentage requirement for investment in the Commingled Investment Pool.

6. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

Investment Type	Maximum Maturity	Maximum Specified % of Portfolio	Minimum Quality Requirements	Portfolio As of 6-30-2021	Compliance
Wells Stagecoach MMF	N/A	20%	**	38,874,502	Yes
Wells Govt MMF	N/A	20%	**	390,067	Yes
Commingled Investment Pool	N/A	None	None	182,359,239	Yes
U.S. Treasury Obligations	450 days	None	None	8,241,105	Yes
U.S. Agency Obligations	450 days	None	None	67,527,274	Yes
Commercial Paper (Non-Pooled Funds)	270 days	40% of the Plan's investible funds	Highest letter & number rating by a national rating agency	40,257,341	Yes
CA Local Agency Obligations	450 days	None	None	13,108,693	Yes
Medium-Term Notes	450 days	30% (with not more than 20% in any 1 institution)	"A" rating or better	62,445,779	Yes
Supranationals	450 days	30%	"AA" rating or better	23,115,501	Yes
Cash		None		6	Yes

**A money market mutual fund must receive the highest ranking by not less than two nationally recognized statistical rating organizations or retain an investment advisor registered with the SEC or exempt from registration and who has not less than five years' experience investing in money market instruments with assets under management in excess of \$500 million.

7. PERFORMANCE

For the quarter ended June 30, 2021.

Wells Fargo Asset Managed Portfolio

Annualized Yield = 0.00%* (0.00% = quarter-end; net of fees)

Primary Benchmark: ICE BofA Merrill Lynch 3-Month T-Bill: 0.00%

Average Duration: 0.265 years*

Average Effective Maturity: 0.291 years*

*provided by Wells Fargo Asset Management

Santa Clara County Commingled Investment Pool

Annualized Yield = .76%

Weighted average maturity = 1.62 years (592days)

Benchmark: LAIF = 0.31%; weighted average life = 0.76 years (278 days)

Benchmark: 2-year T-Note = 0.18% (730 days)

Stagecoach Sweep Account (Wells Money Market Mutual Fund)

Annualized Yield = 0.01%

Benchmark: Fidelity Class 1 (FIGXX) MMF = 0.01%



ATTACHMENT

Portfolio listing of the Wells Fargo Asset Managed Portfolio as of June 30, 2021

Sperry Capital Inc. Disclaimer: *Sperry Capital provides this Investment Summary Report for the sole use by the Santa Clara Family Health Plan and is not intended for distribution other than to members of the Board and Financial Committees of the Santa Clara Family Health Plan. This report is based on information prepared and distributed by and market valuations provided by Wells Fargo Asset Management and the Santa Clara County Treasurer's Pool, for those funds held by those entities respectively. Sperry Capital does not provide investment advice or profess an opinion as to asset allocation, appropriateness of investment or recommend alternative investment strategies. Sources for the material contained herein are deemed reliable but cannot be guaranteed.*



Portfolio Holdings

US Dollar

As of 30 June 2021

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS
FARGO

Asset
Management

Cash

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
CCYUSD Cash	-0.30 -0.30	0.00 AAA	06/30/2021 06/30/2021	-0.30	1.0000 0.00	0.00 0.00	-0.30 -0.30
CCYUSD Receivable	6.14 6.14	0.00 AAA	06/30/2021 06/30/2021	6.14	1.0000 0.00	0.00 0.00	6.14 6.14
CCYUSD	5.84	0.00	06/30/2021	5.84	1.0000	0.00	5.84
---	5.84	AAA	06/30/2021		0.00	0.00	5.84

MMF und

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
94975P405 WELLSFARGO:GOVT MM I	390,066.93 390,066.93	0.01 AAA	06/30/2021 06/30/2021	390,066.93	1.0000 0.01	0.00 0.00	390,066.93 390,066.93
94975P405 WELLSFARGO:GOVT MM I	390,066.93	0.01	06/30/2021	390,066.93	1.0000	0.00	390,066.93
	390,066.93	AAA	06/30/2021		0.01	0.00	390,066.93

Fixed Income

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
010392FO6 ALABAMA POWER CO	2,000,000.00 2,000,000.00	2.45 A+	03/30/2022 02/28/2022	2,030,239.55	101.4568 0.24	12,386.11 -1,103.55	2,029,136.00 2,041,522.11
0258M0EH8 AMERICAN EXPRESS CREDIT CORP	3,300,000.00 3,300,000.00	0.83 A	03/03/2022 01/31/2022	3,313,957.84	100.4095 0.17	2,126.48 -444.34	3,313,513.50 3,315,639.98
02665WCP4 AMERICAN HONDA FINANCE CORP	2,775,000.00 2,775,000.00	3.38 A-	12/10/2021 12/10/2021	2,814,294.54	101.4010 0.22	5,463.28 -416.79	2,813,877.75 2,819,341.03
037833CC2 APPLE INC	3,000,000.00 3,000,000.00	1.55 AA+	08/04/2021 07/04/2021	3,000,348.11	100.0076 0.57	18,987.50 -120.11	3,000,228.00 3,019,215.50
06051GEM7 BANK OF AMERICA CORP	2,715,000.00 2,715,000.00	5.70 A	01/24/2022 01/24/2022	2,797,976.41	103.0730 0.27	67,490.38 455.54	2,798,431.95 2,865,922.33
06406RAA5 BANK OF NEW YORK MELLON CORP	775,000.00 775,000.00	2.60 A+	02/07/2022 01/07/2022	784,668.55	101.2452 0.20	8,060.00 -18.25	784,650.30 792,710.30
14913Q3D9 CATERPILLAR FINANCIAL SERVICES CORP	2,000,000.00 2,000,000.00	0.37 A	11/12/2021 11/12/2021	2,001,573.86	100.0773 0.42	1,020.83 -27.86	2,001,546.00 2,002,566.83
166764AT7 CHEVRON CORP	2,655,000.00 2,655,000.00	2.41 AA-	03/03/2022 01/03/2022	2,685,563.29	101.1475 0.15	20,981.73 -97.17	2,685,466.13 2,706,447.85
166764BN9 CHEVRON CORP	1,215,000.00 1,215,000.00	2.50 AA-	03/03/2022 02/03/2022	1,231,660.48	101.3230 0.26	9,948.28 -586.03	1,231,074.45 1,241,022.74
17275RBJ0 CISCO SYSTEMS INC	2,050,000.00 2,050,000.00	1.85 A+	09/20/2021 08/20/2021	2,054,885.39	100.2295 0.20	10,640.07 -180.64	2,054,704.75 2,065,344.82

The information contained in this report represents estimated trade date investment calculations. Certain calculations may not be available for all time periods. Please refer to your custody statement for official portfolio holdings and transactions. Note that certain accounting methods may cause differences between this investment report and your custody statement.

Portfolio Holdings

US Dollar

As of 30 June 2021

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS
FARGO

Asset
Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
12619TU93 CRC Funding, LLC	5,500,000.00 5,500,000.00	0.00 A-1	07/09/2021 07/09/2021	5,499,841.11	99.9982 0.07	58.51	5,499,899.63 5,499,899.63
22550L2A8 CREDIT SUISSE AG (NEW YORK BRANCH)	2,100,000.00 2,100,000.00	2.10 A+	11/12/2021 11/12/2021	2,113,899.60	100.6842 0.23	6,002.50 468.60	2,114,368.20 2,120,370.70
22550JAA9 CREDIT SUISSE AG (NEW YORK BRANCH)	1,000,000.00 1,000,000.00	0.47 A+	02/04/2022 02/04/2022	1,001,383.84	100.1631 0.23	754.00 247.16	1,001,631.00 1,002,385.00
22550L2B6 CREDIT SUISSE AG (NEW YORK BRANCH)	800,000.00 800,000.00	2.80 A+	04/08/2022 04/08/2022	815,675.94	101.9351 0.29	5,102.22 -195.14	815,480.80 820,583.02
244199BE4 DEERE & CO	500,000.00 500,000.00	2.60 A	06/08/2022 03/08/2022	508,435.84	101.6488 0.20	830.56 -191.84	508,244.00 509,074.56
26442CAW4 DUKE ENERGY CAROLINAS LLC	3,000,000.00 3,000,000.00	3.35 A	05/15/2022 05/15/2022	3,083,805.61	102.7930 0.15	12,841.67 -15.61	3,083,790.00 3,096,631.67
284035AA0 EL SEGUNDO CALIF PENSION OBLIG	500,000.00 500,000.00	0.19 AA+	07/01/2022 07/01/2022	500,000.00	99.9620 0.23	58.36 -190.00	499,810.00 499,868.36
30231GAJ1 EXXON MOBIL CORP	2,500,000.00 2,500,000.00	2.40 AA-	03/06/2022 01/06/2022	2,528,227.42	101.1323 0.20	19,142.71 80.08	2,528,307.50 2,547,450.21
30229AUJ3 Exxon Mobil Corporation	600,000.00 600,000.00	0.00 A-1+	07/02/2021 07/02/2021	599,998.33	99.9997 0.05	0.00 0.00	599,998.33 599,998.33
30229AW13 Exxon Mobil Corporation	250,000.00 250,000.00	0.00 A-1+	09/01/2021 09/01/2021	249,935.42	99.9893 0.06	0.00 37.90	249,973.31 249,973.31
313313NF1 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00 2,000,000.00	0.00 A-1+	10/21/2021 10/21/2021	1,999,190.75	99.9844 0.05	0.00 497.25	1,999,688.00 1,999,688.00
313313NP9 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00 2,000,000.00	0.00 A-1+	10/29/2021 10/29/2021	1,999,333.17	99.9833 0.06	0.00 332.83	1,999,666.00 1,999,666.00
313313TK4 FEDERAL FARM CREDIT BANKS FUNDING CORP	5,000,000.00 5,000,000.00	0.00 A-1+	02/22/2022 02/22/2022	4,998,361.05	99.9607 0.08	0.00 -326.05	4,998,035.00 4,998,035.00
313313TD0 FEDERAL FARM CREDIT BANKS FUNDING CORP	10,000,000.00 10,000,000.00	0.00 A-1+	02/16/2022 02/16/2022	9,996,805.44	99.9617 0.06	0.00 -635.44	9,996,170.00 9,996,170.00
313313JC3 FEDERAL FARM CREDIT BANKS FUNDING CORP	2,000,000.00 2,000,000.00	0.00 A-1+	07/14/2021 07/14/2021	1,999,992.78	99.9989 0.03	0.00 -14.78	1,999,978.00 1,999,978.00
313378CR0 FEDERAL HOME LOAN BANKS	2,000,000.00 2,000,000.00	2.25 AAA	03/11/2022 03/11/2022	2,030,002.99	101.5143 0.08	13,750.00 283.01	2,030,286.00 2,044,036.00
3130AF5B9 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	3.00 AAA	10/12/2021 10/12/2021	5,040,195.32	100.8296 0.07	32,916.67 1,284.68	5,041,480.00 5,074,396.67
313385HX7 FEDERAL HOME LOAN BANKS	4,047,000.00 4,047,000.00	0.00 A-1+	07/09/2021 07/09/2021	4,046,988.69	99.9993 0.03	0.00 -17.02	4,046,971.67 4,046,971.67
313385JM9 FEDERAL HOME LOAN BANKS	1,000,000.00 1,000,000.00	0.00 A-1+	07/23/2021 07/23/2021	999,993.89	99.9982 0.03	0.00 -11.89	999,982.00 999,982.00
313385JS6 FEDERAL HOME LOAN BANKS	11,900,000.00 11,900,000.00	0.00 A-1+	07/28/2021 07/28/2021	11,899,928.60	99.9977 0.03	0.00 -202.30	11,899,726.30 11,899,726.30
313385JU1 FEDERAL HOME LOAN BANKS	680,000.00 680,000.00	0.00 A-1+	07/30/2021 07/30/2021	679,995.07	99.9976 0.03	0.00 -11.39	679,983.68 679,983.68
313385LD6 FEDERAL HOME LOAN BANKS	3,290,000.00 3,290,000.00	0.00 A-1+	09/01/2021 09/01/2021	3,289,830.01	99.9914 0.05	0.00 -112.95	3,289,717.06 3,289,717.06

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Portfolio Holdings

US Dollar

As of 30 June 2021

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS
FARGO

Asset
Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
313385MC7 FEDERAL HOME LOAN BANKS	5,000,000.00 5,000,000.00	0.00 A-1+	09/24/2021 09/24/2021	4,999,504.14	99.9882 0.05	0.00 -94.14	4,999,410.00 4,999,410.00
313385JX5 FEDERAL HOME LOAN BANKS	13,500,000.00 13,500,000.00	0.00 A-1+	08/02/2021 08/02/2021	13,499,940.00	99.9964 0.04	0.00 -426.00	13,499,514.00 13,499,514.00
31677QBC2 FIFTH THIRD BANK NA (OHIO)	3,041,000.00 3,041,000.00	2.88 A-	10/01/2021 09/01/2021	3,054,803.97	100.4336 0.31	21,857.19 -618.19	3,054,185.78 3,076,042.96
31677OBO1 FIFTH THIRD BANK NA (OHIO)	2,000,000.00 2,000,000.00	0.82 A-	02/01/2022 02/01/2022	2,007,750.20	100.3277 0.26	2,673.45 -1,196.20	2,006,554.00 2,009,227.45
345102NP8 FOOTHILL-DE ANZA CALIF CMNTY COLLEGE DIST	1,925,000.00 1,925,000.00	0.15 AAA	08/01/2021 08/01/2021	1,925,000.00	100.0020 0.13	572.69 38.50	1,925,038.50 1,925,611.19
4581X0DH8 INTER-AMERICAN DEVELOPMENT BANK	10,000,000.00 10,000,000.00	1.88 AAA	07/23/2021 07/23/2021	10,011,264.00	100.1111 0.14	82,291.67 -154.00	10,011,110.00 10,093,401.67
459058GF4 INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM	2,000,000.00 2,000,000.00	2.13 AAA	12/13/2021 12/13/2021	2,018,570.30	100.8886 0.16	2,125.00 -798.30	2,017,772.00 2,019,897.00
45950VNE2 INTERNATIONAL FINANCE CORP	11,000,000.00 11,000,000.00	0.23 AAA	08/23/2021 08/23/2021	11,002,419.20	100.0150 0.80	552.15 -769.20	11,001,650.00 11,002,202.15
24422EUK3 JOHN DEERE CAPITAL CORP	1,000,000.00 1,000,000.00	3.13 A	09/10/2021 09/10/2021	1,005,728.21	100.5561 0.26	9,635.42 -167.21	1,005,561.00 1,015,196.42
46625HJD3 JPMORGAN CHASE & CO	2,000,000.00 2,000,000.00	4.50 A	01/24/2022 01/24/2022	2,048,144.00	102.4041 0.25	39,250.00 -62.00	2,048,082.00 2,087,332.00
4820P2UJ78 Jupiter Securitization Company LLC	3,000,000.00 3,000,000.00	0.00 A-1+	07/07/2021 07/07/2021	2,999,920.00	99.9984 0.08	33.32	2,999,953.32 2,999,953.32
4820P2JU11 Jupiter Securitization Company LLC	1,850,000.00 1,850,000.00	0.00 A-1+	07/01/2021 07/01/2021	1,850,000.00	99.9998 0.07	0.00 -4.11	1,849,995.89 1,849,995.89
50420BDA7 LA QUINTA CALIF REDEV AGY SUCCESSOR AGY TAX ALLOC	1,000,000.00 1,000,000.00	0.26 AA-	09/01/2021 09/01/2021	1,000,000.00	100.0140 0.17	547.56 140.00	1,000,140.00 1,000,687.56
542424WH5 LONG BEACH CALIF HBR REV	1,500,000.00 1,500,000.00	4.00 AA	07/15/2021 07/15/2021	1,501,759.51	100.1420 0.57	27,666.67 370.49	1,502,130.00 1,529,796.67
5445872P2 LOS ANGELES CALIF MUN IMPT CORP LEASE REV	1,385,000.00 1,385,000.00	0.27 AA-	11/01/2021 11/01/2021	1,385,000.00	99.9970 0.28	1,210.84 -41.55	1,384,958.45 1,386,169.29
59157TUC5 MetLife Short Term Funding LLC	8,500,000.00 8,500,000.00	0.00 A-1+	07/12/2021 07/12/2021	8,499,792.22	99.9982 0.05	0.00 54.78	8,499,847.00 8,499,847.00
637432NM3 NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	2,000,000.00 2,000,000.00	2.40 A+	04/25/2022 03/25/2022	2,032,682.43	101.5936 0.23	8,800.00 -810.43	2,031,872.00 2,040,672.00
63743HET5 NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	475,000.00 475,000.00	1.75 A	01/21/2022 01/21/2022	479,084.80	100.8499 0.23	3,832.99 -47.77	479,037.03 482,870.01
67983TU79 Old Line Funding, LLC	3,000,000.00 3,000,000.00	0.00 A-1+	07/07/2021 07/07/2021	2,999,935.00	99.9986 0.07	0.00 24.17	2,999,959.17 2,999,959.17
67983TU87 Old Line Funding, LLC	650,000.00 650,000.00	0.00 A-1+	07/08/2021 07/08/2021	649,984.83	99.9984 0.07	0.00 5.05	649,989.89 649,989.89

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Portfolio Holdings

US Dollar

As of 30 June 2021

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS
FARGO

Asset
Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
67983TY34 Old Line Funding, LLC	3,000,000.00 3,000,000.00	0.00 A-1+	11/03/2021 11/03/2021	2,998,437.50	99.9573 0.12	0.00 281.50	2,998,719.00 2,998,719.00
69371RP75 PACCAR FINANCIAL CORP	1,420,000.00 1,420,000.00	2.85 A+	03/01/2022 03/01/2022	1,445,484.28	101.7830 0.18	13,490.00 -165.68	1,445,318.60 1,458,808.60
713448BY3 PEPSICO INC	1,000,000.00 1,000,000.00	2.75 A+	03/05/2022 03/05/2022	1,017,427.98	101.6972 0.25	8,861.11 -455.98	1,016,972.00 1,025,833.11
69353RFB9 PNC BANK NA	2,000,000.00 2,000,000.00	2.63 A	02/17/2022 01/17/2022	2,026,672.12	101.3101 0.23	19,541.67 -470.12	2,026,202.00 2,045,743.67
693476BN2 PNC FINANCIAL SERVICES GROUP INC	1,335,000.00 1,335,000.00	3.30 A-	03/08/2022 02/06/2022	1,359,702.06	101.8340 0.24	13,828.38 -218.16	1,359,483.90 1,373,312.27
752147HE1 RANCHO SANTIAGO CALIF CMNTY COLLEGE DIST	550,000.00 550,000.00	0.23 AA	09/01/2021 09/01/2021	550,000.00	100.0080 0.19	430.83 44.00	550,044.00 550,474.83
797356CB6 SAN DIEGO CALIF UNI SCH DIST	1,000,000.00 1,000,000.00	0.10 AA	07/01/2021 07/01/2021	1,000,000.00	100.0000 0.10	325.00 0.00	1,000,000.00 1,000,325.00
82707BDH9 SILICON VY CLEAN WTR CALIF WASTEWR REV	2,000,000.00 2,000,000.00	0.18 AA	08/01/2021 08/01/2021	2,000,000.00	100.0050 0.12	1,032.50 100.00	2,000,100.00 2,001,132.50
828807DA2 SIMON PROPERTY GROUP LP	2,050,000.00 2,050,000.00	2.35 A-	01/30/2022 10/30/2021	2,064,334.89	100.6786 0.31	20,206.74 -423.59	2,063,911.30 2,084,118.04
88602TVG5 Thunder Bay Funding, LLC	3,810,000.00 3,810,000.00	0.00 A-1+	08/16/2021 08/16/2021	3,809,269.75	99.9894 0.08	0.00 327.34	3,809,597.09 3,809,597.09
89236TFX8 TOYOTA MOTOR CREDIT CORP	1,000,000.00 1,000,000.00	2.65 A+	04/12/2022 04/12/2022	1,019,015.20	101.9101 0.21	5,815.28 85.80	1,019,101.00 1,024,916.28
89236TGS8 TOYOTA MOTOR CREDIT CORP	2,250,000.00 2,250,000.00	0.29 A+	08/13/2021 08/13/2021	2,250,275.70	100.0215 0.11	873.58 208.05	2,250,483.75 2,251,357.33
86787EBE6 TRUIST BANK	2,656,000.00 2,656,000.00	2.80 A	05/17/2022 04/17/2022	2,709,063.82	102.0371 0.24	9,089.42 1,041.55	2,710,105.38 2,719,194.80
05531FBG7 TRUIST FINANCIAL CORP	1,715,000.00 1,715,000.00	3.05 A-	06/20/2022 05/20/2022	1,758,553.76	102.4801 0.26	1,598.28 -1,020.05	1,757,533.72 1,759,132.00
912828XW5 UNITED STATES TREASURY	2,500,000.00 2,500,000.00	1.75 AAA	06/30/2022 06/30/2022	2,541,387.12	101.6406 0.11	118.89 -372.12	2,541,015.00 2,541,133.89
912796H85 UNITED STATES TREASURY	5,700,000.00 5,700,000.00	0.00 A-1+	07/06/2021 07/06/2021	5,699,997.23	99.9995 0.03	0.00 -25.73	5,699,971.50 5,699,971.50
91412HJH7 UNIVERSITY CALIF REVS	1,515,000.00 1,515,000.00	0.16 AA	05/15/2022 05/15/2022	1,515,000.00	99.9400 0.23	761.41 -909.00	1,514,091.00 1,514,852.41
90333HPC1 US BANK NA	1,000,000.00 1,000,000.00	2.65 AA-	05/23/2022 04/23/2022	1,020,007.32	101.9865 0.20	2,797.22 -142.32	1,019,865.00 1,022,662.22
90333HPK3 US BANK NA	2,000,000.00 2,000,000.00	0.37 AA-	01/21/2022 12/21/2021	2,001,560.51	100.0844 0.16	1,443.67 127.49	2,001,688.00 2,003,131.67
92512LUS8 Versailles Commercial Paper LLC	2,000,000.00 2,000,000.00	0.00 A-1	07/26/2021 07/26/2021	1,999,805.55	99.9931 0.10	0.00 55.79	1,999,861.34 1,999,861.34
92646KU83 Victory Receivables Corporation	1,500,000.00 1,500,000.00	0.00 A-1	07/08/2021 07/08/2021	1,499,953.33	99.9982 0.08	0.00 20.00	1,499,973.33 1,499,973.33
92646KU18 Victory Receivables Corporation	2,000,000.00 2,000,000.00	0.00 A-1	07/01/2021 07/01/2021	2,000,000.00	99.9998 0.07	0.00 -4.44	1,999,995.56 1,999,995.56

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Portfolio Holdings

US Dollar

As of 30 June 2021

WC-Santa Clara Family HealthPI

Account: XXXX5000

Investment Strategy: Short Duration Fixed Income

Primary Benchmark: ICE BofA 3-Month US Treasury Bill Index

WELLS
FARGO

Asset
Management

Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
92646KV25 Victory Receivables Corporation	4,600,000.00 4,600,000.00	0.00 A-1	08/02/2021 08/02/2021	4,599,550.22	99.9908 0.10	0.00 28.10	4,599,578.32 4,599,578.32
9523474S8 WEST CONTRA COSTA CALIF UNI SCH DIST	1,000,000.00 1,000,000.00	0.21 AA-	08/01/2022 08/01/2022	1,000,000.00	99.9680 0.23	80.11 -320.00	999,680.00 999,760.11
9523474R0 WEST CONTRA COSTA CALIF UNI SCH DIST	700,000.00 700,000.00	0.11 AA-	08/01/2021 08/01/2021	700,000.00	99.9980 0.13	28.86 -14.00	699,986.00 700,014.86
---	213,279,000.00	0.97	10/21/2021	214,153,770.07	100.4142	549,841.89	214,145,852.11
---	213,279,000.00	AA	10/14/2021		0.17	-7,917.96	214,695,694.00
Summary							
Identifier, Description	Base Original Units, Base Current Units	Coupon, Rating	Final Maturity, Effective Maturity	Base Book Value	Market Price, Yield	Base Accrued Balance, Base Net Total Unrealized Gain/Loss	Base Market Value, Base Market Value + Accrued
---	213,669,072.77	0.97	10/21/2021	214,543,842.84	100.2339	549,841.89	214,535,924.88
---	213,669,072.77	AA	10/14/2021		0.17	-7,917.96	215,085,766.77

* Grouped by: Asset Class. * Weighted by: Base Market Value + Accrued.

* Holdings Displayed by: Position.

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JANUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

MARCH						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

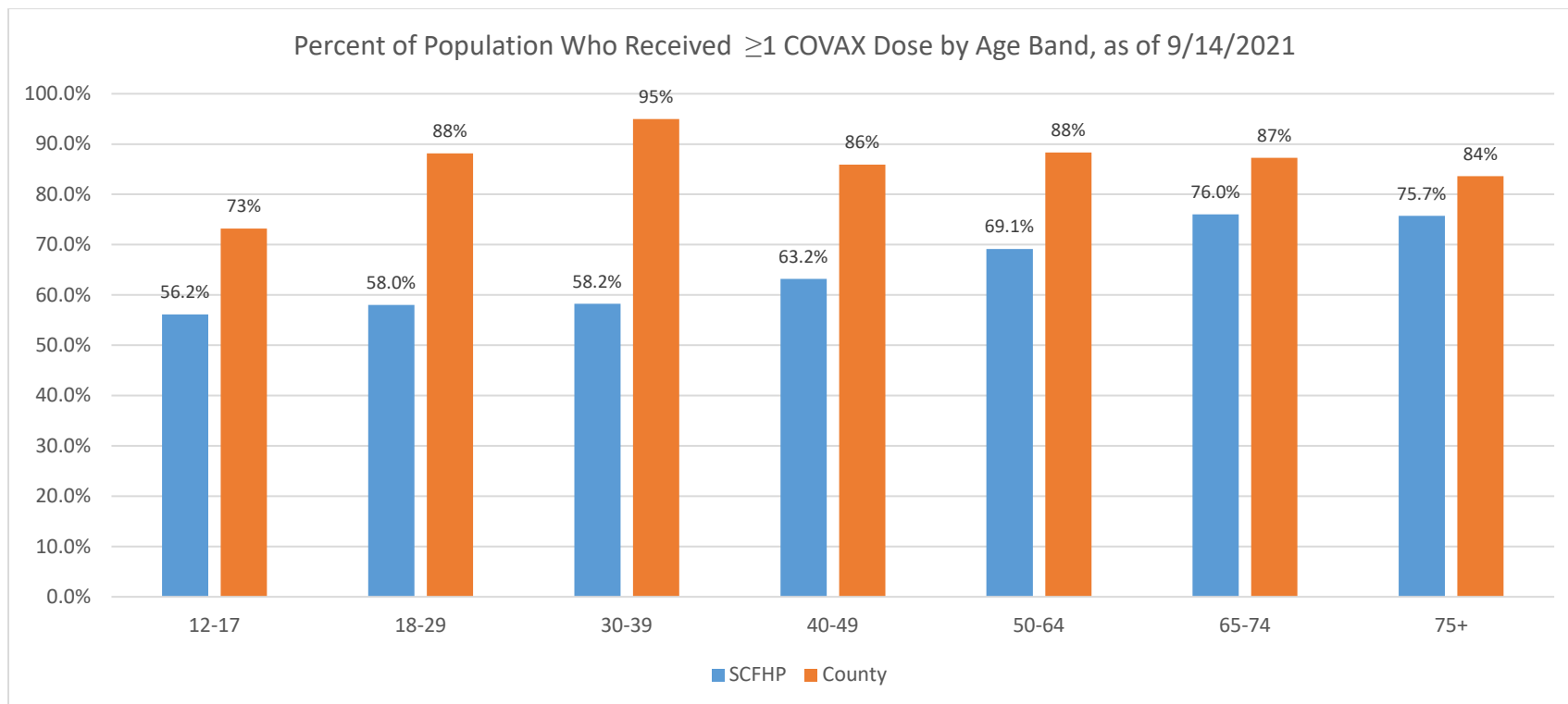
SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

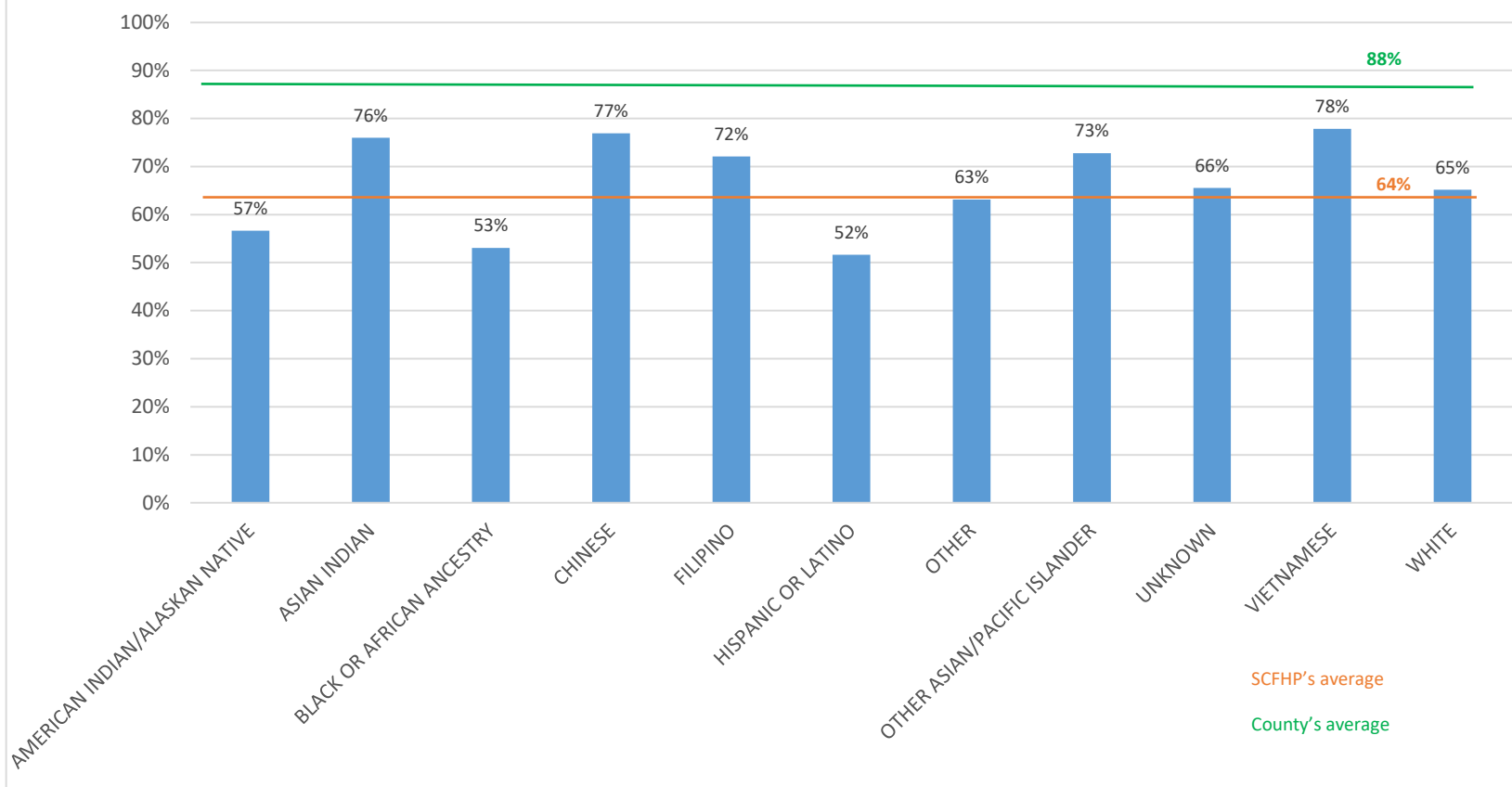
NOVEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Governing Board 12:00pm – 2:30pm	Quality Improvement Committee 6:00pm – 8:00pm
March 24	February 8
June 23	April 12
September 22	June 14
December 15	August 9
Executive/Finance Committee 10:30am – 12:30pm	October 11
	December 13
January 27	Utilization Management Committee 6:00pm – 8:00pm
February 24	
April 28	January 19
May 26	April 20
July 28	July 20
August 25	October 19
October 27	Credentialing Committee 12:15pm – 1:30pm
November 17	
Compliance Committee 2:00pm – 3:00pm	February 2
	April 6
February 24	June 1
May 26	August 3
August 25	October 5
November 17	December 7
Provider Advisory Council 12:15pm – 1:45pm	Pharmacy & Therapeutics Committee 6:00pm – 8:00pm
February 8	March 17
May 10	June 16
August 9	September 15
November 8	December 15
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	Consumer Advisory Board (CAB) 11:30am – 1:00pm
March 8	March 3
June 14	June 2
September 13	September 1
December 13	December 1

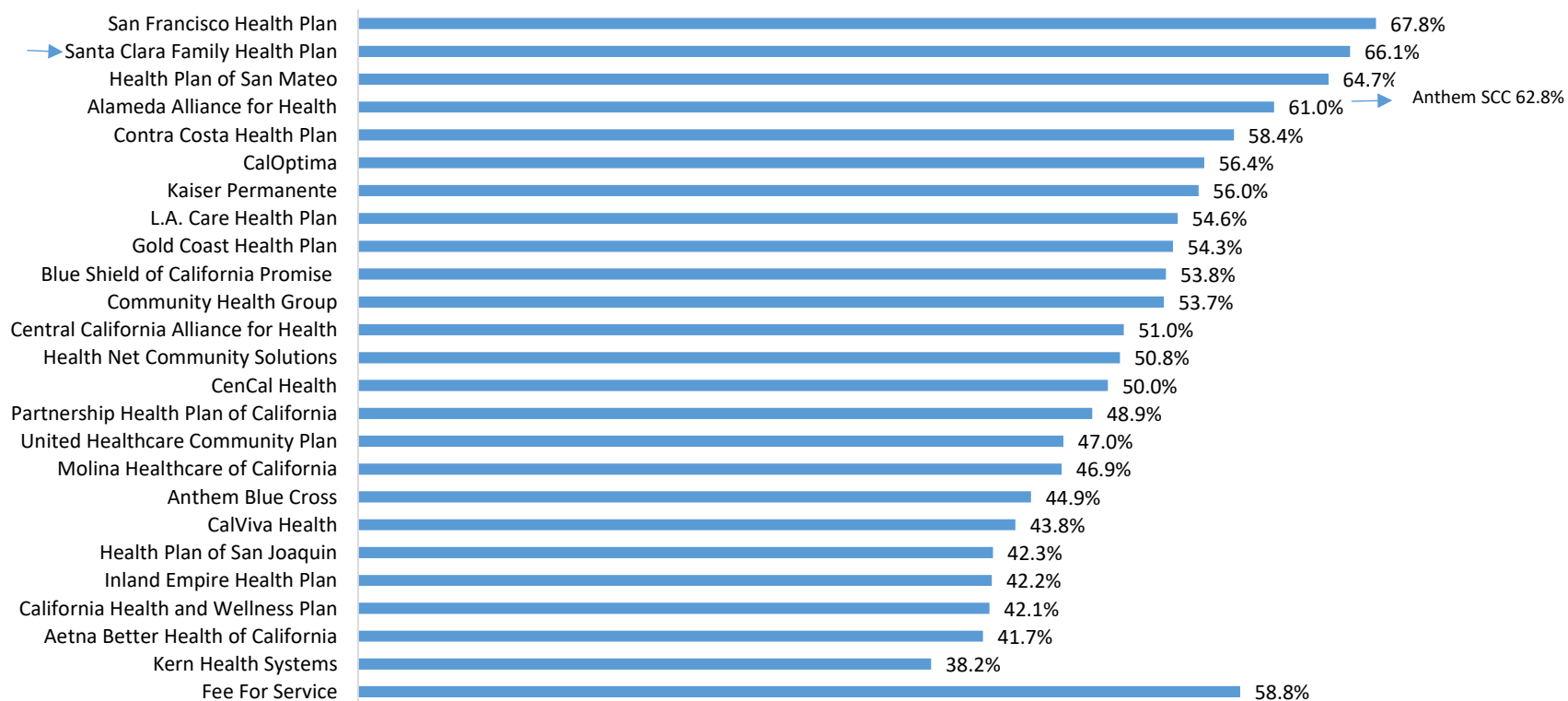


SCFHP Members Who Received ≥ 1 COVAX Dose by Ethnicity, as of 9/14/2021



Percent of Medi-Cal Beneficiaries Administered at Least One Dose of a COVID-19 Vaccine as of September 2021 Month of Eligibility by Managed Care Parent Plan and FFS

■ Percent of Medi-Cal Beneficiaries Administered at Least One Dose





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2021 Diversity Surveys

Staff, Governing Board, Committees

September 23, 2021

Survey Context

Surveys

- Completed June – August, 2021
- Two surveys
 - SCFHP staff
 - Governing Board and Committee members
- Questions developed by SCFHP Diversity Committee

Survey Objectives

- Understand the unique identities that make up the organization, including staff, Governing Board and Committees
- Learn how the diversity of our staff, Governing Board and Committees aligns with that of our members
- Inform our approach to fostering an inclusive workplace for our employees, supporting our mission and values
- Inform our process for identifying and appointing members of our governing bodies



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Santa Clara Family Health Plan Staff

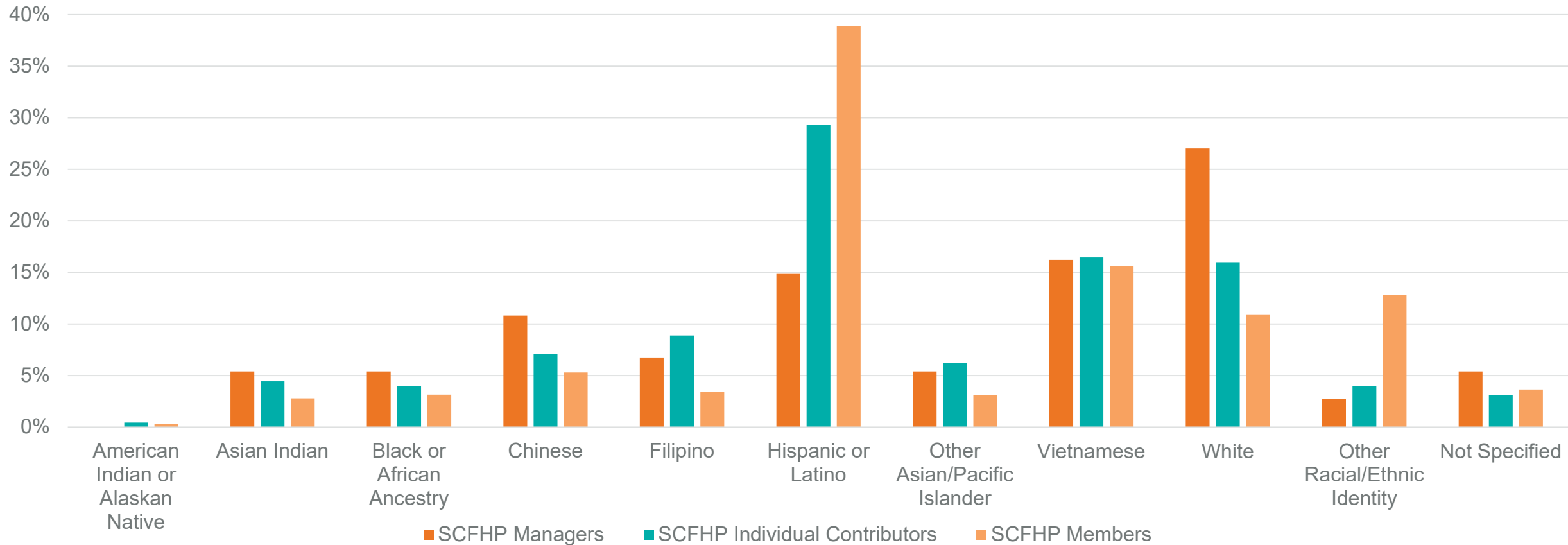
Response Rates

SCFHP Staff

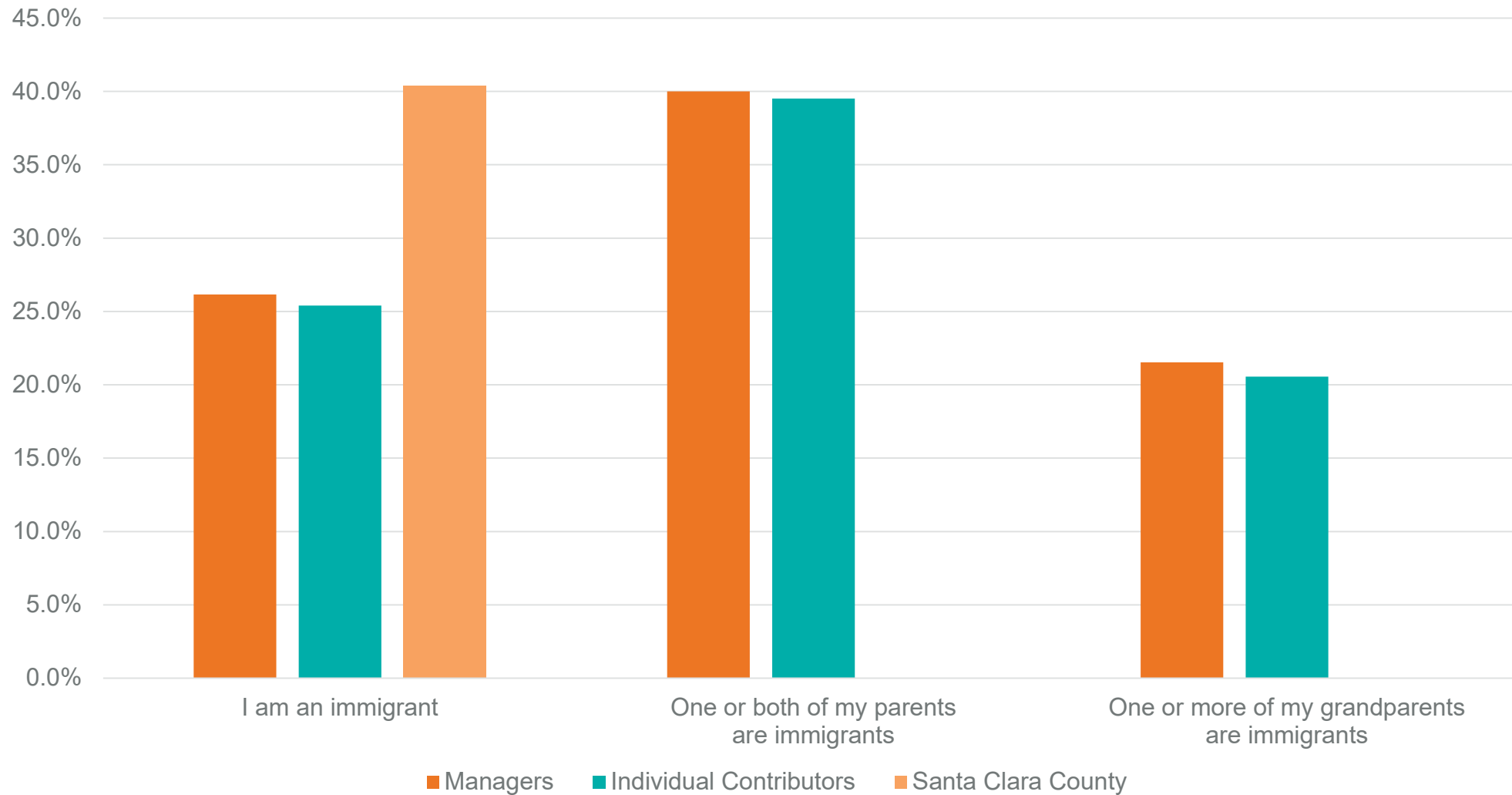
	Staff Count	Responses Received	Response Rate
Management	65	65	100%
Individual Contributor	248	205	82.7%
Overall	313	270	86.3%

Race/Ethnicity: Staff, Members and Community

SCFHP's Hispanic/Latino staff make up the largest race/ethnic group in the organization, but are still underrepresented relative to the percentage of SCFHP members who are Hispanic/Latino

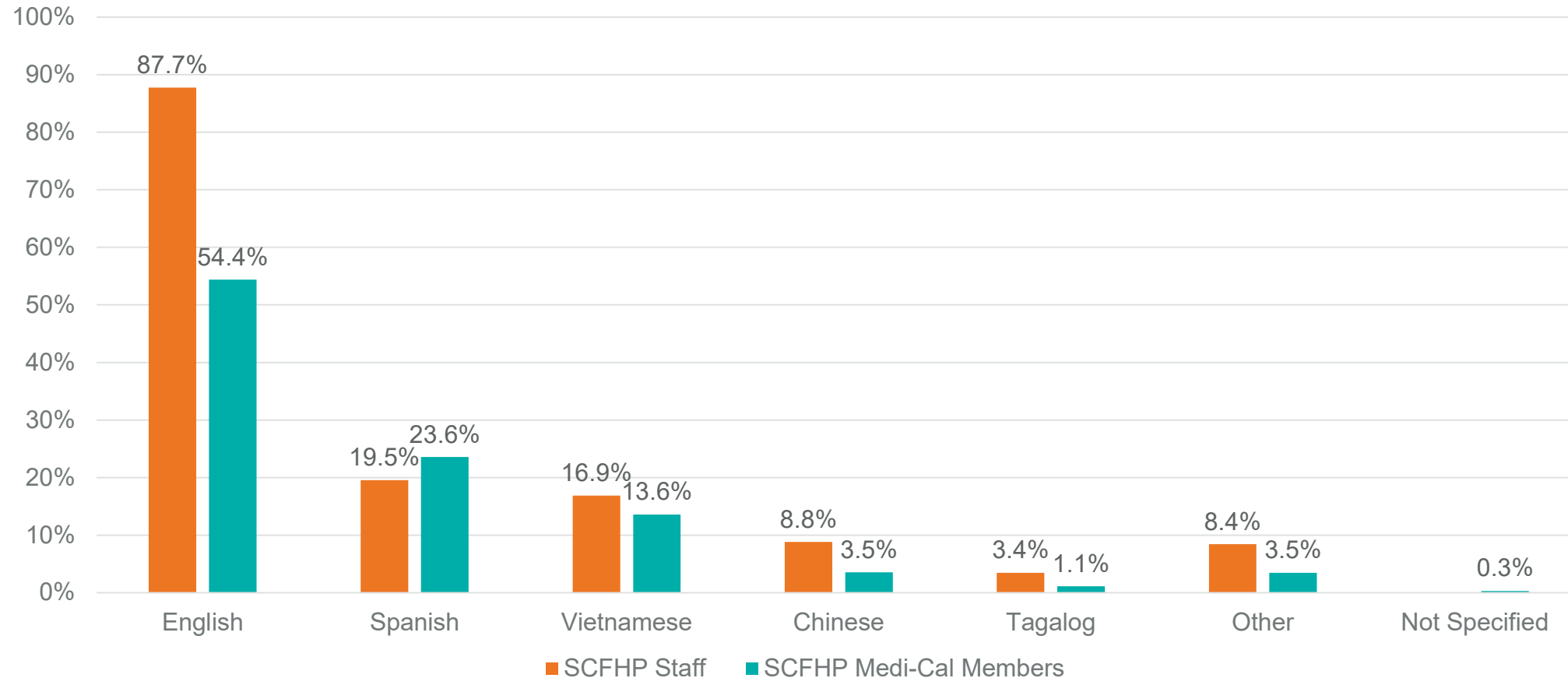


Immigrant Status of Staff



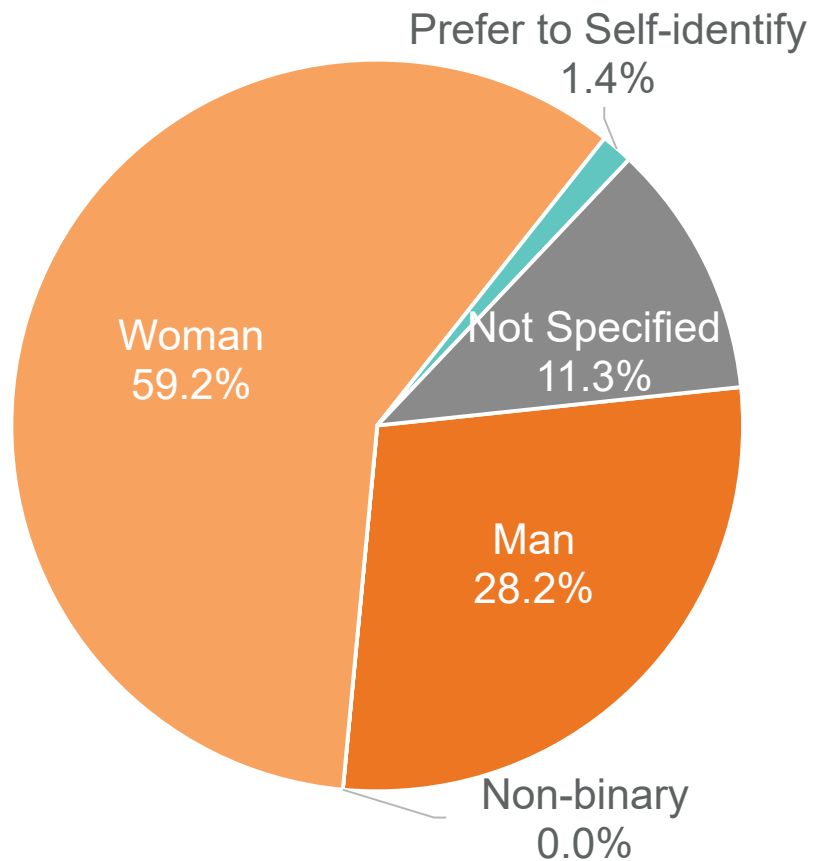
Languages staff speak fluently and member preferred languages

SCFHP staff speak Santa Clara County threshold languages in roughly the same proportions as SCFHP members, with opportunity focused on Spanish-speaking staff

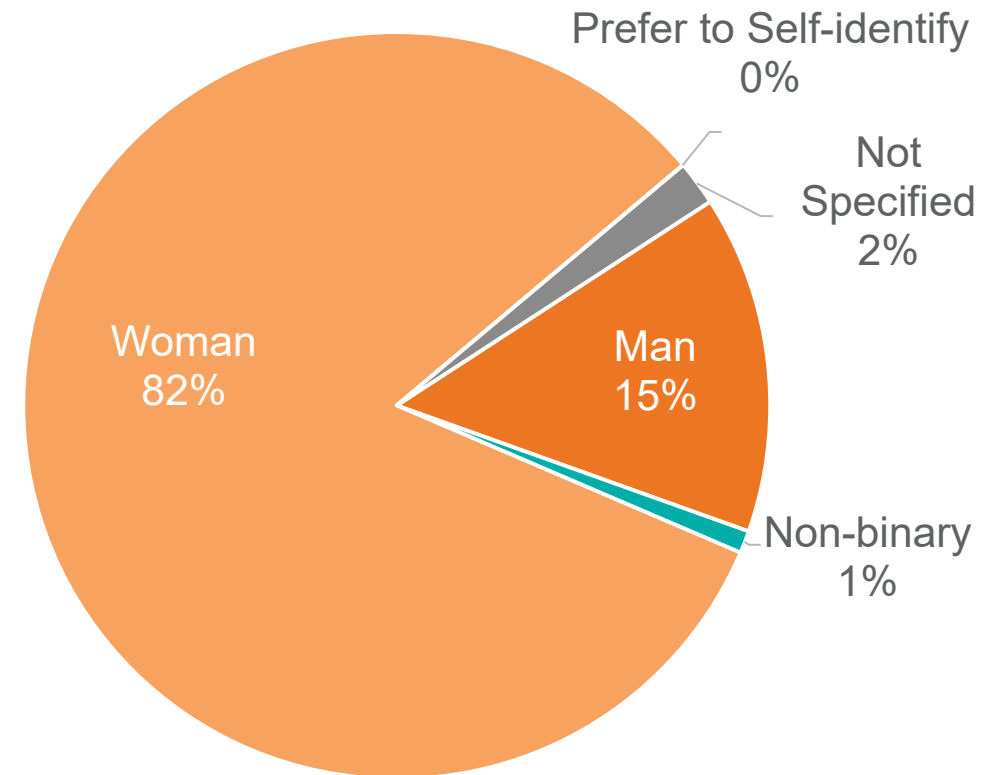


Gender with which staff currently identify

Managers

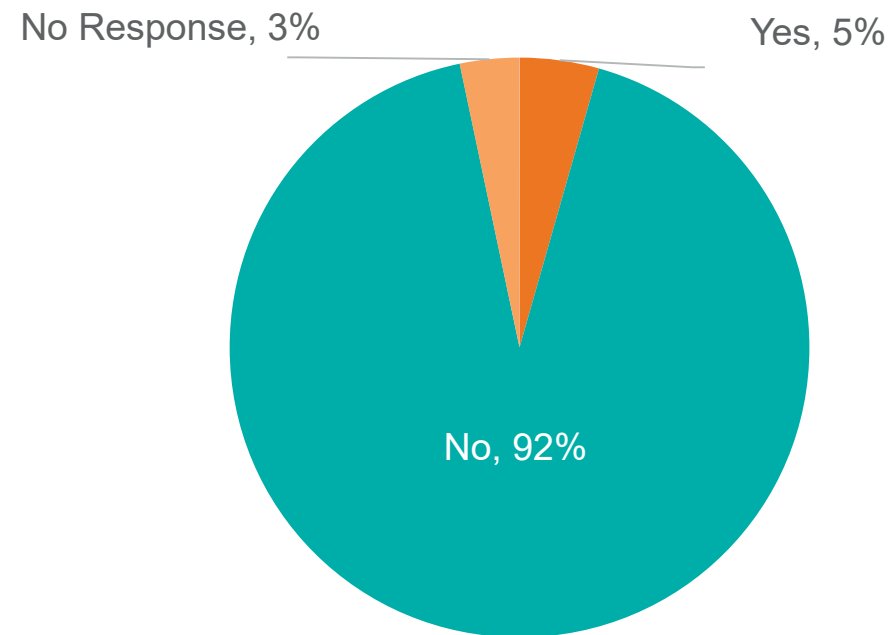


Individual Contributors

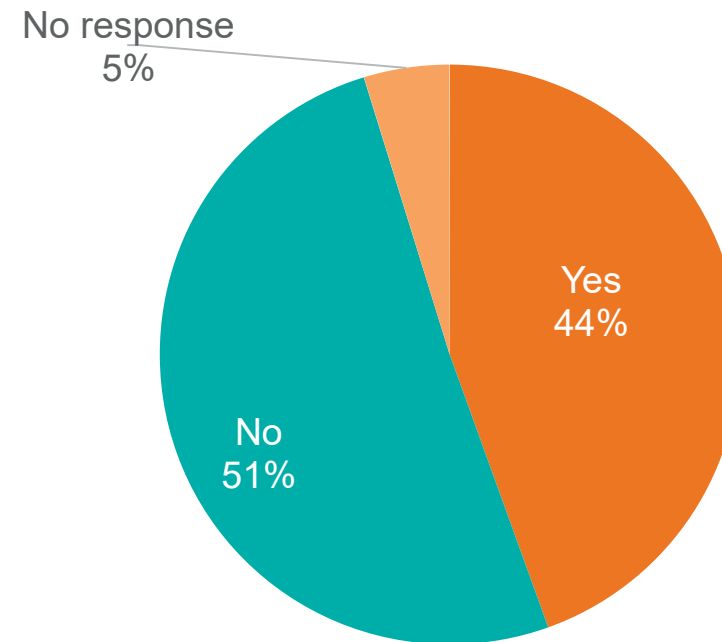


SCHFP Staff: LGBTQ+

Identify as member of LGBTQ+ community

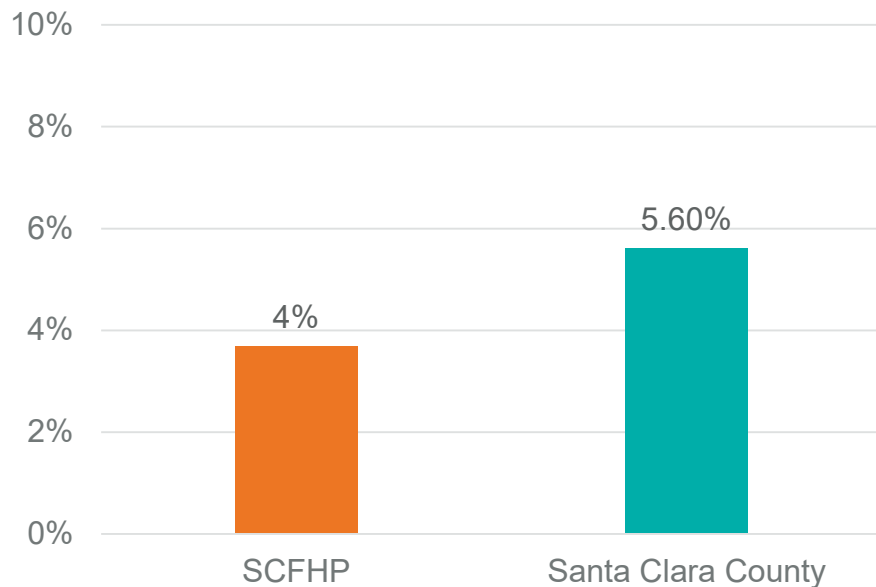


Have loved one who identifies as member of LGBTQ+ community

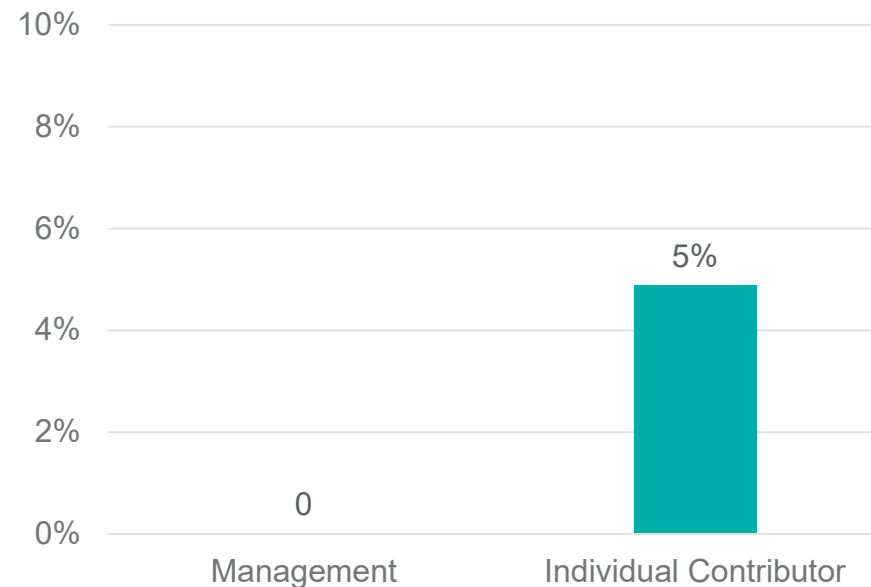


Identify as a person with a disability

SCFHP compared to Santa Clara County

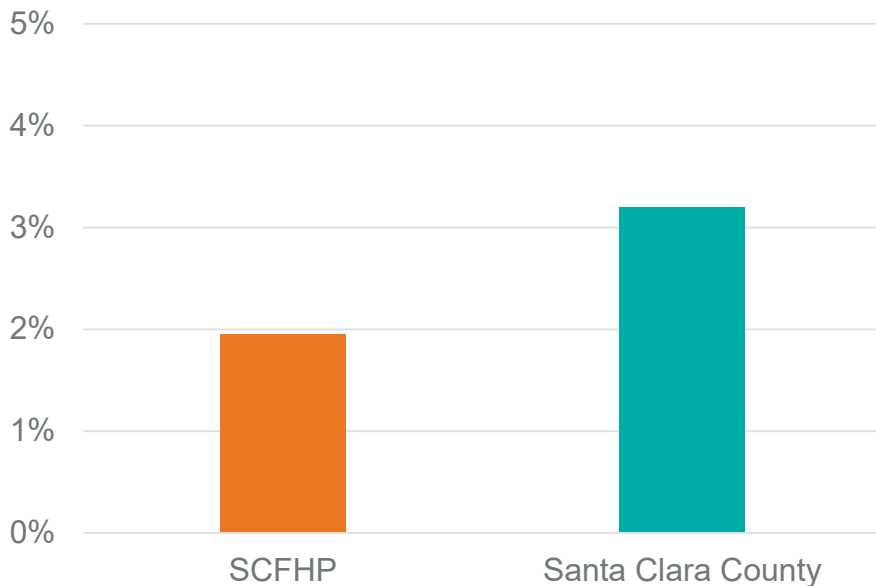


Management compared to Individual Contributors

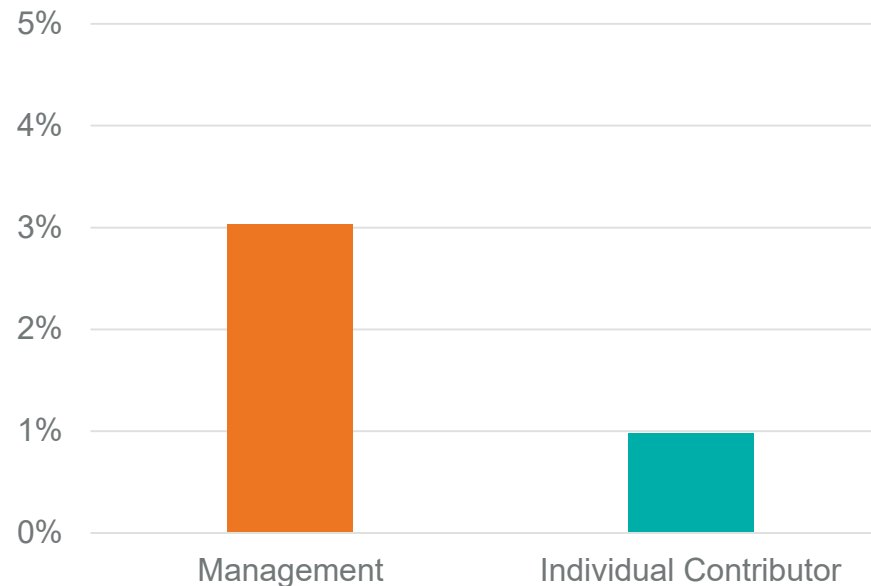


Identify as a Veteran

SCFHP compared to Santa Clara County

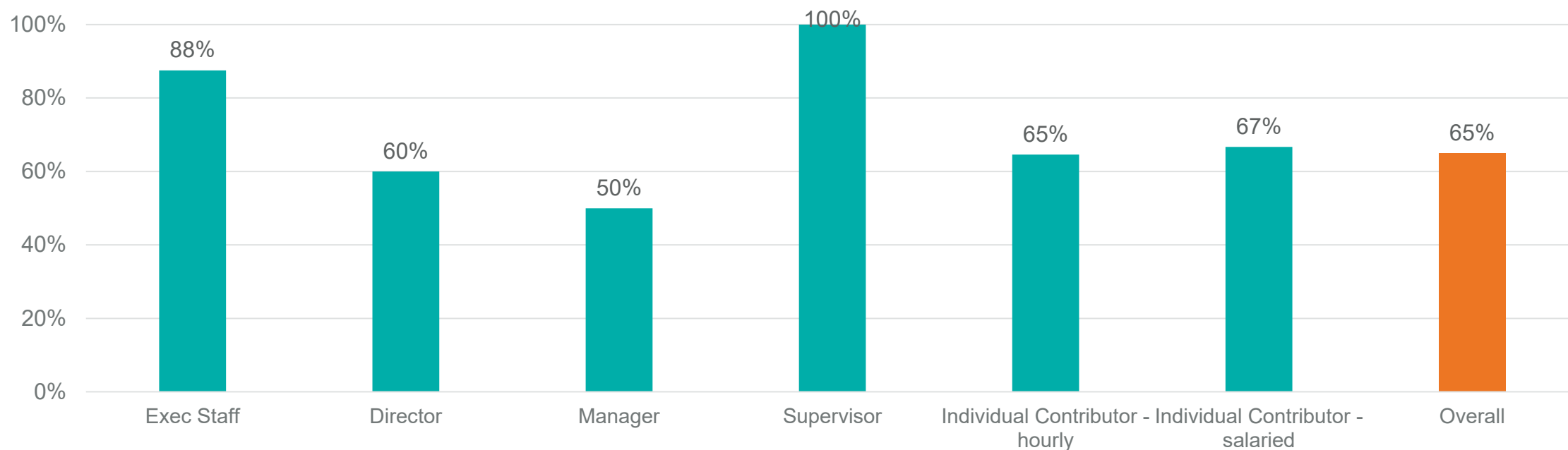


Management compared to Individual Contributors

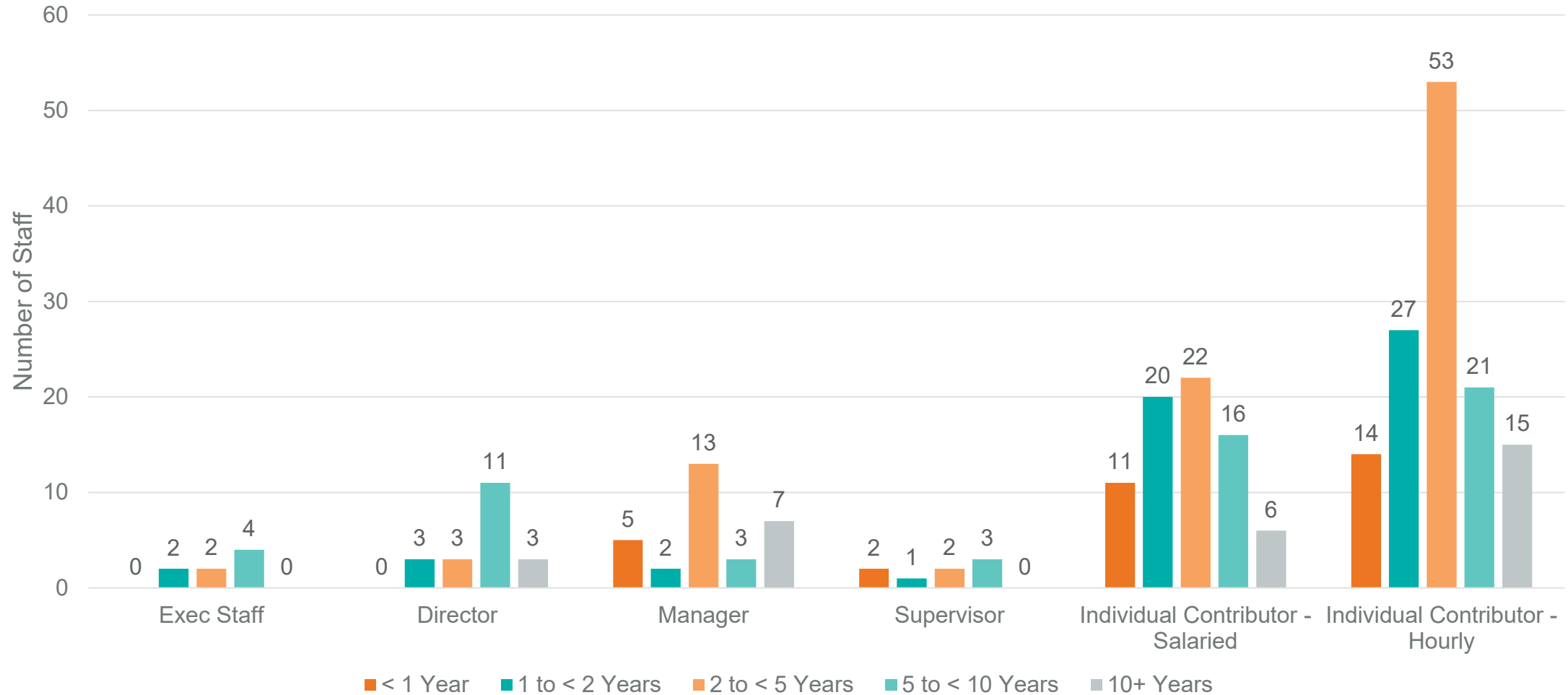


Someone close has been enrolled in Medi-Cal/Medicaid

Two-thirds of our staff have someone close to them who has been enrolled in Medi-Cal or Medicaid

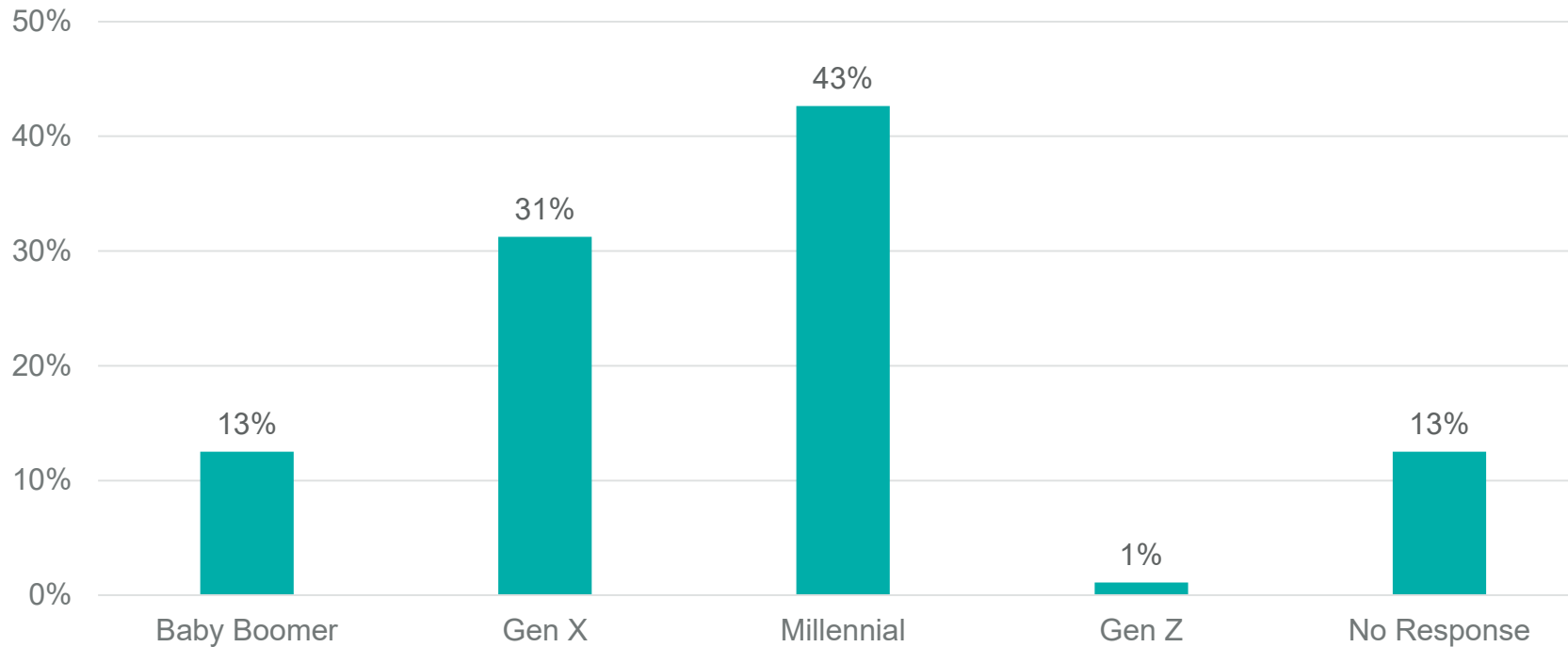


Years with SCFHP



Generation

Over 40% of our staff are Millennials



Generations

Baby Boomers = 1946 to 1964

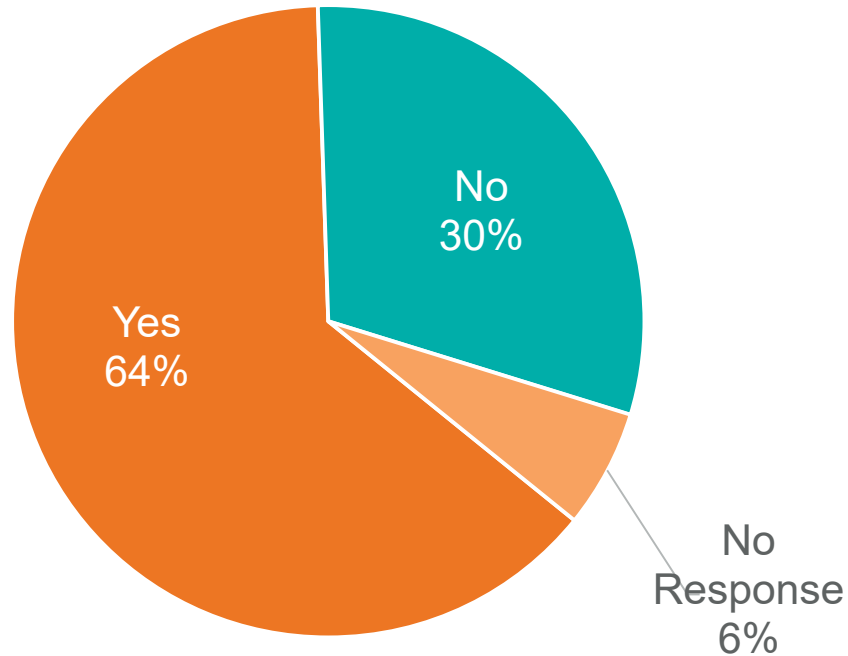
Generation X = 1965 to 1980

Millennial = 1981 to 1996

Generation Z = 1997 to 2012

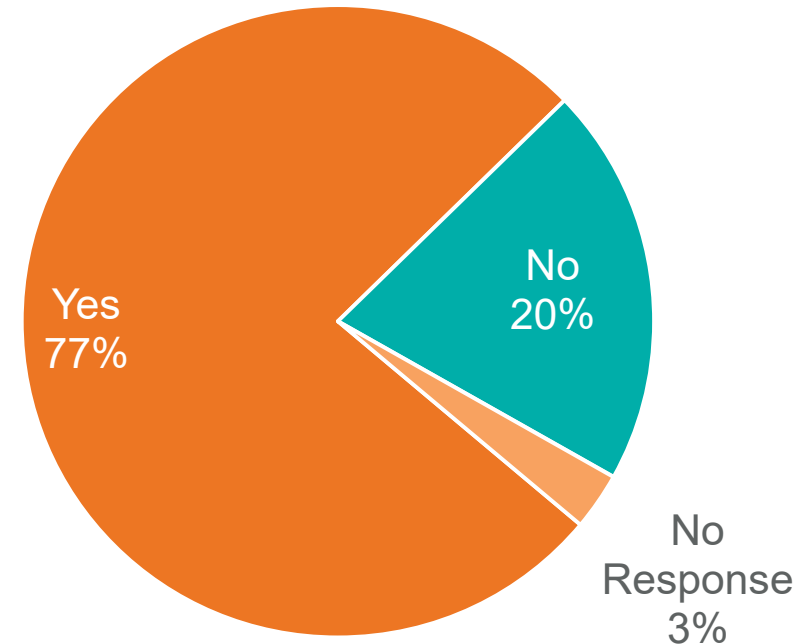
Live in Santa Clara County

Managers



Two-thirds of management staff live in the county

Individual Contributors



Three quarters of individual contributors live in the county



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Governing Board and Committee Members

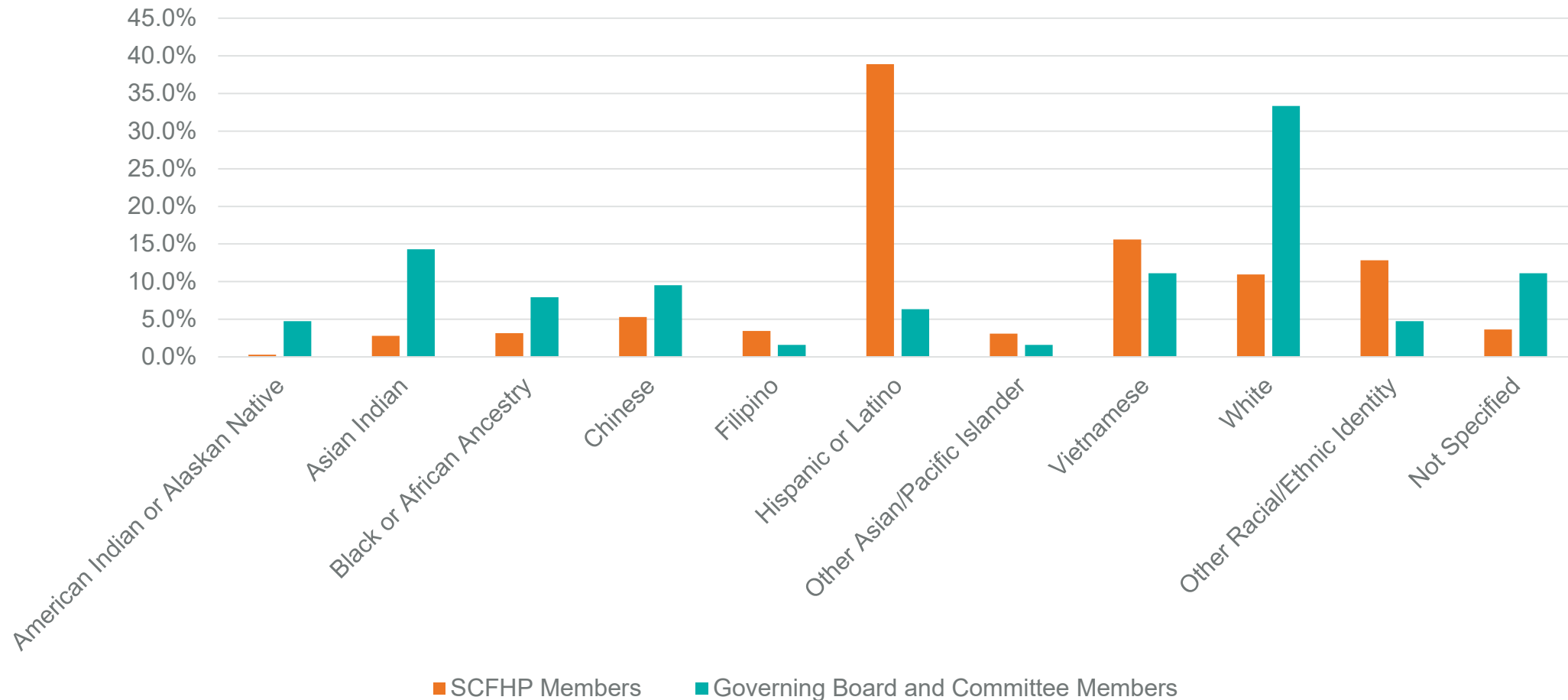
Response Rates

Governing Board and Committees

	Member Count	Responses Received	Response Rate
Governing Board	13	13	100%
Consumer Advisory Board (Cal MediConnect)	4	4	100%
Consumer Advisory Committee (Medi-Cal)	8	7	88%
Credentialing & Peer Review	4	3	75%
Executive/Finance Committee	5	4	80%
Pharmacy & Therapeutics Committee	7	4	57%
Provider Advisory Council	10	10	100%
Quality Improvement Committee	6	6	100%
Utilization Management Committee	6	5	83%
Overall	63	56	88.9%

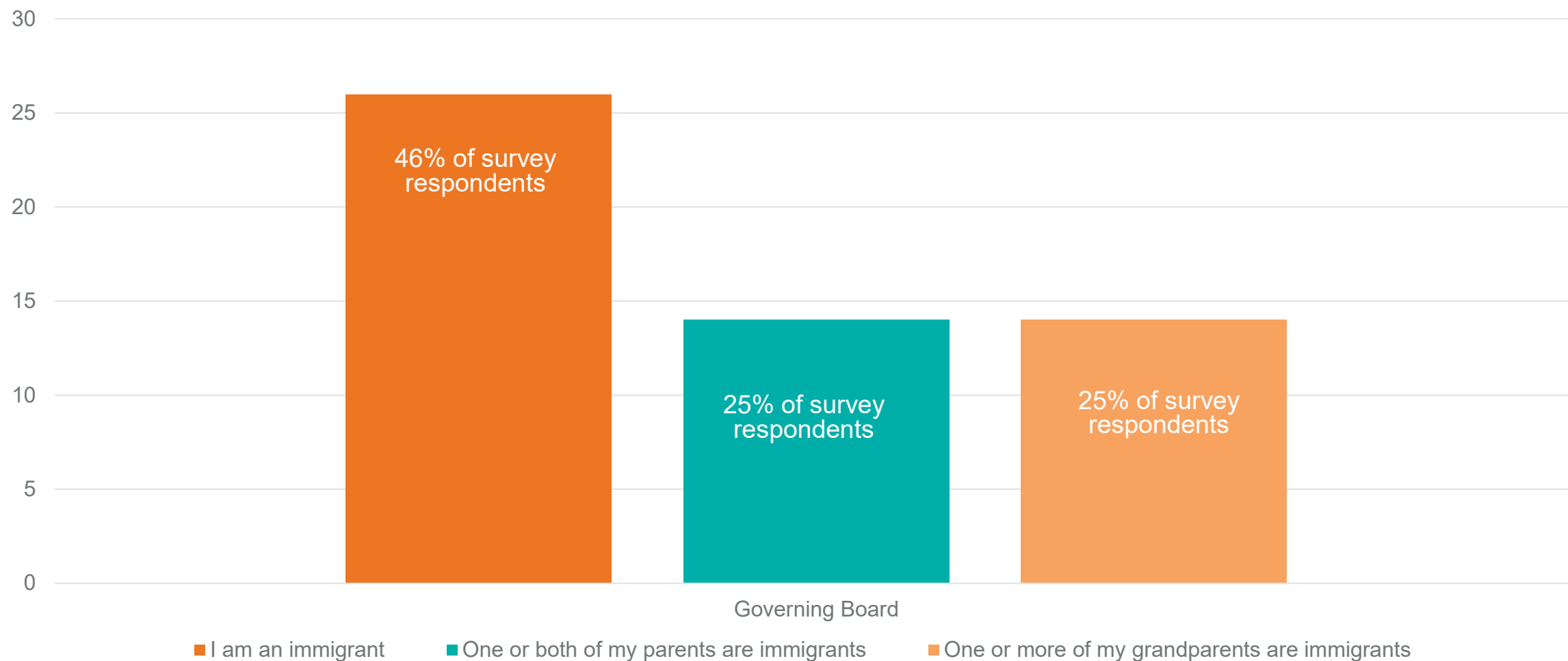
Race/Ethnicity: comparison to members

Opportunity for increased representation from the Hispanic/Latino community



Immigrant status of Board and Committee members

Almost half of members who responded are immigrants



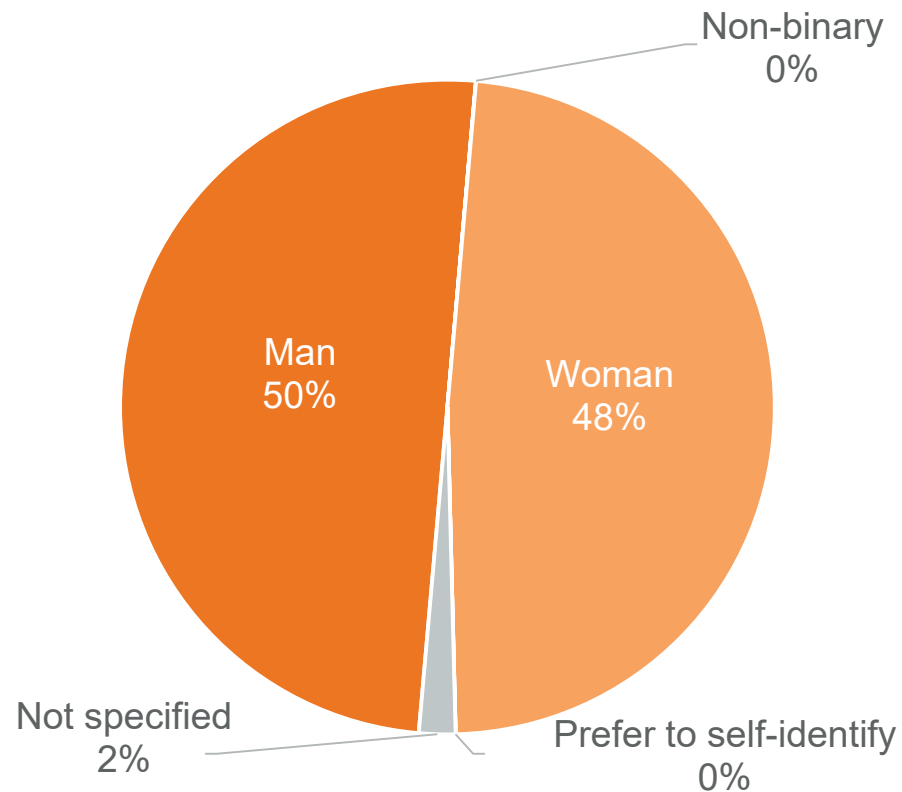
Languages spoken

Opportunity for increased representation from Spanish-speaking community

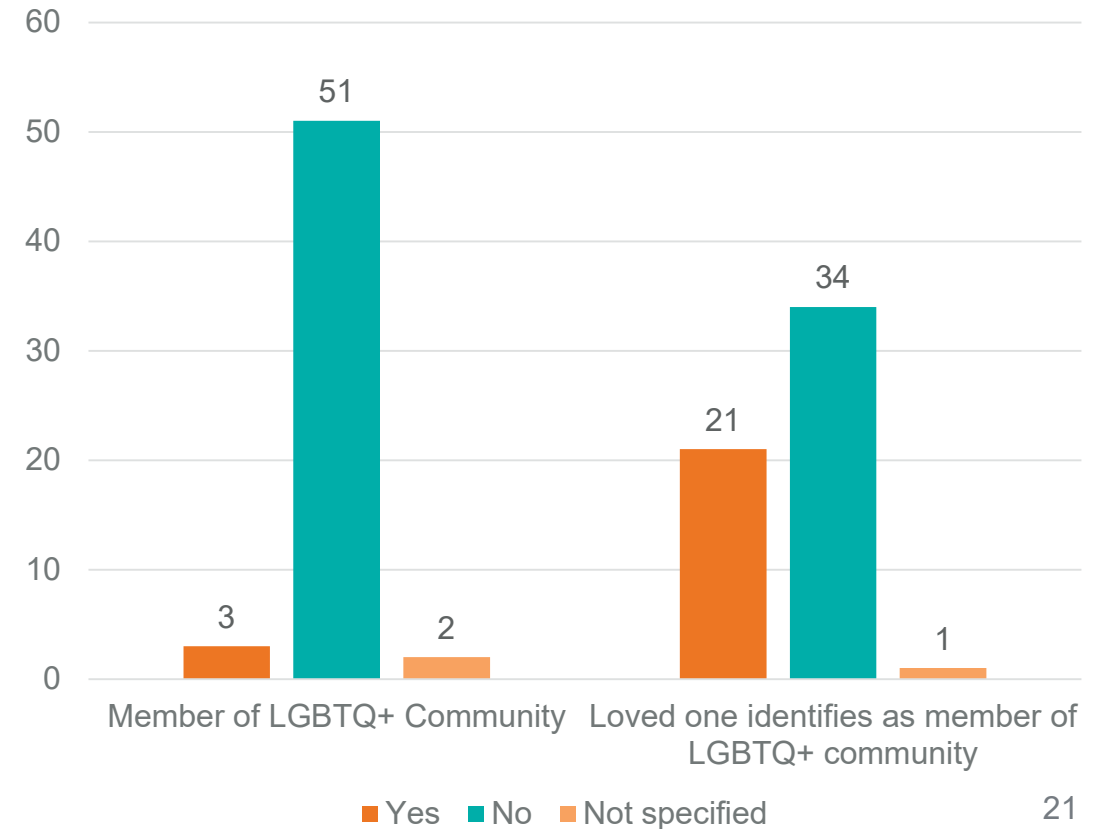


LGBTQ+

Gender with which responding Board and Committee members currently identify

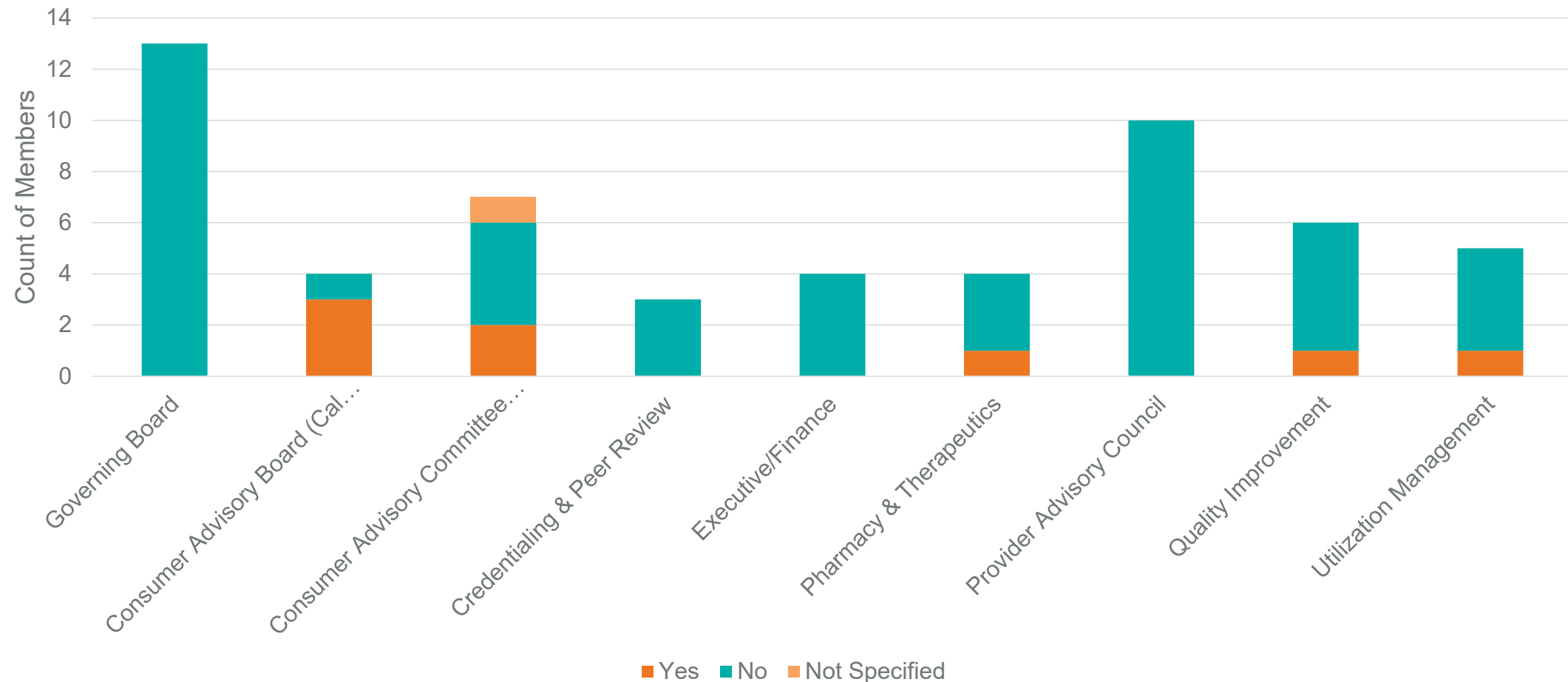


Affiliation with LGBTQ+ community, for responding Board and Committee members



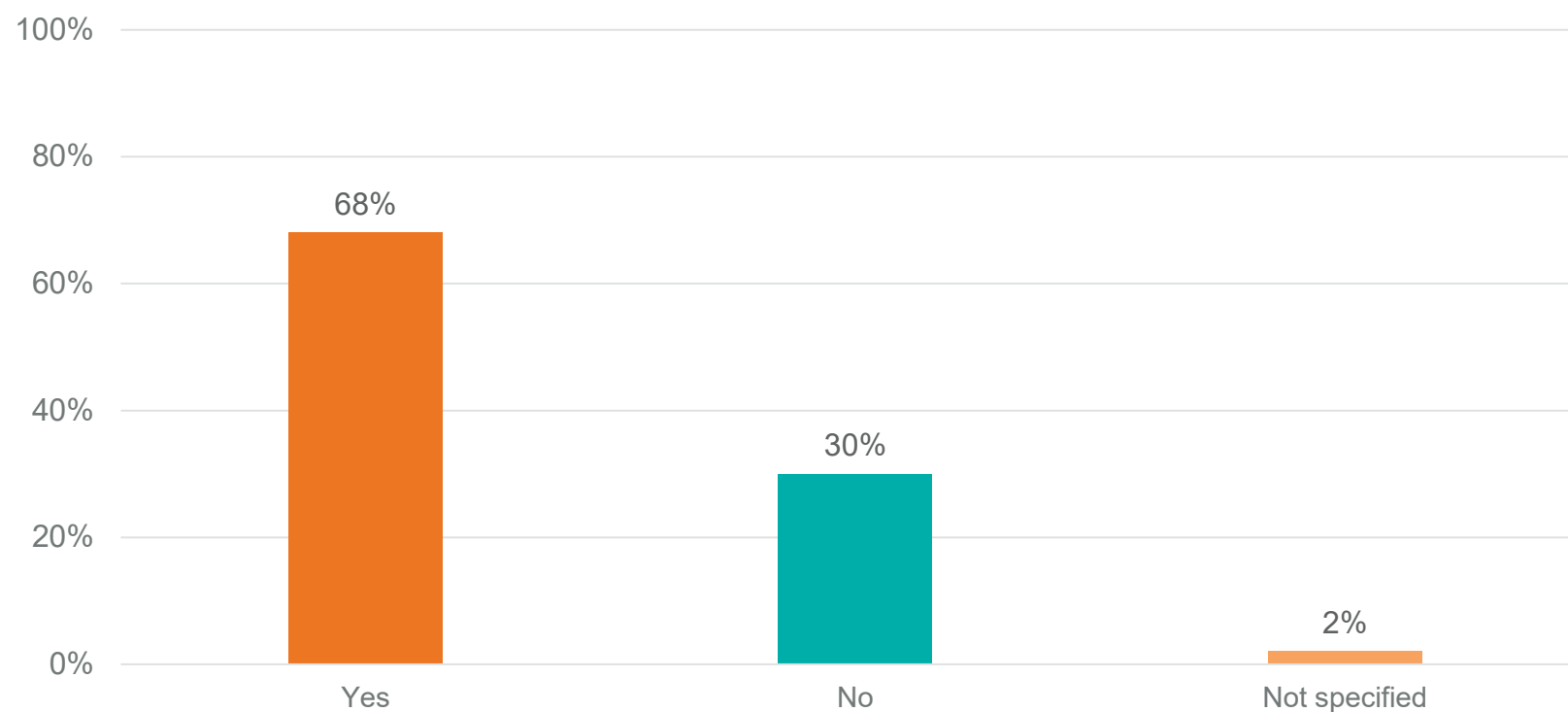
Identify as a person with a disability

14% of Board/Committee members who responded identify as a person with a disability, with 5 out of those 8 members participating in the CAB or CAC



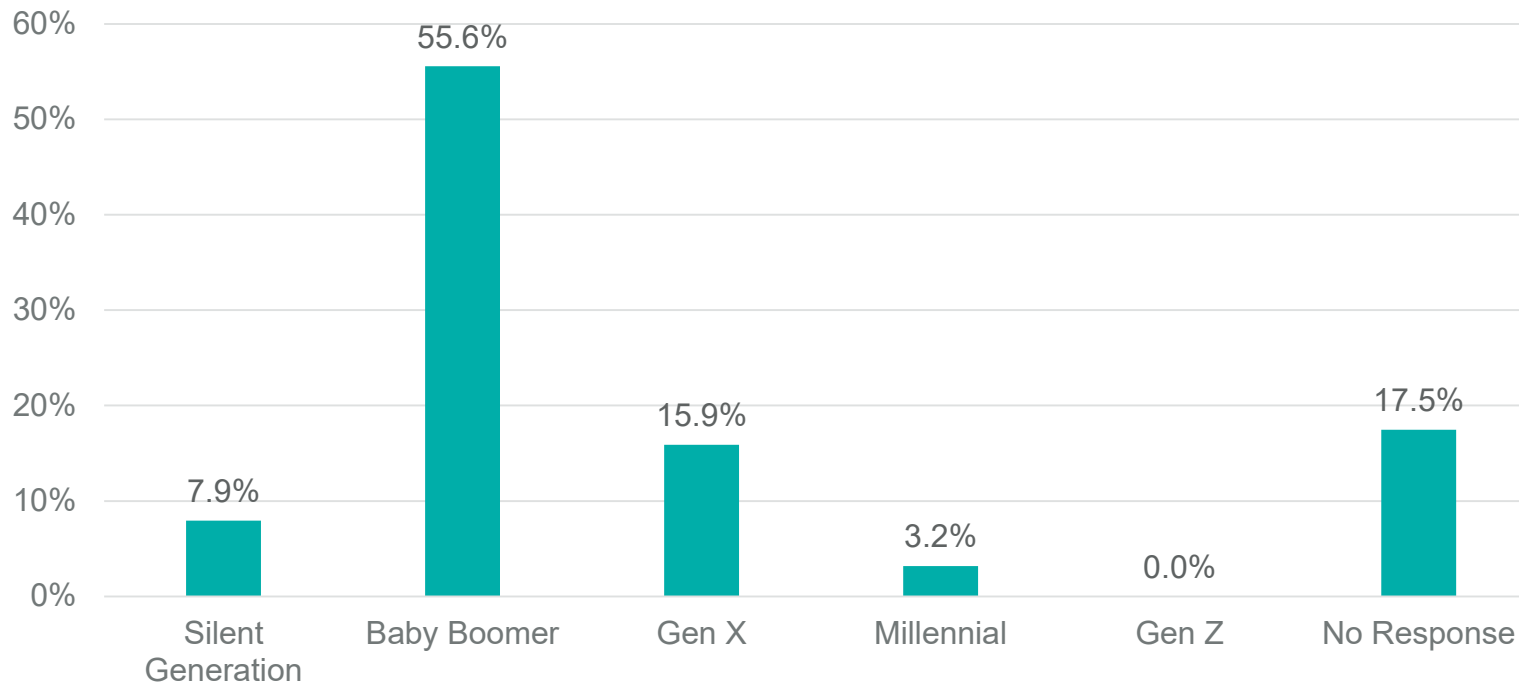
Someone close has been enrolled in Medi-Cal/Medicaid

Two-thirds of Board/Committee members who responded have someone close to them who has been enrolled in Medi-Cal or Medicaid



Generation

Majority of Board and Committee members are Baby Boomers



Generations

Silent Generation = 1927 to 1945

Baby Boomers = 1946 to 1964

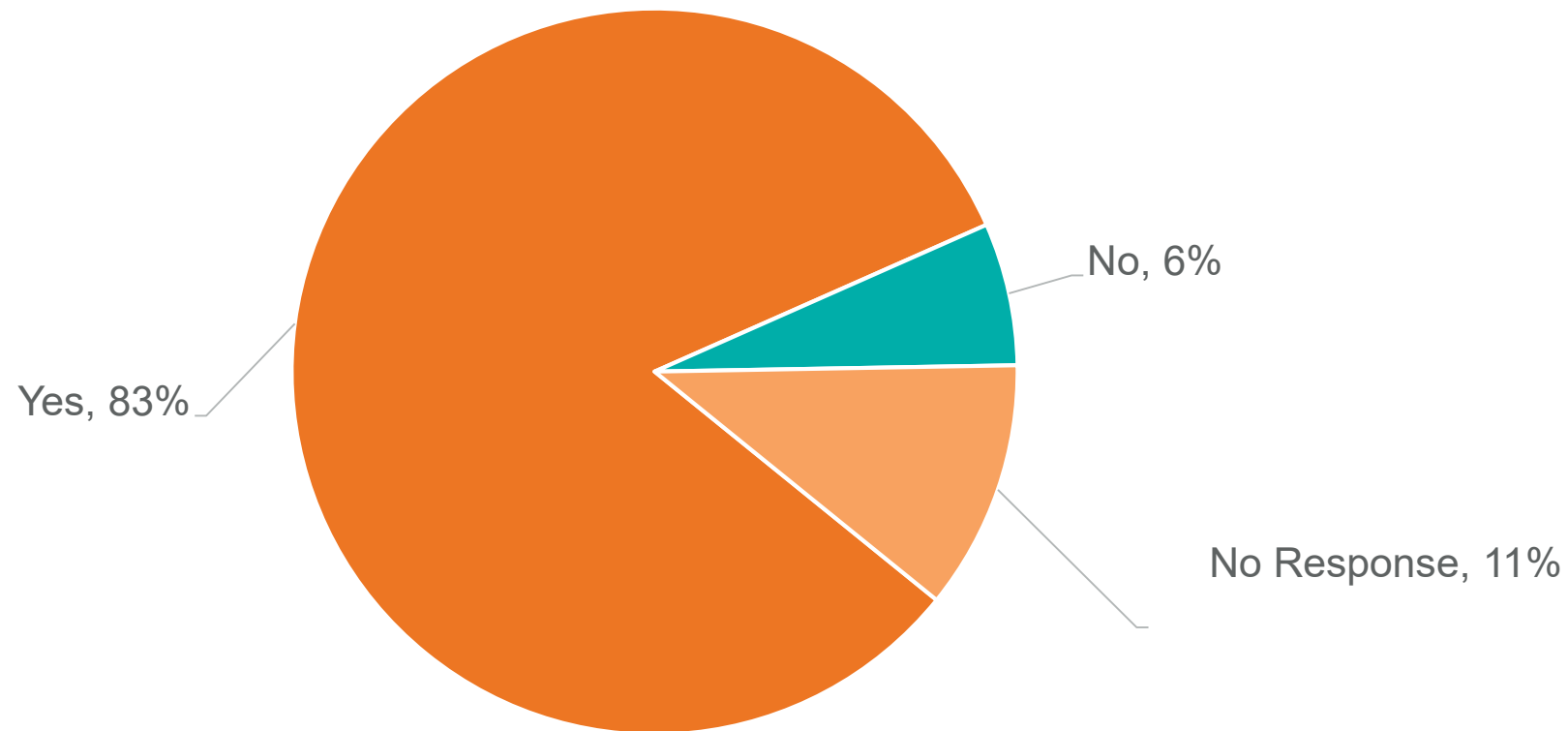
Generation X = 1965 to 1980

Millennial = 1981 to 1996

Generation Z = 1997 to 2012

Live in Santa Clara County

Most Board and Committee members are residents of SCC





Santa Clara Family Health Plan™

Governing Board Update:
SCFHP Blanca Alvarado Community Resource Center

September 2021

New Signage!

Front of Building



View from parking lot





Lobby Mural

Kids' Room Mural



What is happening at the CRC:

- **In-Person Services**
 - Free Application Assistance - Covered California
 - Purpose to increase healthcare coverage for adults and children in Santa Clara County.
 - CRC provided assistance to 160 residents during the month of July & August
- **In-Person & Virtual Programs & Events— August 2021**
 - Health & Wellness Classes
 - Digital Literacy Program – City of San Jose and ICAN (International Children Assistance Network)
 - Health & Wellness Classes
 - Member Orientation
- **Center Resource Center (CRC) Planning Process:**
 - Designing a community resource center to address the health and social needs of our members and community
- ***Virtual Grand Opening** – Friday, September 17th from 12pm-1pm
- ***Community Open House**— Saturday, October 2nd from 10am-3pm

Welcome!

New Staff Member

Welcome!
Lidia Valencia
Community Health Worker

15+ years experience serving
and advancing the health of
underserved communities



Days & Hours of Operation

Starting November 2021*

- Open Monday – Friday
- 10am-6pm
 - Supporting both morning and afternoon visitors
- Starting October 2021 – Open Saturday (once a month)



*Subject to change due to COVID

COVID-19 Safety

For the health and safety of all people:

- **Face coverings continue to be required.**
 - Applies to everyone, including those who are fully vaccinated.
 - The CDC, the State Health Department, and our infectious disease experts recommends that masking is a best practice in community centers.
- **Self-screen for symptoms prior to entering.**
 - This means that every visitor and employee must pass the self-screening process prior to entry including temperature check and questioner.
- **Good hygiene practices**
 - Hand sanitizer will be conveniently available at the entrance and throughout the CRC.

Community Resource Center

**PROGRAM
CALENDAR**

COMING SOON

CRC Planning Process

What is a CRC Planning Process?

- Identifying health and social needs of members and East San Jose residents
- Community-led process
- Trauma informed
- Committed to equity and social justice
- 7-8 Month Timeline



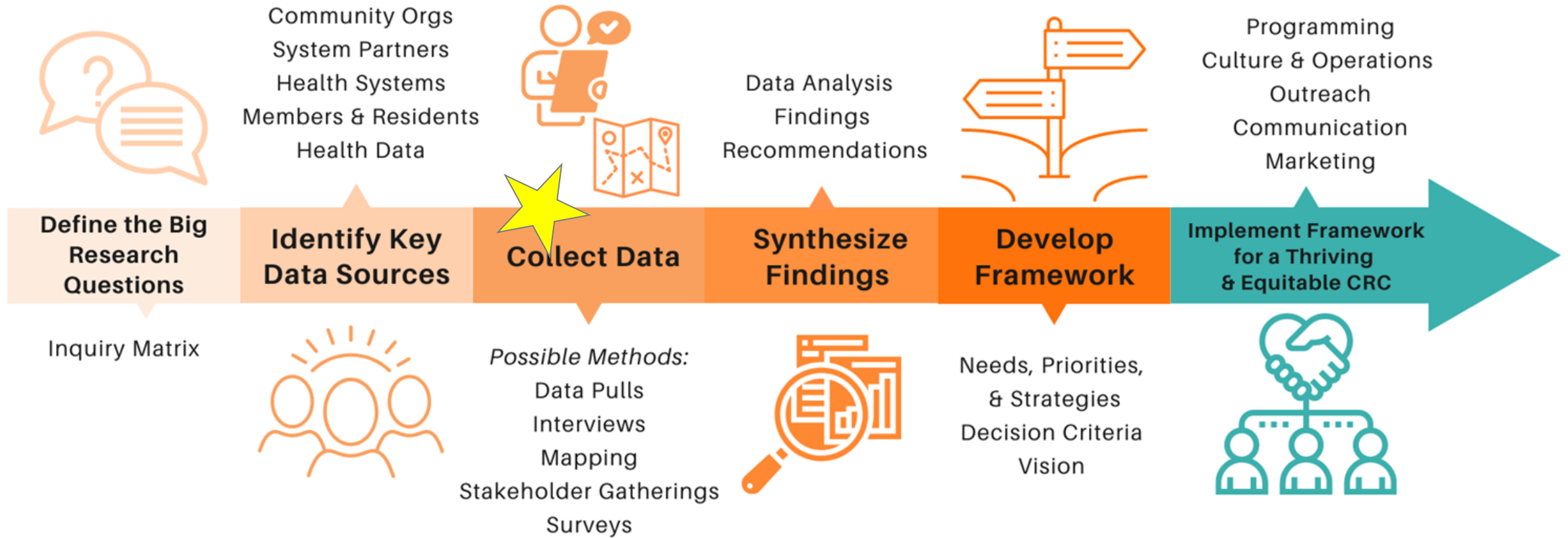
Designing a community resource center that creates the conditions to maximize our potential as a community without leaving anyone behind.

PROCESS ROADMAP



Santa Clara Family
Health Plan™

Blanca Alvarado
Community Resource Center



THE BIG QUESTIONS

(1) How can we **ensure the center is trusted** by our community?

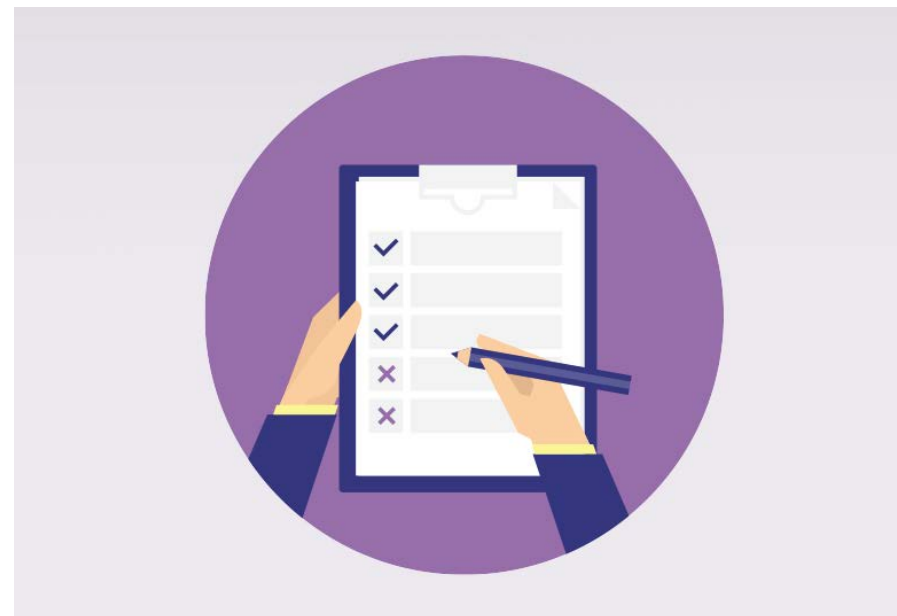
(2) How can we **best reach and engage** members and residents?

(3) What **programs and supports** will be **most relevant** and useful for our community?

Resident Survey

SCFHP wants to understand the current needs of East San Jose communities

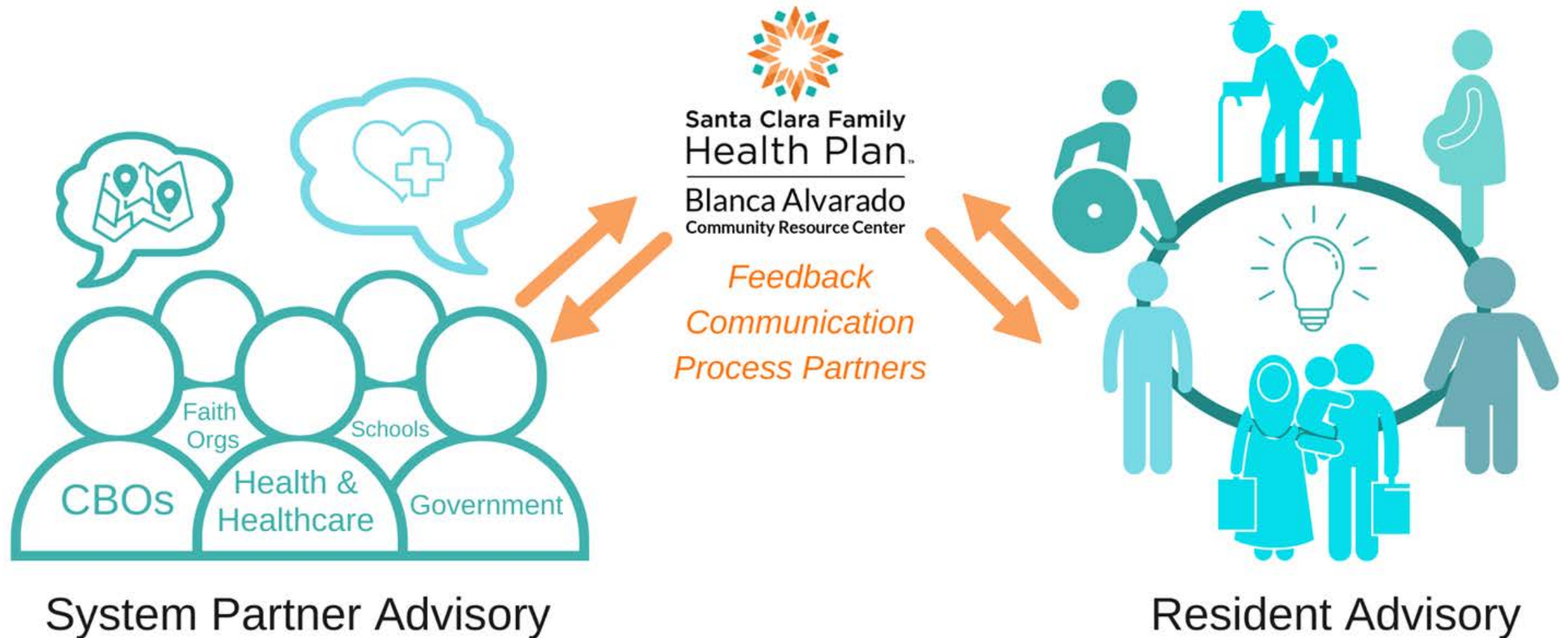
- Centering East San Jose Residents
- Low income and underserved communities
- Goal to reach 500 households
- Grassroots Engagement Strategy
 - CRC Advisory Groups
 - Consumer Advisory Board
 - Consumer Advisory Committee
 - Community Resource Center
 - SCFHP Member Newsletter
 - SCFHP Social Media



Survey will be available starting
September 10th



Process Advisory Bodies



CRC Resident Advisory

16 Residents from East San Jose
Cultural Diversity & Lived Experience



CRC System Advisory

22 leaders from community & system organizations



Virtual Grand Opening

Held September 17th 2021 | Time: 12pm-1pm



Community Open House

Saturday, October 2nd

10am-3pm

- Open-Air Health Fair
- 30+ CBO tables
- Ribbon Cutting Ceremony
- Cultural Entertainment
- CRC Tours
- Giveaways
- Zumbaton
- COVID Testing + Vaccination



Follow & Like Us!

Social Media

- Facebook
 - SCFHP Blanca Alvarado Community Resource Center
 - @scfhp.crc
- Instagram
 - SCFHP Blanca Alvarado CRC
 - @scfhp.crc



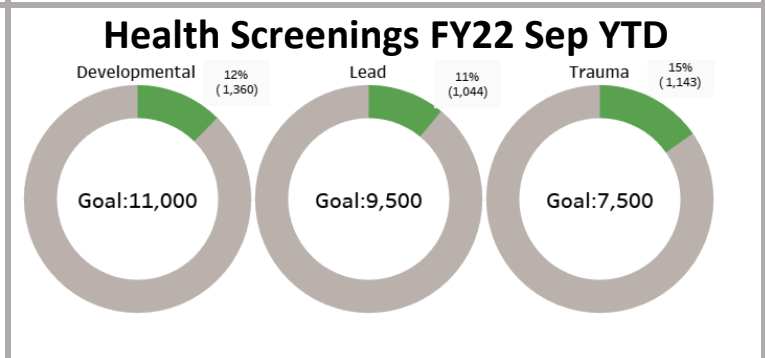
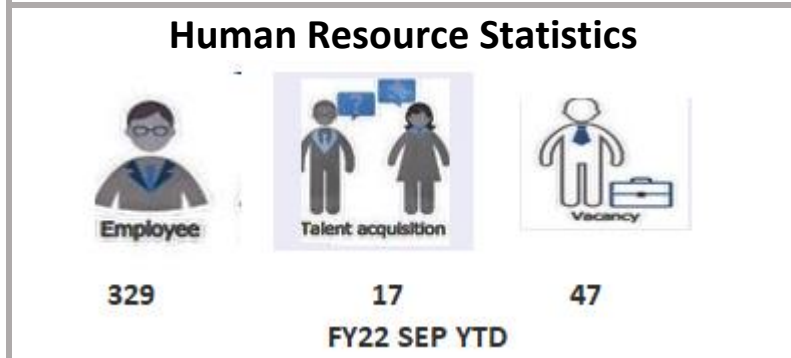
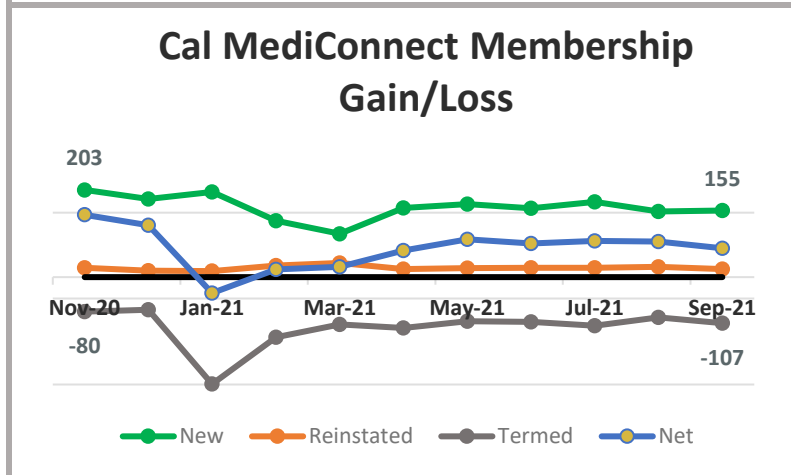
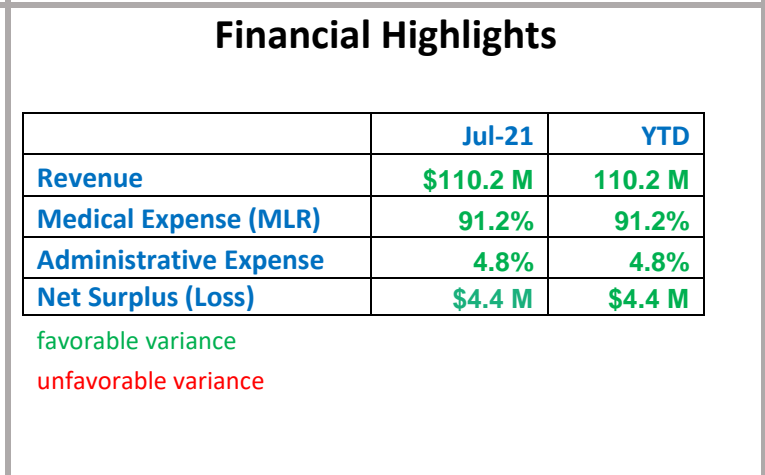
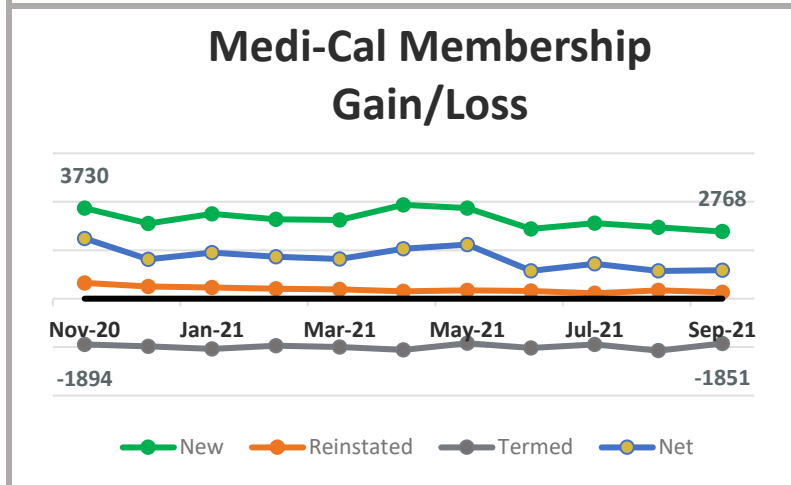
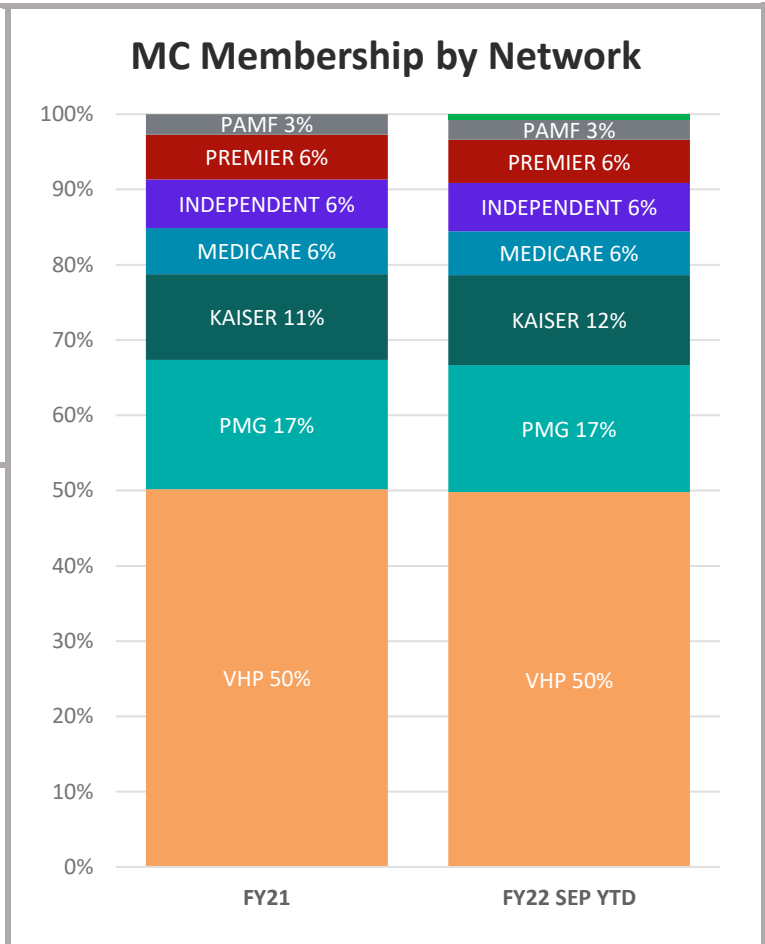
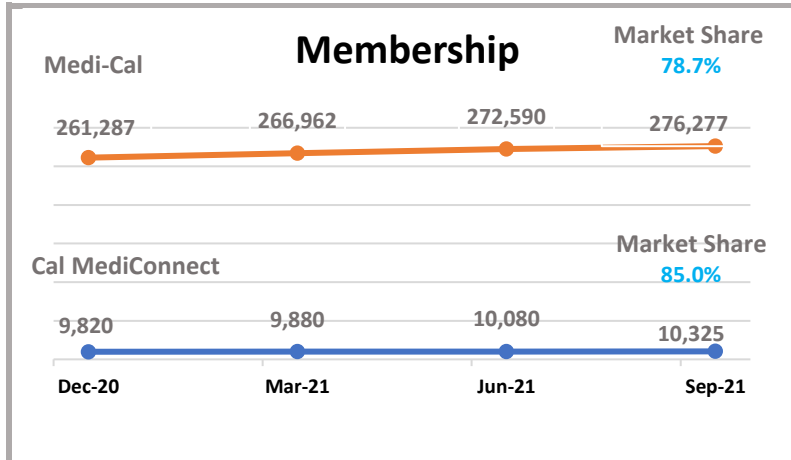
Santa Clara Family Health Plan™

Thank You!

Mgonzalez@scfhp.com

Board Dashboard

September 2021

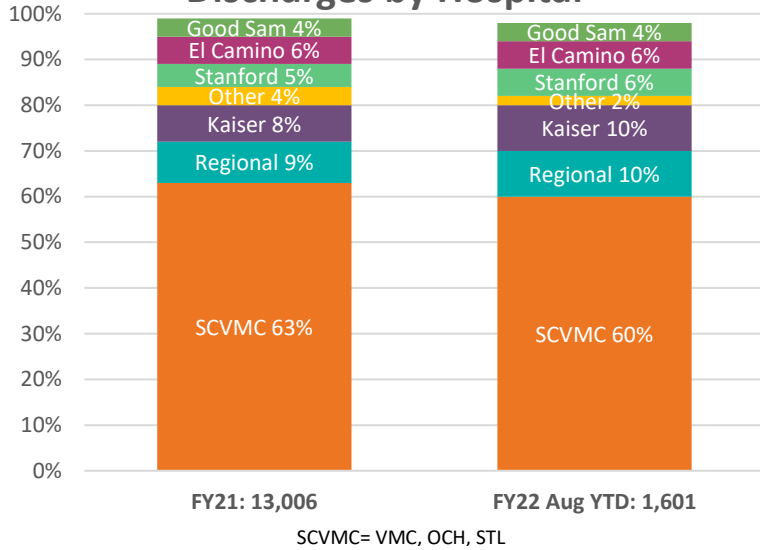


Board Dashboard

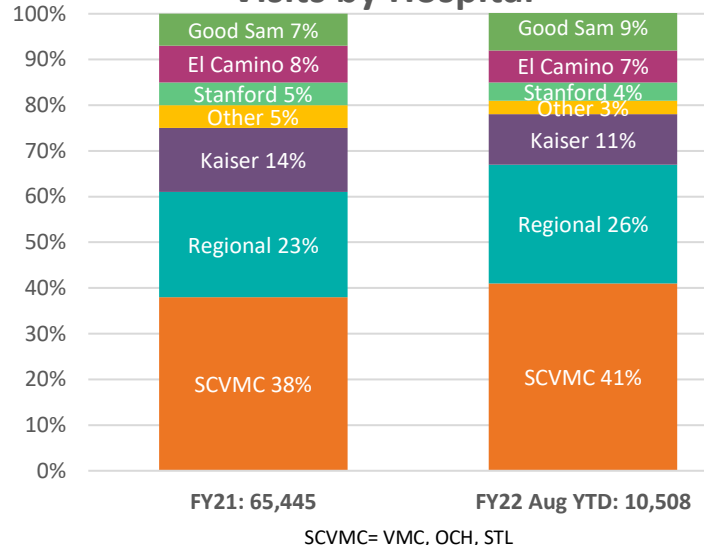
September 2021



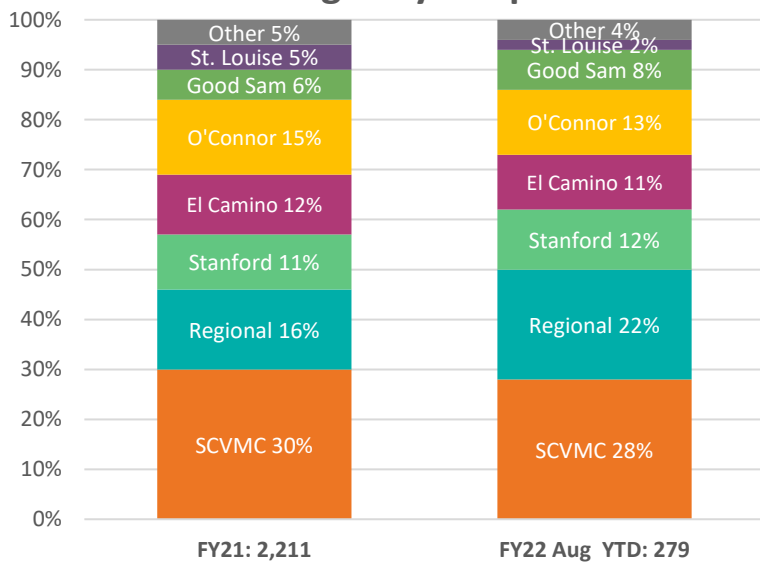
Medi-Cal Inpatient Discharges by Hospital



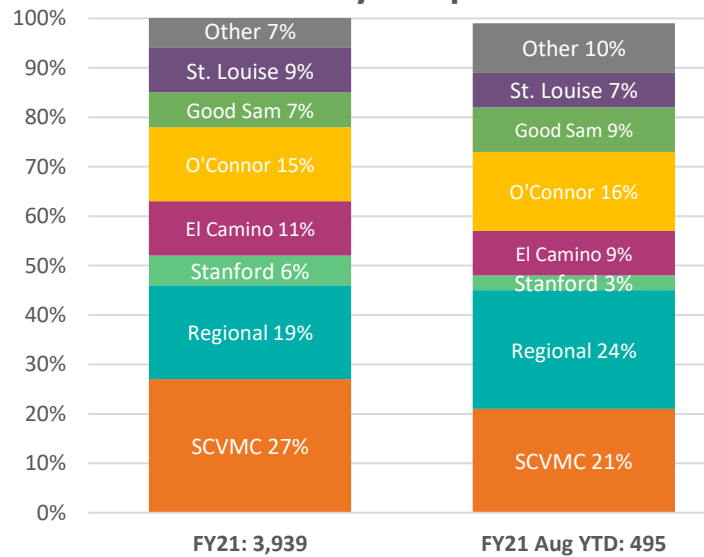
Medi-Cal Emergency Visits by Hospital



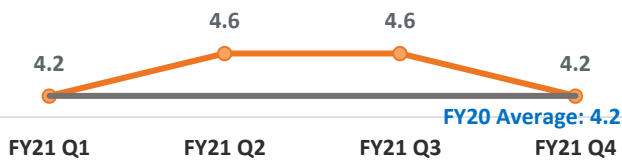
Cal MediConnect Inpatient Discharges by Hospital



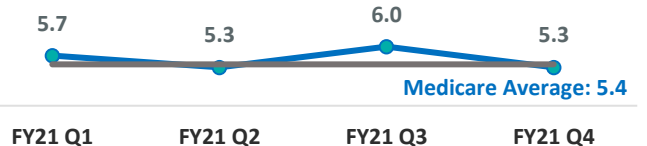
Cal MediConnect Emergency Visits by Hospital



Medi-Cal Inpatient Average Length of Stay (ALOS)



Cal MediConnect Inpatient Average Length of Stay (ALOS)

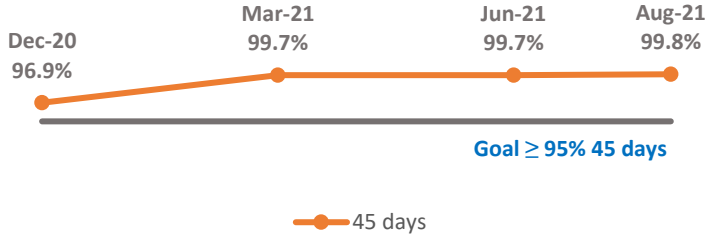


Board Dashboard

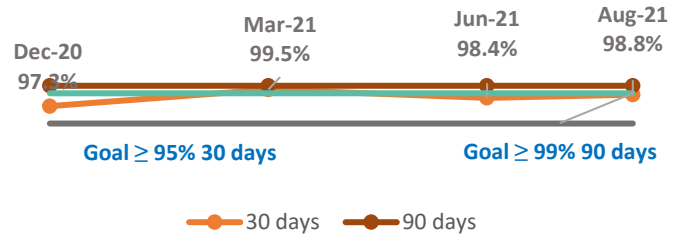
September 2021



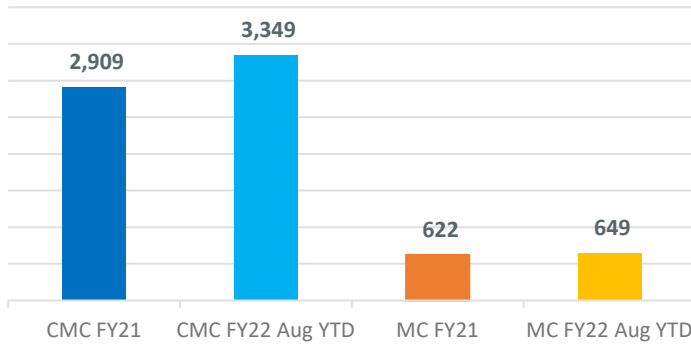
Medi-Cal Claims Processing



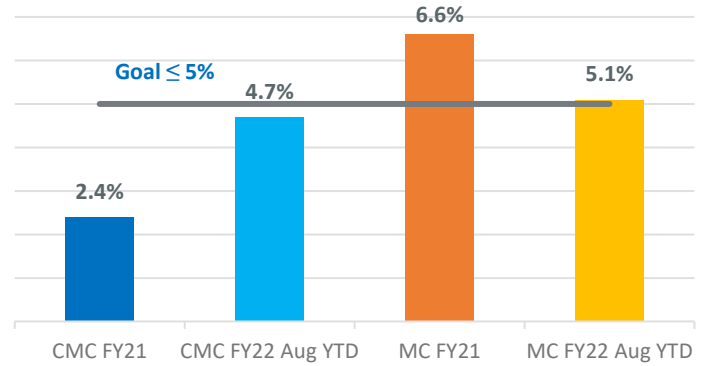
Cal MediConnect Claims Processing



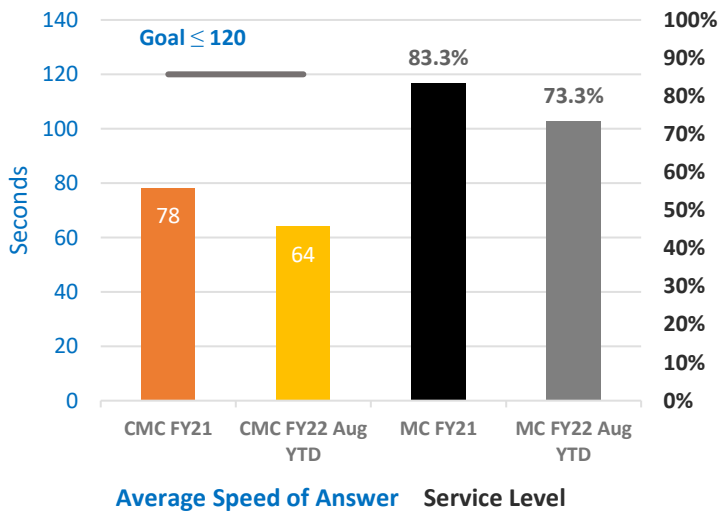
Member Calls Handled per 1,000 Members/Year



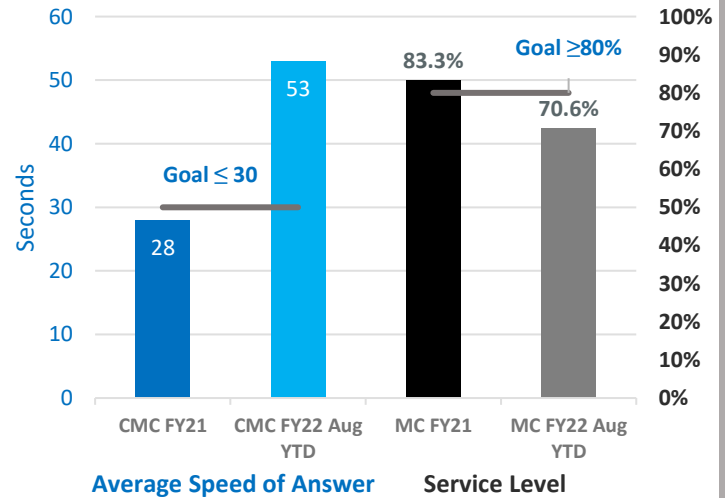
Abandoned Call Data



Medi-Cal Member Call Data



Cal MediConnect Member Call Data



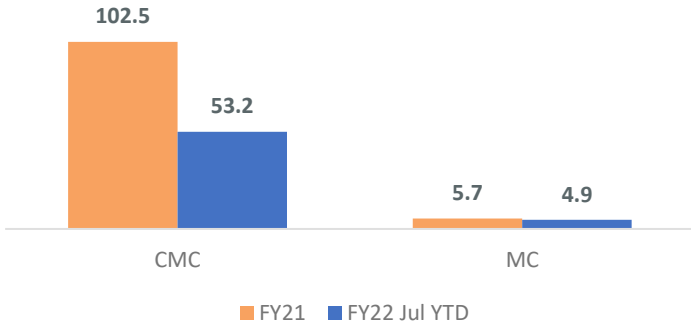
Board Dashboard

September 2021



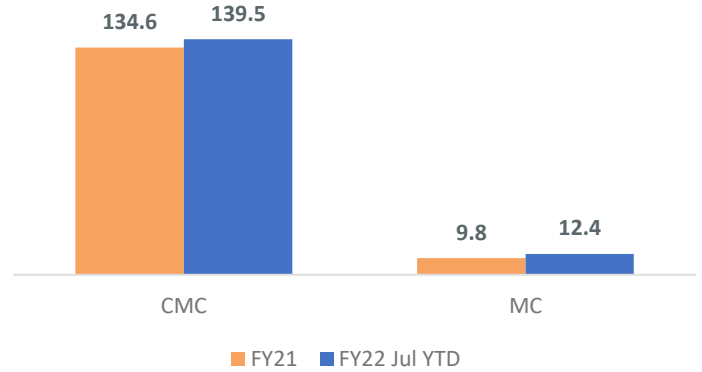
Appeals per 1,000 Members/Year

Appeal: request to change SCFHP coverage decision

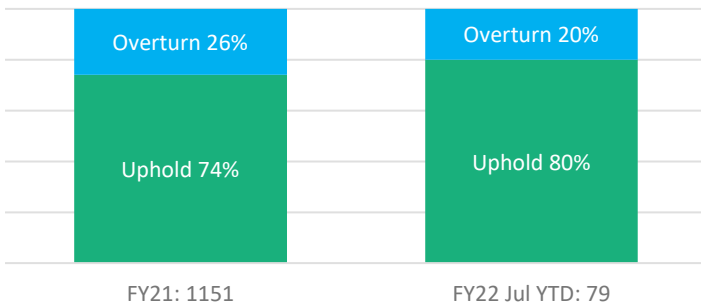


Grievances per 1,000 Members/Year

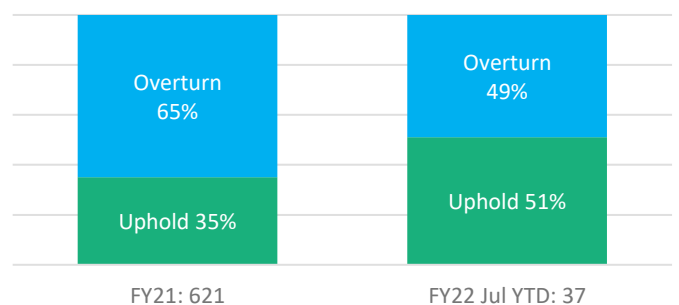
Grievance: member dissatisfaction with a service



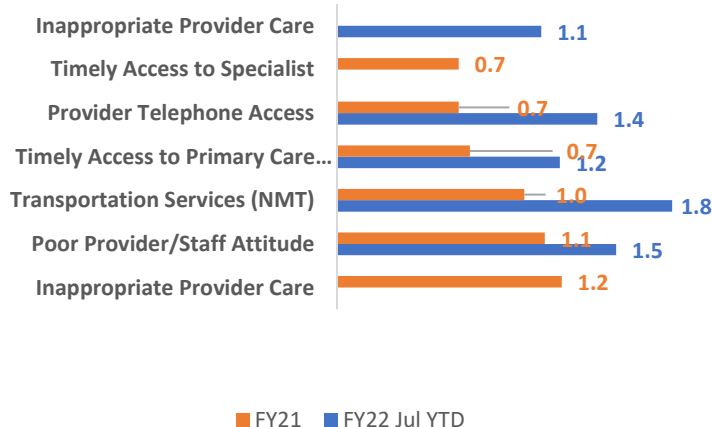
Medi-Cal Appeals by Outcome



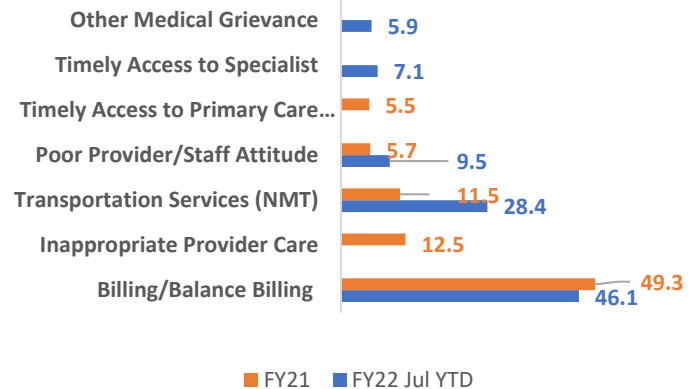
Cal MediConnect Appeals by Outcome



Medi-Cal Top Grievances per 1,000 Members/Year



Cal MediConnect Top Grievances per 1,000 Members/Year



Compliance Activity Report

September 23, 2021

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**
Our 2021 annual DHCS Medi-Cal audit occurred between March 8 and March 19, covering a review period of March 2020 through February 2021. In July we received the final audit report, which included three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. Last year's audit included six findings, one of which was the same finding related to transportation vendor enrollment. The Plan has submitted corrective action plans and supporting documentation to DHCS.
- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**
Also in March, the Plan underwent a follow-up audit of our 2019 DMHC audit. The scope of the audit was limited to the outstanding deficiencies in our 2019 audit final report, which related to delegate oversight of utilization management and providing proof of a response for post-stabilization care requests within the required timeframe. We recently received the final audit report, which indicated that we have corrected the deficiency related to post-stabilization care requests, but have not corrected the deficiency related to delegate oversight. The report indicated that our delegates' authorization denial letters did not consistently meet DMHC requirements and that we did not demonstrate evidence of effective delegate monitoring during the review period.
- **Medicare Data Validation**
The Plan has completed its annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to validate data reported to CMS during calendar year 2020. The audit validates data submitted for the Part D program, specifically for Appeals & Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. After conducting a virtual interview at the end of April to review our overall reporting process, Advent then reviewed our source documentation and submitted final results to CMS in late June. We achieved 100% compliance in all four categories.
- **CMS Disclosure**
The Compliance Department recently disclosed to CMS an issue the Plan discovered that was preventing providers from receiving information about transitions of care, interdisciplinary care team (ICT) meetings, and individual care plans (ICP). Unbeknownst to staff since August 2018, a bug fix deployed by our case management software inadvertently disabled our fax capability through that system. Since faxes were the primary means of transmitting certain information to providers, 33,450 provider faxes were impacted, relating to 13,150 members. Since reestablishing fax capability, the Plan has re-faxed transitions of care letters generated since May 1, 2021 and ICP letters generated in the last 12 months for

members who are still assigned to the same SCFPH primary care physician (3,895 individuals).

- **Performance Measure Validation**

The Plan was selected by CMS's external quality review organization to participate in the 2021 performance measure validation audit. The audit focuses on 2020 reporting of data sets used to demonstrate compliance with two Cal MediConnect requirements: members with an initial health risk assessment and members with an initial care plan completed within 90 days of enrollment. A review session took place on August 19 and a draft report is anticipated in early December.



**Santa Clara Family
Health Plan™**

Government Relations Update

September 23, 2021

Federal Issues

Infrastructure reconciliation bill

- House Energy and Commerce
 - Medicaid in non-ACA expansion states
 - Home and community based services
 - Continuous eligibility for children
 - Postpartum eligibility
 - Prescription drug pricing
- House Ways and Means
 - Medicare vision, dental, hearing benefits
- Senate

State Issues

New Medi-Cal Benefits

- Enhanced Care Management & In Lieu of Services
- Doula services
- Whole genome sequencing
- Continuous glucose monitors
- Over-the-counter medication
- Community Health Worker provider type
- Dyadic services

State Issues (cont'd)

2022 CalAIM implementation

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

State Issues (cont'd)

Legislation

- AB 369 – presumptive eligibility for homeless individuals
- SB 316 – reimbursable FQHC visits
- SB 365 – reimbursable e-consults
- AB 361 – expiring Brown Act flexibilities
- SB 510 – retroactive COVID testing expenses

State Issues (cont'd)

Other DHCS updates

- New DHCS Director – Michelle Baas
- Commercial plan reprocurement
- Post-pandemic redeterminations



Santa Clara Family
Health Plan™

Unaudited Financial Statements
For The Month Ended July 31, 2021

Agenda

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Financial Highlights



	MTD		YTD	
Revenue	\$112 M		\$112 M	
Medical Expense (MLR)	\$101 M	90.2%	\$101 M	90.2%
Administrative Expense (% Rev)	\$5.5 M	4.9%	\$5.5 M	4.9%
Other Income/(Expense)	\$151K		\$151K	
Net Surplus (Net Loss)	\$5.6 M		\$5.6 M	

Cash and Investments	\$398 M
Receivables	\$517 M
Total Current Assets	\$925 M
Current Liabilities	\$701 M
Current Ratio	1.32
Tangible Net Equity	\$256 M
% of DMHC Requirement	733.1%

Financial Highlights

Net Surplus (Net Loss)	<ul style="list-style-type: none"> ▶ Month: Surplus of \$5.6M is \$4.3M or 310.6% favorable to budget of \$1.4M surplus. ▶ YTD: Surplus of \$5.6M is \$4.3M or 310.6% favorable to budget of \$1.4M surplus.
Enrollment	<ul style="list-style-type: none"> ▶ Month: Membership was 284,178 (747 or 0.3% lower than budget of 284,925). ▶ YTD: Member Months YTD was 284,178 (747 or 0.3% lower than budget of 284,925).
Revenue	<ul style="list-style-type: none"> ▶ Month: \$112.1M (\$657K or 0.6% favorable to budget of \$111.5M). ▶ YTD: \$112.1M (\$657K or 0.6% favorable to budget of \$111.5M).
Medical Expenses	<ul style="list-style-type: none"> ▶ Month: \$101.1M (\$2.9M or 2.8% favorable to budget of \$104.0M). ▶ YTD: \$101.1M (\$2.9M or 2.8% favorable to budget of \$104.0M).
Administrative Expenses	<ul style="list-style-type: none"> ▶ Month: \$5.5M (\$973K or 15.0% favorable to budget of \$6.5M). ▶ YTD: \$5.5M (\$973K or 15.0% favorable to budget of \$6.5M).
Tangible Net Equity	<ul style="list-style-type: none"> ▶ TNE was \$255.9M (represents approximately two months of total expenses).
Capital Expenditures	<ul style="list-style-type: none"> ▶ YTD Capital Investments of \$320K vs. \$3.3M annual budget, primarily software.



Santa Clara Family
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Detail Analyses

Enrollment

- Total enrollment of 284,178 members is 747 or 0.3% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 1,508 members or 0.5%.
- Medi-Cal enrollment has been increasing since January 2020, largely due to COVID (beginning in March 2020 annual eligibility redeterminations were suspended and enrollment continues to increase as a result).
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 0.6%, Medi-Cal Dual enrollment has increased 0.2%, and CMC enrollment has grown 0.7%.

	For the Month July 2021				For One Month Ending July 31, 2021				Prior Year Actuals	Δ FY22 vs. FY21
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	274,030	274,790	(760)	(0.3%)	274,030	274,790	(760)	(0.3%)	248,007	10.5%
Cal Medi-Connect	10,148	10,135	13	0.1%	10,148	10,135	13	0.1%	9,029	12.4%
Total	284,178	284,925	(747)	(0.3%)	284,178	284,925	(747)	(0.3%)	257,036	10.6%

Santa Clara Family Health Plan Enrollment By Network July 2021

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	35,517	13%	10,148	100%	45,665	16%
SCVHHS ¹ , Safety Net Clinics, FQHC ² Clinics	136,328	50%	-	0%	136,328	48%
Palo Alto Medical Foundation	7,400	3%	-	0%	7,400	3%
Physicians Medical Group	46,353	17%	-	0%	46,353	16%
Premier Care	15,864	6%	-	0%	15,864	6%
Kaiser	32,568	12%	-	0%	32,568	11%
Total	274,030	100%	10,148	100%	284,178	100%
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	0.5%		0.7%		0.5%	

¹ SCVHHS = Santa Clara Valley Health & Hospital System

² FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD JULY-2021

	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	FYTD var	%	
NON DUAL	Adult (over 19)	27,066	27,877	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	33,336	339	1.0%
	Child (under 19)	96,605	97,359	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	100,666	189	0.2%
	Aged - Medi-Cal Only	11,227	11,178	11,229	11,263	11,328	11,385	11,463	11,451	11,459	11,509	11,535	11,567	11,613	46	0.4%
	Disabled - Medi-Cal Only	10,944	10,910	10,839	10,875	10,830	10,849	10,877	10,847	10,811	10,772	10,747	10,725	10,736	11	0.1%
	Adult Expansion	76,262	77,701	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,763	806	0.9%
	BCCTP	11	11	11	11	11	11	10	10	11	9	9	9	9	0	0.0%
	Long Term Care	402	406	407	409	389	393	388	380	373	375	367	365	367	2	0.5%
	Total Non-Duals	222,517	225,442	227,647	230,802	233,383	235,227	237,137	238,849	240,599	242,678	244,841	246,097	247,490	1,393	0.6%

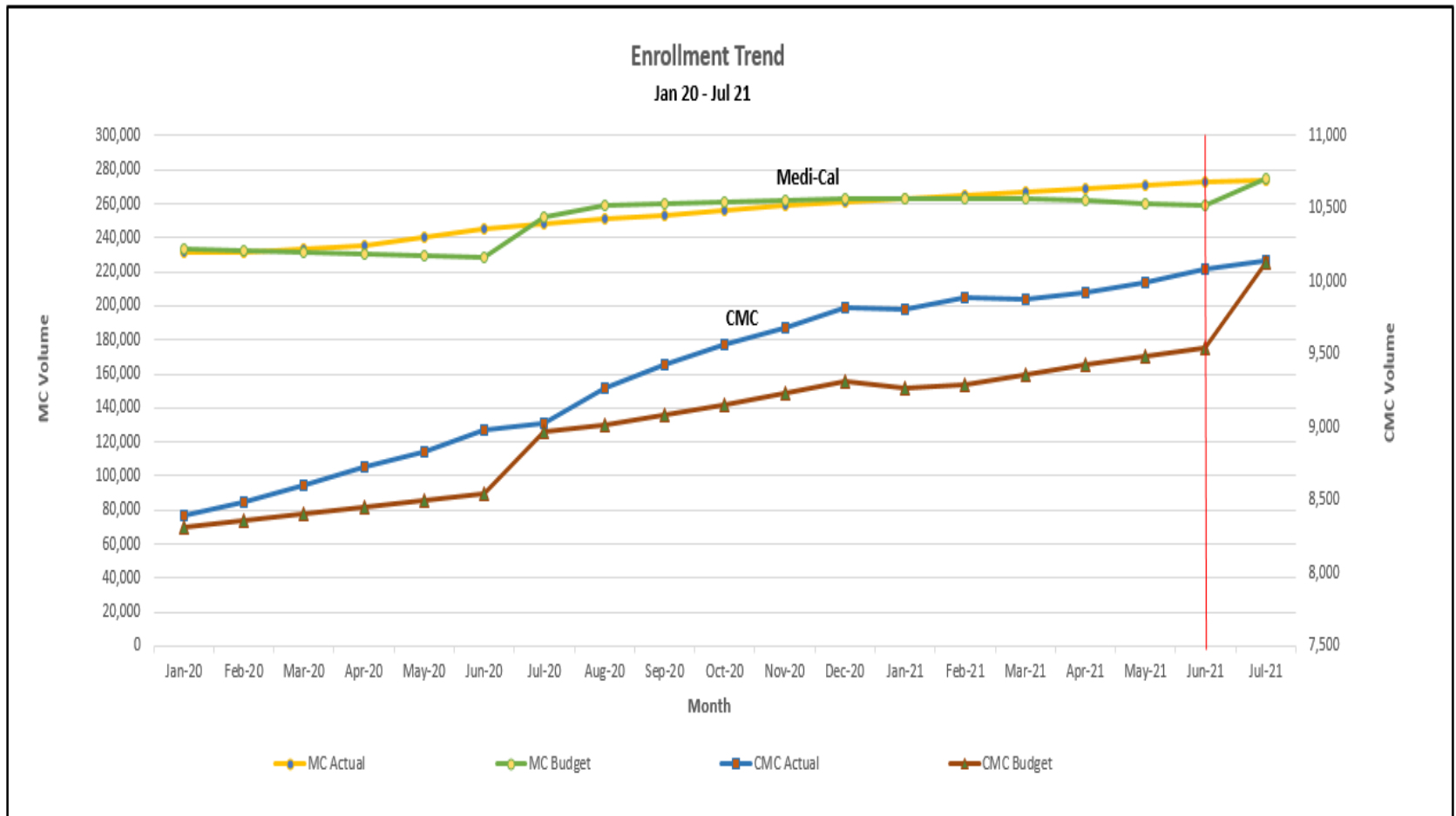
DUAL	Adult (21 Over)	327	320	337	354	353	353	352	355	361	357	365	366	369	3	0.8%
	SPD (21 Over)	23,641	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	24,053	-62	(0.3%)
	Adult Expansion	261	289	358	410	498	537	590	662	742	802	863	952	1,046	94	9.9%
	Long Term Care	1,261	1,267	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,072	12	1.1%
	Total Duals	25,490	25,562	25,605	25,688	25,819	26,060	25,956	26,246	26,363	26,365	26,405	26,493	26,540	47	0.2%

Total Medi-Cal	248,007	251,004	253,252	256,490	259,202	261,287	263,093	265,095	266,962	269,043	271,246	272,590	274,030	1,440	0.5%
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CMC	CMC Non-Long Term Care	8,814	9,055	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,954	59	0.6%
	CMC - Long Term Care	215	211	216	210	209	207	193	187	184	179	180	185	194	9	4.9%
	Total CMC	9,029	9,266	9,428	9,570	9,679	9,820	9,807	9,893	9,880	9,924	9,989	10,080	10,148	68	0.7%

Total Enrollment	257,036	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	284,178	1,508	0.5%
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Enrollment Trend

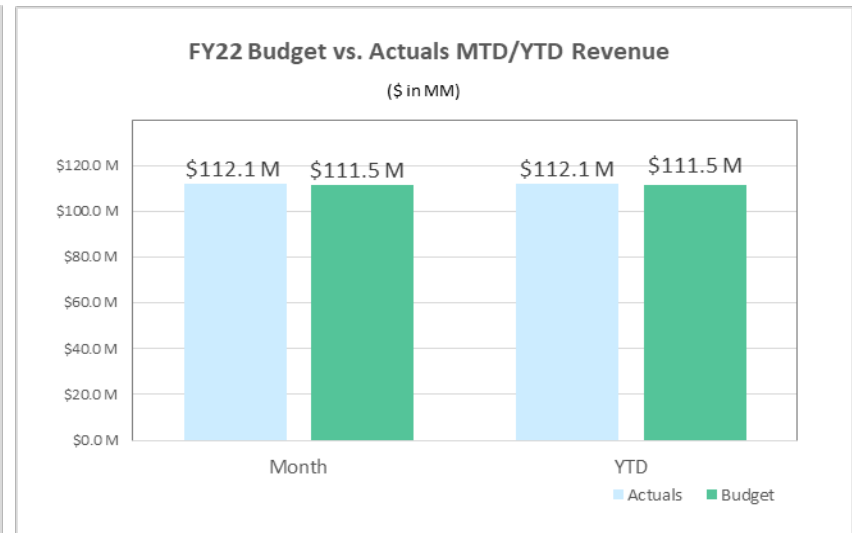
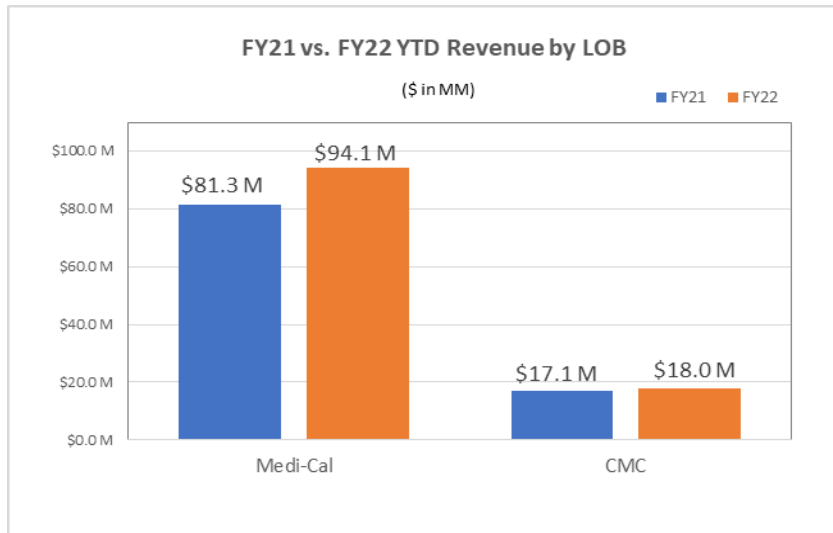


- Budgeted enrollment, represented by the green & brown lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

Revenue

Current month revenue of \$112.1M was \$657K or 0.6% favorable to budget of \$111.5M. The current month variance was primarily due to the following:

- Supplemental kick revenue was \$1.5M favorable to budget due to increased BHT, Health Home, and Hep-C utilization and higher maternity deliveries.
- MCAL Non-Dual revenue is \$750K net unfavorable to budget due to lower enrollment than budget, offset with higher CY21 LTC and SPD rates.
- MCAL Dual revenue is \$272K favorable to budget due to higher CY21 MLTSS rate, offset with lower enrollment than expected.
- CMC revenue was \$173K unfavorable to budget due to lower rate and enrollment than budgeted.
- MCAL Prop-56 revenue is \$169K unfavorable to budget due to lower enrollment.

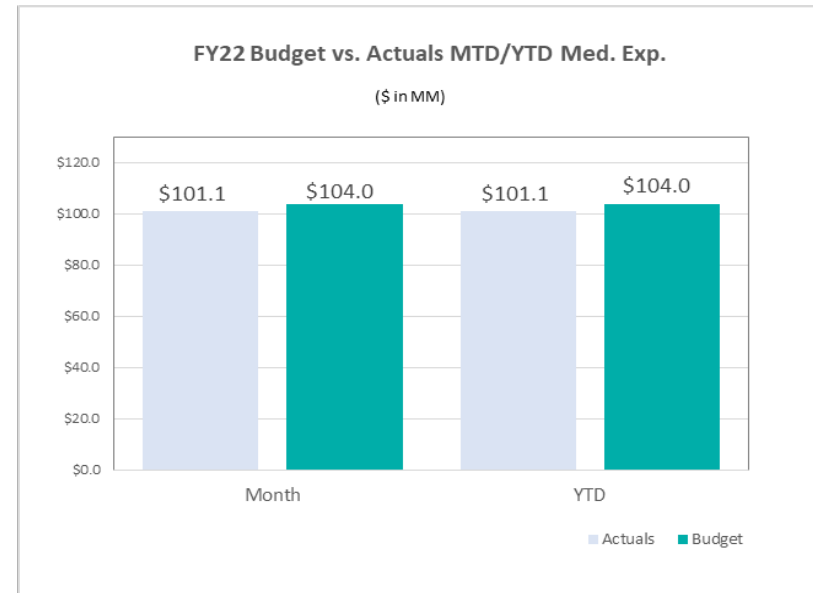
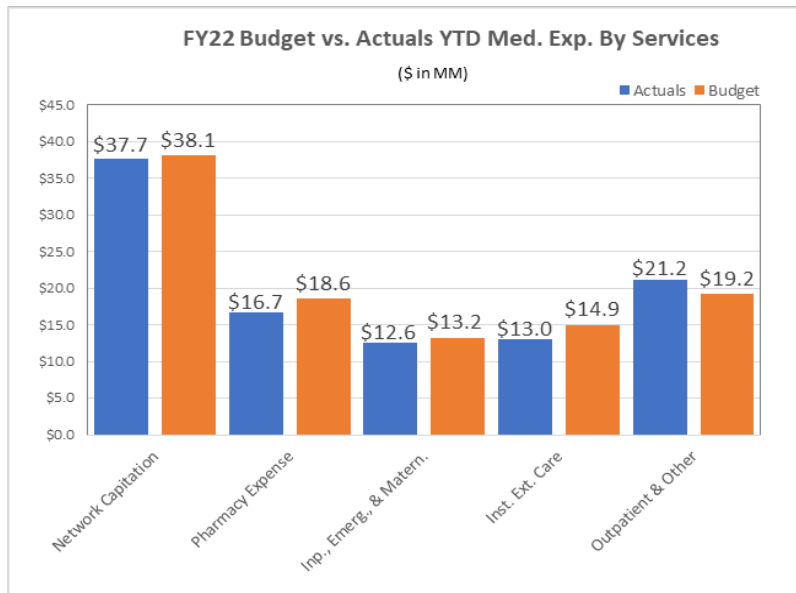


Medical Expense

Current month medical expense of \$101.1M was \$2.9M or 2.8% favorable to budget of \$104.0M.

The current month variance was due largely to:

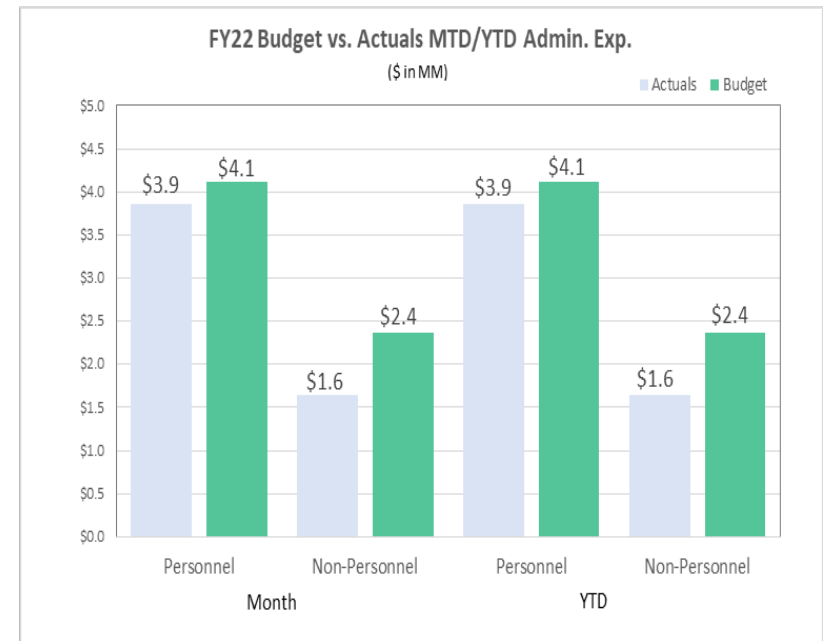
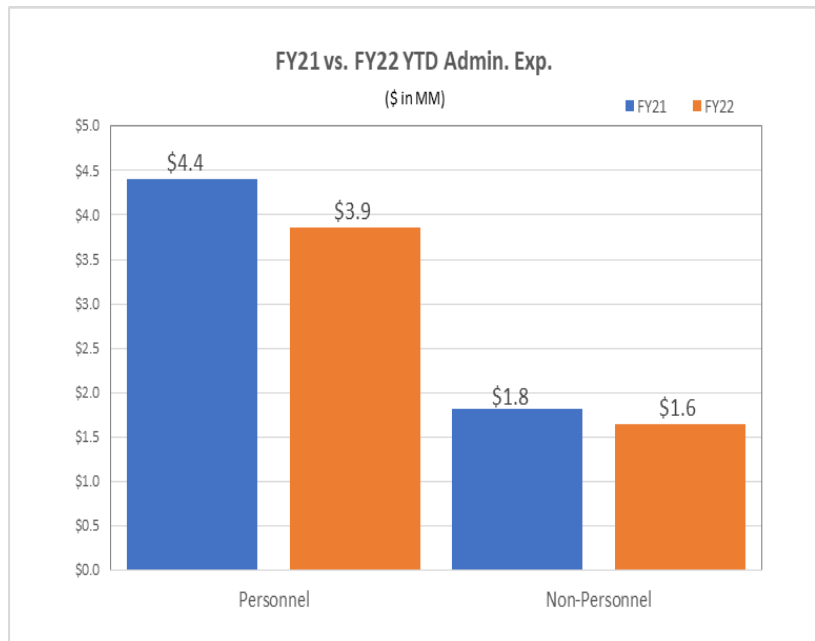
- Pharmacy expenses were \$1.9M or 10.0% favorable to budget due to higher budgeted cost increases, especially in diabetic drugs, and lower utilization.
- Capitation expense was \$480K or 1.3% favorable to budget due to lower capitated enrollment.
- Reinsurance, Vison, and Other expenses were \$424K or 11.5% favorable to budget due to timing of spending on Board Designated expenses and HMS Claim Recovery (offset with above claim expense).
- Fee-For-Service expenses reflected a \$102K or 0.2% favorable variance due to a general downward trend of utilization during COVID reflected in lower IBNR estimates and lower LTC enrollment & Inpatient utilization, offset with increase supplemental services such as BHT and Health Homes.



Administrative Expense

Current month expense of \$5.5M was \$973K or 15.0% favorable to budget of \$6.5M. The current month variances were primarily due to the following:

- Personnel expenses were \$250K or 6.1% favorable to budget due to lower headcount than budget including tax and benefit savings.
- Non-Personnel expenses were \$723K or 30.5% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising and other fees).



Balance Sheet

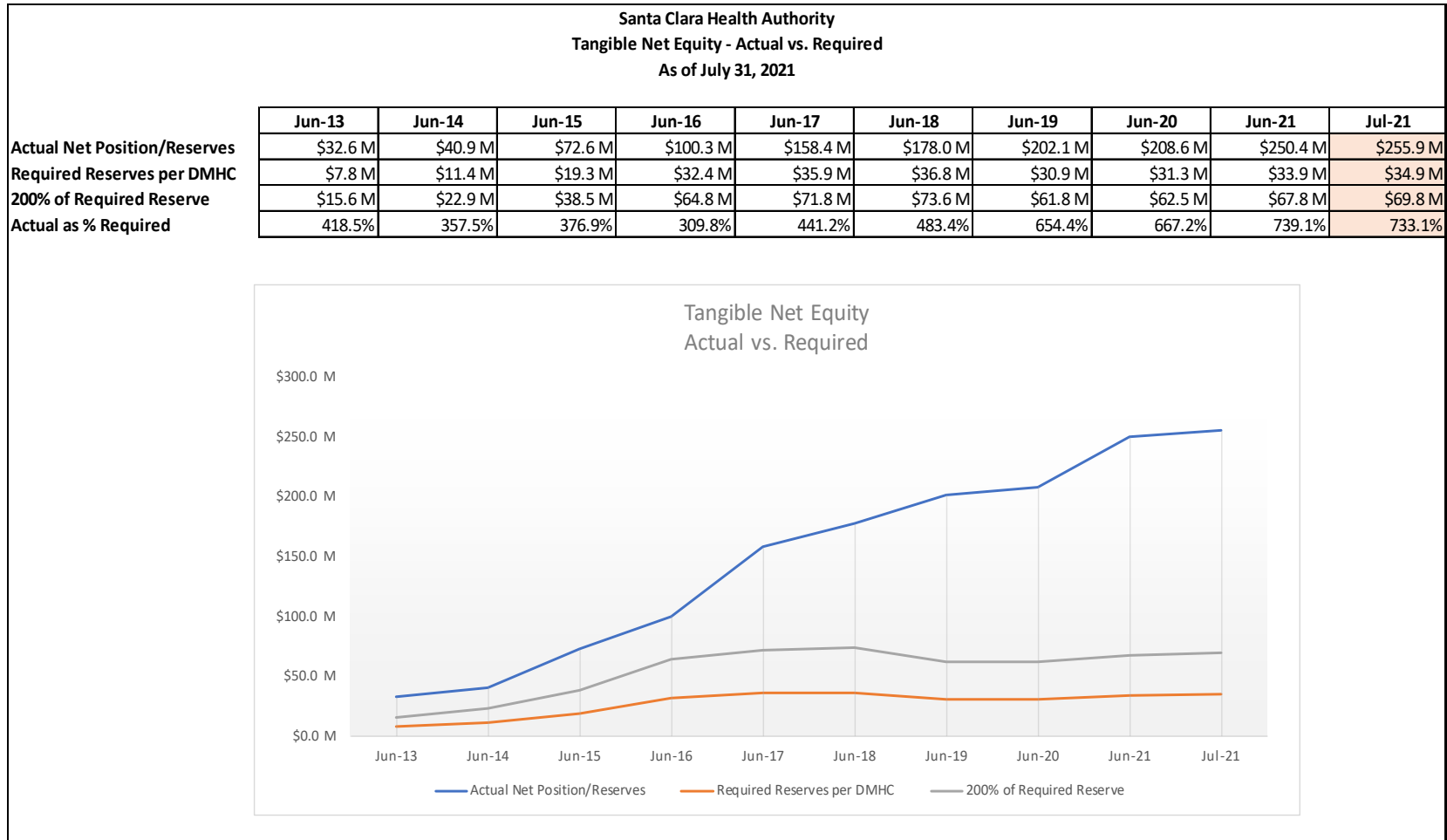
- Current assets totaled \$924M compared to current liabilities of \$701M, yielding a current ratio (Current Assets/Current Liabilities) of 1.32:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance decreased by \$9.9M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	\$182,359,239	0.76%	\$100,000	\$100,000
Wells Fargo Investments	\$185,610,957	0.07%	\$17,389	\$17,389
	<u>\$367,970,196</u>		<u>\$117,389</u>	<u>\$117,389</u>
Cash & Equivalents				
Bank of the West Money Market	\$128,426	0.10%	\$897	\$897
Wells Fargo Bank Accounts	\$29,738,672	0.01%	\$377	\$377
	<u>\$29,867,098</u>		<u>\$1,273</u>	<u>\$1,273</u>
Assets Pledged to DMHC				
Restricted Cash	\$325,000	0.18%	\$0	\$0
Petty Cash				
	\$500	0.00%	\$0	\$0
Month-End Balance	<u>\$398,162,794</u>		<u>\$118,662</u>	<u>\$118,662</u>

- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- Overall cash and investment yield is lower than budget (0.38% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was \$255.9M - representing approximately two months of the Plan's total expenses.



Reserves Analysis

SCFHP RESERVES ANALYSIS JULY 2021				
Financial Reserve Target #1: Tangible Net Equity				
	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				\$211,456,522 *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	\$4,000,000	\$961,743	\$662,727	\$3,337,274
Innovation & COVID-19 Fund	\$16,000,000	\$4,880,000	\$2,269,999	\$13,730,001
Subtotal	\$20,000,000	\$5,841,743	\$2,932,726	\$17,067,275
Net Book Value of Fixed Assets				\$27,031,498
Restricted Under Knox-Keene Agreement				\$325,000
Total Tangible Net Equity (TNE)				\$255,880,295
Current Required TNE				\$34,903,764
TNE %				733.1%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				\$122,163,174
500% of Required TNE (High)				\$174,518,819
Total TNE Above/(Below) SCFHP Low Target				\$133,717,121
Total TNE Above/(Below) High Target				\$81,361,476
Financial Reserve Target #2: Liquidity				
Cash & Investments				\$398,162,794
Less Pass-Through Liabilities:				
Hospital Directed Payments				(576,762)
MCO Tax Payable to State of CA				(14,757,661)
Whole Person Care / Prop 56				(47,032,789)
Other Pass-Through Liabilities (Note 2)				(60,544,250)
Total Pass-Through Liabilities				(122,911,462)
Net Cash Available to SCFHP				<u>275,251,332</u>
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(165,736,316)
60 Days of Total Operating Expense				(220,981,754)
Liquidity Above/(Below) SCFHP Low Target				<u>109,515,017</u>
Liquidity Above/(Below) High Target				<u>\$54,269,578</u>

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

Note 1: In December 2018, the Governing Board established a Board Discretionary Fund for Special Projects of \$2.2M. In December 2019, the Governing Board also approved additional \$1.8M for Special Project fund (\$4M total) and \$16M for Innovation & COVID-19 Fund.

Note 2: Other Pass-Through Liabilities include HQAF, Rate Range IGT, and DHCS overpayments.

Note 3: SCFHP Target Liquidity is based on total monthly budgeted expenses.

Capital Expenditures

- YTD Capital investments of \$320K, largely due to software acquisition, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	\$0	\$55,800
Hardware	\$10,847	\$1,060,000
Software	\$276,874	\$1,896,874
Building Improvements	\$32,632	\$62,000
Furniture & Equipment	\$0	\$179,101
TOTAL	\$320,353	\$3,253,775



**Santa Clara Family
Health Plan™**

Financial Statements

Income Statement



Santa Clara County Health Authority INCOME STATEMENT For One Month Ending July 31, 2021

	Jul-2021	% of	Jul-2021	% of	Current Month Variance		YTD Jul-2021	% of	YTD Jul-2021	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
REVENUES												
MEDI-CAL	\$ 94,122,381	83.9%	\$ 93,292,782	83.7%	\$ 829,599	0.9%	\$ 94,122,381	83.9%	\$ 93,292,782	83.7%	\$ 829,599	0.9%
CMC MEDI-CAL	3,790,693	3.4%	3,682,997	3.3%	107,696	2.9%	3,790,693	3.4%	3,682,997	3.3%	107,696	2.9%
CMC MEDICARE	14,220,156	12.7%	14,500,854	13.0%	(280,698)	-1.9%	14,220,156	12.7%	14,500,854	13.0%	(280,698)	-1.9%
TOTAL CMC	18,010,849	16.1%	18,183,850	16.3%	(173,002)	-1.0%	18,010,849	16.1%	18,183,850	16.3%	(173,002)	-1.0%
TOTAL REVENUE	\$ 112,133,230	100.0%	\$ 111,476,632	100.0%	\$ 656,597	0.6%	\$ 112,133,230	100.0%	\$ 111,476,632	100.0%	\$ 656,597	0.6%
MEDICAL EXPENSES												
MEDI-CAL	\$ 85,882,465	76.6%	\$ 87,259,246	78.3%	\$ 1,376,780	1.6%	\$ 85,882,465	76.6%	\$ 87,259,246	78.3%	\$ 1,376,780	1.6%
CMC MEDI-CAL	2,973,015	2.7%	2,936,668	2.6%	(36,347)	-1.2%	2,973,015	2.7%	2,936,668	2.6%	(36,347)	-1.2%
CMC MEDICARE	12,283,183	11.0%	13,809,641	12.4%	1,526,458	11.1%	12,283,183	11.0%	13,809,641	12.4%	1,526,458	11.1%
TOTAL CMC	15,256,199	13.6%	16,746,310	15.0%	1,490,111	8.9%	15,256,199	13.6%	16,746,310	15.0%	1,490,111	8.9%
TOTAL MEDICAL EXPENSES	\$ 101,138,664	90.2%	\$ 104,005,555	93.3%	\$ 2,866,891	2.8%	\$ 101,138,664	90.2%	\$ 104,005,555	93.3%	\$ 2,866,891	2.8%
MEDICAL OPERATING MARGIN	\$ 10,994,565	9.8%	\$ 7,471,077	6.7%	\$ 3,523,489	47.2%	\$ 10,994,565	9.8%	\$ 7,471,077	6.7%	\$ 3,523,489	47.2%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	\$ 3,865,370	3.4%	\$ 4,114,937	3.7%	\$ 249,567	6.1%	\$ 3,865,370	3.4%	\$ 4,114,937	3.7%	\$ 249,567	6.1%
RENTS AND UTILITIES	36,584	0.0%	42,067	0.0%	5,482	13.0%	36,584	0.0%	42,067	0.0%	5,482	13.0%
PRINTING AND ADVERTISING	54,883	0.0%	107,542	0.1%	52,658	49.0%	54,883	0.0%	107,542	0.1%	52,658	49.0%
INFORMATION SYSTEMS	284,710	0.3%	419,792	0.4%	135,081	32.2%	284,710	0.3%	419,792	0.4%	135,081	32.2%
PROF FEES/CONSULTING/TEMP STAFFING	645,559	0.6%	1,114,278	1.0%	468,719	42.1%	645,559	0.6%	1,114,278	1.0%	468,719	42.1%
DEPRECIATION/INSURANCE/EQUIPMENT	417,373	0.4%	390,446	0.4%	(26,927)	-6.9%	417,373	0.4%	390,446	0.4%	(26,927)	-6.9%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	42,803	0.0%	62,242	0.1%	19,439	31.2%	42,803	0.0%	62,242	0.1%	19,439	31.2%
MEETINGS/TRAVEL/DUES	79,644	0.1%	134,713	0.1%	55,069	40.9%	79,644	0.1%	134,713	0.1%	55,069	40.9%
OTHER	85,759	0.1%	99,307	0.1%	13,548	13.6%	85,759	0.1%	99,307	0.1%	13,548	13.6%
TOTAL ADMINISTRATIVE EXPENSES	\$ 5,512,686	4.9%	\$ 6,485,322	5.8%	\$ 972,636	15.0%	\$ 5,512,686	4.9%	\$ 6,485,322	5.8%	\$ 972,636	15.0%
OPERATING SURPLUS (LOSS)	\$ 5,481,879	4.9%	\$ 985,755	0.9%	\$ 4,496,124	456.1%	\$ 5,481,879	4.9%	\$ 985,755	0.9%	\$ 4,496,124	456.1%
INTEREST & INVESTMENT INCOME	\$ 118,662	0.1%	\$ 350,000	0.3%	\$ (231,338)	-66.1%	\$ 118,662	0.1%	\$ 350,000	0.3%	\$ (231,338)	-66.1%
OTHER INCOME	32,016	0.0%	35,986	0.0%	(3,970)	-11.0%	32,016	0.0%	35,986	0.0%	(3,970)	-11.0%
NON-OPERATING INCOME	\$ 150,678	0.1%	\$ 385,986	0.3%	\$ (235,308)	-61.0%	\$ 150,678	0.1%	\$ 385,986	0.3%	\$ (235,308)	-61.0%
NET NON-OPERATING ACTIVITIES	\$ 150,678	0.1%	\$ 385,986	0.3%	\$ (235,308)	-61.0%	\$ 150,678	0.1%	\$ 385,986	0.3%	\$ (235,308)	-61.0%
NET SURPLUS (LOSS)	\$ 5,632,558	5.0%	\$ 1,371,741	1.2%	\$ 4,260,817	310.6%	\$ 5,632,558	5.0%	\$ 1,371,741	1.2%	\$ 4,260,817	310.6%

Balance Sheet



SANTA CLARA COUNTY HEALTH AUTHORITY
As of July 31, 2021

	Jul-2021	Jun-2021	May-2021	Jul-2020
Assets				
Current Assets				
Cash and Investments	398,162,794	408,072,066	623,375,356	345,046,103
Receivables	517,305,841	512,740,456	508,680,106	822,007,092
Prepaid Expenses and Other Current Assets	9,153,230	8,562,115	8,742,359	10,905,149
Total Current Assets	924,621,866	929,374,636	1,140,797,820	1,177,958,344
Long Term Assets				
Property and Equipment	51,843,223	51,522,871	51,226,087	47,539,137
Accumulated Depreciation	(24,811,725)	(24,466,207)	(24,128,608)	(20,999,421)
Total Long Term Assets	27,031,498	27,056,664	27,097,478	26,539,716
Total Assets	951,653,364	956,431,300	1,167,895,299	1,204,498,060
Deferred Outflow of Resources	8,402,260	8,402,260	8,402,260	8,402,260
Total Assets & Deferred Outflows	960,055,624	964,833,560	1,176,297,559	1,212,900,320
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	5,700,450	8,471,129	4,443,990	9,718,507
Deferred Rent	48,033	48,331	48,630	39,871
Employee Benefits	3,212,807	3,127,996	3,268,814	2,302,119
Retirement Obligation per GASB 75	3,002,113	2,921,863	2,965,368	2,197,964
Deferred Revenue - Medicare	13,017,533	0	0	12,385,712
Whole Person Care / Prop 56	47,032,789	44,001,737	55,671,419	34,951,070
Payable to Hospitals	103,819	103,819	103,797	529,171
Payable to Hospitals	472,944	472,944	179,861,728	274,742,278
Pass-Throughs Payable	181	181	43,761,368	26,877
Due to Santa Clara County Valley Health Plan and Kaiser	21,173,902	22,785,679	29,138,890	36,882,621
MCO Tax Payable - State Board of Equalization	14,757,661	31,975,622	18,230,781	57,730,811
Due to DHCS	60,544,069	59,840,355	54,904,066	60,308,650
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	103,996,870	109,599,924	114,710,988	80,233,147
Total Current Liabilities	701,348,130	711,634,538	935,394,797	999,611,407
Non-Current Liabilities				
Net Pension Liability GASB 68	1,165,373	1,289,457.68	1,445,958	243,736
Total Non-Current Liabilities	1,165,373	1,289,457.68	1,445,958	243,736
Total Liabilities	702,513,502	712,923,996	936,840,755	999,855,143
Deferred Inflow of Resources	1,661,827	1,661,827	1,661,827	1,661,827
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,337,274	3,337,274	3,337,274	3,459,274
Board Designated Fund: Innovation & COVID-19 Fund	13,730,001	13,730,001	13,830,001	13,880,001
Invested in Capital Assets (NBV)	27,031,498	27,056,664	27,097,478	26,539,716
Restricted under Knox-Keene agreement	325,000	325,000	325,000	305,350
Unrestricted Net Equity	205,823,965	164,191,849	164,051,034	164,456,447
Current YTD Income (Loss)	5,632,558	41,606,950	29,154,190	2,742,563
Total Net Assets / Reserves	255,880,295	250,247,737	237,794,977	211,383,350
Total Liabilities, Deferred Inflows and Net Assets	960,055,624	964,833,560	1,176,297,559	1,212,900,320

Cash Flow Statement

	<u>Jul-2021</u>
Cash Flows from Operating Activities	
Premiums Received	91,053,597
Medical Expenses Paid	(108,353,494)
Administrative Expenses Paid	7,560,300
Net Cash from Operating Activities	<u>(9,739,597)</u>
Cash Flows from Capital and Related Financing Activities	
Purchase of Capital Assets	(320,352)
Cash Flows from Investing Activities	
Interest Income and Other Income (Net)	<u>150,678</u>
Net Increase/(Decrease) in Cash & Cash Equivalents	(9,909,271)
Cash & Investments (Beginning)	<u>408,072,066</u>
Cash & Investments (Ending)	<u>398,162,794</u>
Reconciliation of Operating Income to Net Cash from Operating Activities	
Operating Income/(Loss)	5,481,879
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities	
Depreciation	345,518
Changes in Operating Assets/Liabilities	
Premiums Receivable	(4,565,385)
Prepays & Other Assets	(591,116)
Accounts Payable & Accrued Liabilities	13,442,669
State Payable	(16,514,247)
IGT, HQAF & Other Provider Payables	(1,611,776)
Net Pension Liability	(124,085)
Medical Cost Reserves & PDR	(5,603,054)
IHSS Payable	<u>0</u>
Total Adjustments	(15,221,477)
Net Cash from Operating Activities	<u>(9,739,597)</u>

Statement of Operations by Line of Business - YTD



Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For One Month Ending July 31, 2021

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	\$94,122,381	\$3,790,693	\$14,220,156	\$18,010,849	\$112,133,230
MEDICAL EXPENSE (MLR)	\$85,882,465 91.2%	\$2,973,015 78.4%	\$12,283,183 86.4%	\$15,256,199 84.7%	\$101,138,664 90.2%
GROSS MARGIN	\$8,239,915	\$817,677	\$1,936,973	\$2,754,650	\$10,994,565
ADMINISTRATIVE EXPENSE (% of Revenue Allocation)	\$4,627,238	\$186,358	\$699,090	\$885,448	\$5,512,686
OPERATING INCOME/(LOSS) (% of Revenue Allocation)	\$3,612,677	\$631,320	\$1,237,882	\$1,869,202	\$5,481,879
OTHER INCOME/(EXPENSE) (% of Revenue Allocation)	\$126,476	\$5,094	\$19,108	\$24,202	\$150,678
NET INCOME/(LOSS)	\$3,739,154	\$636,413	\$1,256,991	\$1,893,404	\$5,632,558
PMPM (ALLOCATED BASIS)					
REVENUE	\$343.47	\$373.54	\$1,401.28	\$1,774.82	\$394.59
MEDICAL EXPENSES	\$313.41	\$292.97	\$1,210.40	\$1,503.37	\$355.90
GROSS MARGIN	\$30.07	\$80.58	\$190.87	\$271.45	\$38.69
ADMINISTRATIVE EXPENSES	\$16.89	\$18.36	\$68.89	\$87.25	\$19.40
OPERATING INCOME/(LOSS)	\$13.18	\$62.21	\$121.98	\$184.19	\$19.29
OTHER INCOME/(EXPENSE)	\$0.46	\$0.50	\$1.88	\$2.38	\$0.53
NET INCOME/(LOSS)	\$13.65	\$62.71	\$123.87	\$186.58	\$19.82
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	274,030	10,148	10,148	10,148	284,178
REVENUE BY LOB	83.9%	3.4%	12.7%	16.1%	100.0%



**Santa Clara Family
Health Plan™**

Appendix

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD AUGUST-2021

		2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	FYTD var	%
NON DUAL	Adult (over 19)	27,877	28,269	29,181	29,835	30,327	30,750	31,307	31,711	32,106	32,577	32,997	33,336	33,662	665	2.0%
	Child (under 19)	97,359	97,629	98,409	98,930	99,012	99,172	99,377	99,557	99,872	100,245	100,477	100,666	100,701	224	0.2%
	Aged - Medi-Cal Only	11,178	11,229	11,263	11,328	11,385	11,463	11,451	11,459	11,509	11,535	11,567	11,613	11,549	-18	(0.2%)
	Disabled - Medi-Cal Only	10,910	10,839	10,875	10,830	10,849	10,877	10,847	10,811	10,772	10,747	10,725	10,736	10,687	-38	(0.4%)
	Adult Expansion	77,701	79,263	80,654	82,060	83,250	84,477	85,477	86,677	88,035	89,361	89,957	90,763	91,445	1,488	1.7%
	BCCTP	11	11	11	11	11	10	10	11	9	9	9	9	9	0	0.0%
	Long Term Care	406	407	409	389	393	388	380	373	375	367	365	367	386	21	5.8%
	Total Non-Duals	225,442	227,647	230,802	233,383	235,227	237,137	238,849	240,599	242,678	244,841	246,097	247,490	248,439	2,342	1.0%

DUAL	Adult (21 Over)	320	337	354	353	353	352	355	361	357	365	366	369	378	12	3.3%
	SPD (21 Over)	23,686	23,654	23,687	23,760	23,988	23,899	24,155	24,206	24,168	24,146	24,115	24,053	24,208	93	0.4%
	Adult Expansion	289	358	410	498	537	590	662	742	802	863	952	1,046	1,118	166	17.4%
	Long Term Care	1,267	1,256	1,237	1,208	1,182	1,115	1,074	1,054	1,038	1,031	1,060	1,072	1,084	24	2.3%
	Total Duals	25,562	25,605	25,688	25,819	26,060	25,956	26,246	26,363	26,365	26,405	26,493	26,540	26,788	295	1.1%

Total Medi-Cal	251,004	253,252	256,490	259,202	261,287	263,093	265,095	266,962	269,043	271,246	272,590	274,030	275,227	2,637	1.0%
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CMC	CMC Non-Long Term Care	9,055	9,212	9,360	9,470	9,613	9,614	9,706	9,696	9,745	9,809	9,895	9,954	10,047	152	1.5%
	CMC - Long Term Care	211	216	210	209	207	193	187	184	179	180	185	194	198	13	7.0%
	Total CMC	9,266	9,428	9,570	9,679	9,820	9,807	9,893	9,880	9,924	9,989	10,080	10,148	10,245	165	1.6%

Total Enrollment	260,270	262,680	266,060	268,881	271,107	272,900	274,988	276,842	278,967	281,235	282,670	284,178	285,472	2,802	1.0%
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FY 2021-22 FOCUS

Drive Quality Improvement & Reduce Health Disparities

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

Critical Priority

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

Critical Priority

Fiscal Year 2020-2021 Team Incentive Compensation Year-End Review

A year ago, when the Fiscal Year 2020-2021 Team Incentive Compensation Program was developed, there was considerable uncertainty about the impact COVID-19 would have on our members and providers, as well as on our organization and community at large. SCFHP budgeted a significant loss, and a scaled-back incentive program was proposed.

Challenges faced during the year included the pivot to virtually all staff working from home, clinical capacity constraints and member hesitancy to seek preventive care, industry benchmarks based on pre-COVID experience, and critical unplanned initiatives that were given high priority, e.g., communication and outreach to facilitate and encourage at-risk populations to receive essential care and COVID vaccinations.

Our year-end assessment of our performance on the chosen metrics shows we were able to achieve the minimum tier for our Medi-Cal quality HEDIS metric, but fell short on the CMC quality HEDIS metric and on our Compliance dashboard metric. This level of performance merits a 0.3% payout to non-executive staff.

At the August Executive/Finance Committee meeting, Committee members expressed appreciation for the team rising to the challenges presented by the pandemic and adapting to meet changing needs and priorities, while juggling significant personal challenges due to COVID.

In light of the team's commendable performance in times of adversity, the Executive/Finance Committee recommended consideration of a team incentive payout beyond that warranted by the chosen metrics, in recognition of the unusual circumstances during fiscal year 2020-2021.

The proposed recommendation is to recognize all individuals employed by SCFHP at the time of distribution (except the CEO), who were in a regular position during the '20-'21 fiscal year*, with a payout of \$1,000 for the flexibility and dedication demonstrated during a year that presented so many unforeseen challenges.

* Team members who joined SCFHP during the year would be eligible for a payout of \$250 for each quarter of the fiscal year in which they worked in a regular position.

Fiscal Year 2020-2021 Team Incentive Compensation

Performance Level	Payout (% of salary/wages)	Medi-Cal HEDIS (average performance score)	CMC HEDIS (average performance score)	Compliance Metrics (% of dashboard metrics in compliance)
<i>weighting</i>		30%	30%	40%
Maximum	3%	≥ 2.70	≥ 2.25	98% - 100%
Target	2%	2.50-2.69	2.00-2.24	95% - 97.9%
Minimum	1%	2.30-2.49	1.75-1.99	93% - 94.9%
FYE Actual		2.31	1.71	90.3%

Calculation:

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

Process:

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

Fiscal Year 2021-2022 Team Incentive Compensation

September 23, 2021

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Performance Level	Payout <i>(% of salary/wages)</i>	Medi-Cal Quality HEDIS <i>(average performance score)</i>	CMC Quality HEDIS <i>(average performance score)</i>	Compliance Metrics <i>(% of dashboard metrics in compliance)</i>	Reduce COVID Vaccination Disparities <i>(% of members ≥ age 12 who received ≥1 dose)</i>	D-SNP Network Contracting
<i>weighting</i>		25%	25%	25%	10%	15%
Max	10%	≥ 2.30	≥ 2.21	98% - 100%	≥ 78.0%	Mid + PCPs serving 95% of members contracted by June 1, 2022
Mid	7%	2.15 - 2.29	1.98 - 2.20	95% - 97.9%	73.0% - 77.9%	Min + 100% network adequacy by June 1, 2022
Min	5%	2.00 - 2.14	1.75 - 1.97	93% - 94.9%	68.0% - 72.9%	90% network adequacy by February 1, 2022

Calculation:

- 0.25 (Medi-Cal HEDIS Payout %) + 0.25 (CMC HEDIS Payout %) + 0.25 (Compliance Metrics Payout %) + 0.10 (COVID Vaccine Payout %) + 0.15 (Contracting Payout %) = **Overall Percent Payout**
- All staff are eligible to receive the Overall Percent Payout multiplied by the salary/wages they were paid as a regular employee from July 2021 through June 2022. (Does not include PTO cash out.)

Process:

- Santa Clara Family Health Plan must achieve a **Net Operating Surplus** as a gate to any incentive award consideration.
- Incentive compensation will be determined upon receipt of the audited financial statements for the fiscal 2021-22 performance year.
- **HEDIS average performance scores** are based on the following scale:

Point Value	National Percentile
4	≥ 90 th
3	75 th
2	50 th
1	25 th
0	< 25 th

- **Medi-Cal HEDIS** will be calculated as the average point value of all measures (15) held to the minimum performance level (MPL) in measurement/calendar year 2021, based on the four-point scale.
- **CMC HEDIS** will be calculated as the average point value of all quality measures (47) with NCQA benchmarks in measurement/calendar year 2021, based on the four-point scale.
- **Compliance Metrics** will be calculated as the percent of compliance dashboard measures that meet or exceed regulatory requirements (July 2021 – June 2022).
- **COVID Vaccinations** will be calculated as the percent of members age 12 and up in June 2022, who have received at least one COVID vaccine dose.
- **D-SNP Contracting** will be based on the CMS HSD Table network adequacy standards.
- To be eligible to receive a payout, an employee must be employed by Santa Clara Family Health Plan in a regular position at the time of distribution. Employees who score less than Meets Expectations (< 3.00) on their 2022 annual performance appraisal will be eligible to receive half of the Overall Percent Payout.